VENDOR ETHICS DISCLOSURE FORM



Required Vendor Ethics Disclosure Statement

Fallure to complete and return this form may result in delay or cancellation of the County's Contractural Obligation.

Bid/Contract/PO#:

Company Name:	Central Numace Huspital	Company Contact:	Ben Show
Contact Phone:	630- 933-301S	Contact Email;	Benjamin, Shawa) nm. ora
			ALL BOARD LANGE OF LA

The DuPage County Procurement Ordinance requires the following written disclosures prior to award:

1. Every contractor, union, or vendor that is seeking or has previously obtained a contract, change orders to one (1) or more contracts, or two (2) or more individual contracts with the county resulting in an aggregate amount at or in excess of \$25,000, shall provide to Procurement Services Division a written disclosure of all political campaign contributions made by such contractor, union, or vendor within the current and previous calendar year to any incumbent county board member, county board chairman, or countywide elected official whose office the contract to be awarded will benefit. The contractor, union or vendor shall update such disclosure annually during the term of a multi-year contract and prior to any change order or renewal requiring approval by the county board. For purposes of this disclosure requirement, "contractor or vendor" includes owners, officers, managers, lobbyists, agents, consultants, bond counsel and underwriters counsel, subcontractors and corporate entitles under the control of the contracting person, and political action committees to which the contracting person has made contributions

ld Recipient	Donor	Description (e.g. cash, type kind services, etc.)	of Item, In-	Amount/Value	Date Made
					_
	endors who have obtained or are seeking co s and representatives and all individuals wh d shall update such disclosure with any chai		disclose the ct with coun	e names and conta ty officers or empl	ct information o oyees in relation
the contractor bid an NONE (check here)	d shall update such disclosure with any char if no contacts have been made	o are or will be having contai nges that may occur.	disclose the ct with coun	e names and conta ty officers or empl	ct information c oyees in relation
the contractor bid an NONE (check here)	d shall update such disclosure with any chail update such disclosure with any chail in contacts have been made and Representatives and all individuals who a stact with county officers or employees in	o are or will be having contai nges that may occur.	disclose the ct with coun	e names and conta ty officers or emp	ct information c oyees in relation
the contractor bid an NONE (check here) Lobbyists, Agents an or will be having contraction to the contraction	d shall update such disclosure with any chail update such disclosure with any chail in contacts have been made and Representatives and all individuals who a stact with county officers or employees in	o are or will be having contain nges that may occur.	Email	e names and conta ty officers or empl	oyees in relation

ect to penalties which may include, but are not limited to, the immediate cancellation of the contract and possible disbarment from future county contracts.

Continuing disclosure is required, and I agree to update this disclosure form as follows:

- If Information changes, within five (5) days of change, or prior to county action, whichever is sooner
- 30 days prior to the optional renewal of any contract
- Annual disclosure for multi-year contracts on the anniversary of said contract
- With any request for change order except those issued by the county for administrative adjustments

The full text for the county's ethics and procurement policies and ordinances are available at: http://www.dupageco.org/CountyBoard/Policies/

I hereby acknowledge that I have received, have read, and understand these requirements.

Authorized Signature

-DocuSigned by: Signature on File

Printed Name Sal Dazzo

-E44CA2B630D3454...

Title Vice President, Administration

Date 3/20/2024

Attach additional sheets if necessary. Sign each sheet and number each page. Page

(total number of pages)

FORM OPTIMIZED FOR ACROBAT AND ADOBE READER VERSION 9 OR LATER

Rev 1.1 4/1/16