

Printed Name:

Vendor Name:									
Address:									
Contact Person:					Со	ontact Ph	one #:		
Bid/RFP/SOI/Contract/Ren	ewal: S	OI #23173			<u> </u>			I	
Vendors wishing to contract dvance of award. This discluding the coal units of government. V  - A familial relationship award. The comment of	osure statement fendors shall distributed as a lexacutives, offing is defined as a lent, grandparent persong contribution gerial position of the state of the sta	It is not requiclose:  ake County ectors, account spouse (incut, sibling, or no.	ired for utili elected offic t managers luding civil p child), relat e vendor or	ty compani ial, departr or other sir partner), ch ives and no an owner,	nent di ment di milar m ild, step on-relati princip	rector, de anagerial pchild, pa ives living	the Illinoineputy directions arent, step g in the sa	s Commerce ( ector and man s of the vendo oparent, grand me residence er, account m	Commission of ager and r's company. Iparent, in-, and offsprin anager, or
f there is nothing to report	in a section, pl	ease state n	one in the a	ppropriate	space.	•			
AMILIAL RELATIONSHIPS									
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names or state none in the s	•		ank.)						
Name and Department/Ag	gency of Lake C	ounty							
Employee/Public Official				Familial Re	elations	ship			
CAMPAICN CONTRIBUTION									
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CAMPAIGN CONTRIBUTION List campaign contributions necessary. (Provide all name  Recipient  Continuing disclosure is requ www.lakecountyil.gov.  The full text of the County's hereby acknowledge that t that I have read and underst changes by submitting a new Authorized Signature:	Donor  Ethics and Proche information tand these discl	tion changes urement pol above is acco	below. Do not be below. Do not below.	e.g., cash, in-kind  or Disclosur dinances aromplete, th	Amo	ement for able at war	m is availa	Date Mad able at puntyil.gov. per on behalf o	e of the vendor

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

Date: