

## **VENDOR DISCLOSURE STATEMENT**

Vendor Name:	STV Incorporated			
Address:	200 W. Monroe Street, Suite 1650, Chicago, IL 60606			
Contact Person:	Ted Lachus	Contact Phone #:	312-553-0655	
Bid/RFP/SOI/Contract/Renewal:	Section 17-00143-15-RS York House Road			

Vendors wishing to contract with Lake County for goods and services in an amount greater than \$30,000 shall submit this form in advance of award. This disclosure statement is not required for member-owned companies, publicly traded companies and utilities. Vendors shall disclose:

- A familial relationship <u>between</u> a Lake County elected official, department director, deputy director and manager <u>and</u> owners, principals, executives, officers, account managers or other similar managerial positions of the vendor's company. Familial relationship is defined as a spouse (including civil partner), child, stepchild, parent, stepparent, grandparent, in-laws (including parent, grandparent, sibling, or child), relatives and non-relatives living in the same residence, and offspring born to any aforementioned person.
- All political campaign contributions made by the vendor or an owner, principal, executive, officer, account manager, or other similar managerial position of the vendor to any county board member, county board chair, or countywide elected official within the last five years.
- All utility companies regulated by the Illinois Commerce Commission and local units of government are exempt.

## **FAMILIAL RELATIONSHIPS**

List names and departments/agencies of Lake County employees or public officials with whom owners, principals, or officers of the vendor's company have a familial relationship and the nature of the relationship. Attach additional pages as necessary. (Provide all names or state none in the space below

Name and Department/Agency of Lake County	
Employee/Public Official	Familial Relationship
None	

## CAMPAIGN CONTRIBUTIONS

List campaign contributions that have been made within the last five years that exceed \$150 annually. Attach additional pages as necessary. (Provide all names or state none in the space below

		Description (e.g., cash,		
Recipient	Donor	type of item, in-kind service, etc.)	Amount/Value	Date Made
None				

Continuing disclosure is required if information changes. This Vendor Disclosure Statement form is available at <a href="https://www.lakecountyil.gov">www.lakecountyil.gov</a>.

The full text of the County's Ethics and Procurement policies and ordinances are available at <a href="www.lakecountyil.gov">www.lakecountyil.gov</a>.

I hereby acknowledge that the information above is accurate and complete, that I am an authorized signer on behalf of the vendor, that I have read and understand these disclosure requirements, and that I agree to update this information if there are any related changes by submitting a new Vendor Disclosure Statement.

Authorized Signature:	Ill faller	Title:	Vice President
Printed Name:	Ted Lachus	Date:	4/9/2020

Vendors must insert "x" in the following box indicating exception and provide a brief narrative for exception.

V4 9.26.2019