

GWINNETT COUNTY DEPARTMENT OF FINANCIAL SERVICES PURCHASING DIVISION

75 Langley Drive | Lawrenceville, GA 30046-6935 O: 770.822.8720 | F: 770.822.8735 GwinnettCounty.com

RP054-24, Provision of a Comprehensive Senior Assessment and Five-Year Plan

CODE OF ETHICS AFFIDAVIT (THIS FORM SHOULD BE FULLY COMPLETED AND RETURNED WITH YOUR SUBMITTAL AND WILL BE 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 his/her 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 bidder/proposer, its affiliates or its subcontractors:

or its subcontractors:		
1BARTONS MANAGEMENT & CONSULT (Company Submitting Bid/Proposal)	FING LLC	
2. (Please check ☑ one box below)		
☑ 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	Sworn to and subscribed before me this 28 day of October, 2024	
JOEL OMONDI Printed Name of Authorized Officer or Agent	Motary Public Mo	
DIRECTOR Title of Authorized Officer or Agent of Contractor	NOTARY OF THE STATE OF THE STAT	
Note: See Gwinnett County Code of Ethics Ordinance EO2011, Sec www.qwinnettcounty.com	s, 54-33. The ordinance will be available to view in its' entirety at	



GWINNETT COUNTY DEPARTMENT OF FINANCIAL SERVICES PURCHASING DIVISION

75 Langley Drive | Lawrenceville, GA 30046-6935 O: 770.822.8720 | F: 770.822.8735 GwinnettCounty.com

RP054-24, Provision of a Comprehensive Senior Assessment and Five-Year Plan

CODE OF ETHICS AFFIDAVIT

(THIS FORM SHOULD BE FULLY COMPLETED AND RETURNED WITH YOUR SUBMITTAL AND WILL BE 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 his/her 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 bidder/proposer, its affiliates or its subcontractors:

Health Management Associates Inc		
1. Health Management Associates, Inc.		
(Company Submitting Bid/Proposal)		
2. (Please check one box below)		
☑ 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.	Sworn to and subscribed before me this	
BY: Belly Johnson Authorized Officer or Agent Signature	28 day of OCT , 2024	
Kelly Johnson	Ini Whelen	
Printed Name of Authorized Officer or Agent	Notary Public GINA WHELAN NOTARY PUBLIC - STATE OF MICHIGAN COUNTY OF INGHAM	
Chief Administrative Officer	My Commission Expires January 14, 2029 Acting in the County of Laghan	
Title of Authorized Officer or Agent of Contractor	(seal)	
Note: See Gwinnett County Code of Ethics Ordinance EO2011, Sec. 54-33. The ordinance will be available to view in its' entirety at www.gwinnettcounty.com		



GWINNETT COUNTY DEPARTMENT OF FINANCIAL SERVICES PURCHASING DIVISION

75 Langley Drive | Lawrenceville, GA 30046-6935 O: 770.822.8720 | F: 770.822.8735 GwinnettCounty.com

RP054-24, Provision of a Comprehensive Senior Assessment and Five-Year Plan

CODE OF ETHICS AFFIDAVIT

(THIS FORM SHOULD BE FULLY COMPLETED AND RETURNED WITH YOUR SUBMITTAL AND WILL BE 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 his/her 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 bidder/proposer, its affiliates or its subcontractors:

F	,	
1. JATE VETCRANS STA	FRING	
(Company Submitting Bid/Proposal)		
2. (Please check one box below)		
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)		
3. (Il 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.	Sworn to and subscribed before me this	
DV.	315+ day of October, 2024	
Authorized Officer or Agent Signature		
121	1.14 50	
Printed Name of Authorized Officer or Agent	Notar Dublic Million Electronic	
Printed Name of Authorized Officer of Agent	Notary Public R FERCIANA	
	EXPIRES	
Title of Authorized Officer or Agent of Contractor	GEORGIA	
Thie of Authorized Officer of Agent of Contractor	(seal) 2. Puris A	
	WETT COUNTRIE	
Note: See Gwinnett County Code of Ethics Ordinance EO2011, Sec. 54-33. The ordinance will be available to View in its' entirety at		
www.gwinnettcounty.com		