



CODE OF ETHICS AFFIDAVIT

PLEASE RETURN THIS FORM COMPLETED WITH YOUR SUBMITTAL. SUBMITTED FORMS ARE REQUIRED PRIOR TO EVALUATION.

In accordance with Section 54-33 of the Gwinnett County Code of Ordinances the undersigned bidder/proposer makes the following full and complete disclosure under oath, to the best of their knowledge, of the name(s) of all elected officials whom it employs or who have a direct or indirect pecuniary interest in or with the vendor, its affiliates or its subcontractors:

1. Fooda Inc.
Company Submitting Bid/Proposal

- 2. Please select one of the following:
 - No information to disclose (complete only section 4 below)
 - Disclosed information below (complete section 3 & section 4 below)

3. If additional space is required, please attach list:

_____	_____
Gwinnett County Elected Official Name	Gwinnett County Elected Official Name
_____	_____
Gwinnett County Elected Official Name	Gwinnett County Elected Official Name

4. BY:
 Authorized Officer or Agent Signature

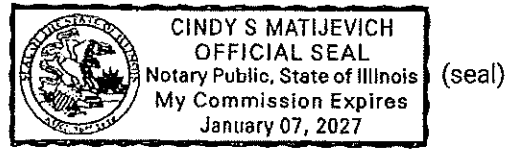
JAMES WATSON
 Printed Name of Authorized Officer or Agent

EVP - MARKETS
 Title of Authorized Officer or Agent of Contractor

Sworn to and subscribed before me this

6 day of APRIL, 2024

Notary Public



Note: See Gwinnett County Code of Ethics Ordinance E02011, Sec. 54-33. The ordinance will be available to view in its' entirety at GwinnettCounty.com



WINNETT COUNTY
DEPARTMENT OF FINANCIAL SERVICES
PURCHASING DIVISION
75 Langley Drive | Lawrenceville, GA 30046-6935
O: 770.822.8720 | F: 770.822.8735
GwinnettCounty.com

RP014-24 Provision of Food Services on a Multi-Year Contract

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CODE OF ETHICS AFFIDAVIT

PLEASE RETURN THIS FORM COMPLETED WITH YOUR SUBMITTAL. SUBMITTED FORMS ARE REQUIRED PRIOR TO EVALUATION.

In accordance with Section 54-33 of the Gwinnett County Code of Ordinances the undersigned bidder/proposer makes the following full and complete disclosure under oath, to the best of their knowledge, of the name(s) of all elected officials whom it employs or who have a direct or indirect pecuniary interest in or with the vendor, its affiliates or its subcontractors:

1. Georgia fresh foods
Company Submitting Bid/Proposal

2. Please select one of the following:
 No information to disclose (complete only section 4 below)
 Disclosed information below (complete section 3 & section 4 below)

3. If additional space is required, please attach list:

Gwinnett County Elected Official Name

Gwinnett County Elected Official Name

Gwinnett County Elected Official Name

Gwinnett County Elected Official Name

4. By: [Signature]
Authorized Officer or Agent Signature

Sworn to and subscribed before me this

Doug Cleary
Printed Name of Authorized Officer or Agent

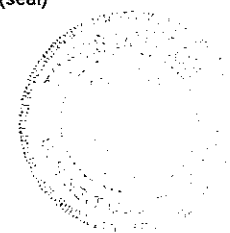
4th day of APRIL, 2024

operating partner
Title of Authorized Officer or Agent of Contractor

[Signature]
Notary Public

(seal)

Note: See Gwinnett County Code of Ethics Ordinance EO2011, Sec. 54-33. The ordinance will be available to view in its' entirety at GwinnettCounty.com



Proud Winner of the Annual *Achievement of Excellence Award* in Procurement since 1999

**CODE OF ETHICS
FORM**



**WINNETT COUNTY
DEPARTMENT OF FINANCIAL SERVICES
PURCHASING DIVISION**
76 Langley Drive | Lawrenceville, GA 30046-6935
O: 770.821.8720 | F: 770.822.8725
GwinnettCounty.com

RF014-24 Provision of Food Services on a Multi-Year Contract

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CODE OF ETHICS AFFIDAVIT

PLEASE RETURN THIS FORM COMPLETED WITH YOUR SUBMITTAL. SUBMITTED FORMS ARE REQUIRED PRIOR TO EVALUATION.

In accordance with Section 54-93 of the Gwinnett County Code of Ordinances the undersigned bidder/proposer makes the following full and complete disclosure under oath, to the best of their knowledge, of the name(s) of all elected officials whom it employs or who have a direct or indirect pecuniary interest in or with the vendor, its affiliates or its subcontractors:

1. Southern Foodservice Management, Inc.
Company Submitting Bid/Proposal

2. Please select one of the following:
 No information to disclose (complete only section 4 below)
 Disclosed information below (complete section 3 & section 4 below)

3. If additional space is required, please attach list:

_____	_____
Gwinnett County Elected Official Name	Gwinnett County Elected Official Name
_____	_____
Gwinnett County Elected Official Name	Gwinnett County Elected Official Name

4. BY: [Signature] Sworn to and subscribed before me this
 Authorized Officer or Agent Signature
Clay T. Jones 5th day of April 2024
 Printed Name of Authorized Officer or Agent
VP/CEO Notary Public
 Title of Authorized Officer or Agent of Contractor



Note: See Gwinnett County Code of Ethics Ordinance EO2011, Sec. 54-93. The ordinance will be available to view in its entirety at GwinnettCounty.com

SOUTHERN

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