## Delaware County Political Contribution Disclosure Form

		ontractor* has:
NOT made any Reportable Contributi	ons.	
nade Reportable Contributions as set	t forth on <u>Schedule A</u> attac	ched hereto.
		required to be reported, as
s Entity		
X LLC ship Partnership	Sole Proprietorship LLP	Other: (describe)
ontractor or an officer or employee o sclosure Forms that are not properly	of the Contractor that is au signed will not be conside	thorized to make this
low, you:		
		or officer of the Contractor
Acknowledge and agree to comply w	vith the provisions describe	ed in <u>Exhibit A</u> .
CourtSmart Digital System	as, Inc.	
Q.		
	Name: Andrew Tre	einis
3		
	nade Reportable Contributions as set entities and persons related to a Contractor escribed in the definition of "reportable consistential".  X LLC	Sole Proprietorship

# Delaware County <u>Political Contribution Disclosure Form</u>

Political Con	tribution Di	sclosure: Within the p	oast twenty-four (24) m	onths, Contractor* h	nas:
_>	<b>NOT</b> made	e any Reportable Cont	tributions.		
-	made Rep	ortable Contributions	as set forth on <u>Schedul</u>	e A attached hereto	
*Incli furth	udes entities ai er described in	nd persons related to a Col the definition of "reportal	ntractor whose contributions ble contribution" on <u>Exhibit /</u>	s are also required to be <u>A</u> .	reported, as
Type of Busi	ness Entity				
Corporation Limited Part		LLC Partnership	Sole Proprietors	hip Other: <del>/</del>	(describe)
signed by the certification.	e Contractor Disclosure	or an officer or emplo	to be considered validly byee of the Contractor to operly signed will not be strative Code.	that is authorized to	make this
By executing	below, you:	· ·			
(1)			e the Contractor or an er e this Disclosure Form.	mployee or officer of	the Contractor
(2)	of the		o the best of your know closures provided are		
(3)	Acknowl	edge and agree to cor	mply with the provisions	s described in <u>Exhib</u> i	<u>t A</u> .
Name of Cor By: By: Title: De	ntractor: <u>Co</u>	Mullo Mullo	<u>rbeck</u> PH.D. Name: Sl	nanum Mi	riella
Date:	11-	-20-28			

# Delaware County Political Contribution Disclosure Form

Political Cont	ribution Disclosure: Within the	past twenty-four (24) months, C	Contractor* has:
	NOT made any Reportable Cor		
T/mm.	_ made Reportable Contribution	s as set forth on <u>Schedule A</u> atta	ched hereto.
*Includ further		ontractor whose contributions are also	
Type of Busin	ess Entity		
Corporation_ Limited Partne		Sole Proprietorship LLP	Other: (describe)
signed by the certification.	Contractor or an officer or emploisclosure Forms that are not proof the Delaware County Admini	n to be considered validly submitoyee of the Contractor that is auroperly signed will not be considestrative Code.	ıthorized to make this
(1)	• •	re the Contractor or an employee	or officer of the Contractor
•	and duly authorized to execut	te this Disclosure Form.	
(2)	Represent and warrant that, of the information and diministratement or omissions.	to the best of your knowledge at sclosures provided are true	fter appropriate inquiry, all and contain no material
(3)	Acknowledge and agree to co	mply with the provisions describ	ed in <u>Exhibit A</u> .
Name of Conti	ractor: M.G. Therape	entic Services	
By: Mu	onn Mullo	Name: (Shan nov	n Minello
Title: Dept	try Director		•

# Delaware County <u>Political Contribution Disclosure Form</u>

Political Cont	ribution Disclosure: Within the p	oast twenty-four (24) months,	Contractor* has:
$\geq$	NOT made any Reportable Cont	tributions.	
	_ made Reportable Contributions	as set forth on <u>Schedule A</u> att	ached hereto.
*Inclu furthe	des entities and persons related to a Col r described in the definition of "reportal	ntractor whose contributions are als ble contribution" on <u>Exhibit A</u> .	o required to be reported, as
Type of Busin	ness Entity		
Corporation _ Limited Partn	<del></del>	Sole Proprietorship	Other (describe)
signed by the certification.	In order for this Disclosure Form Contractor or an officer or emplo Disclosure Forms that are not pro of the Delaware County Adminis	oyee of the Contractor that is a operly signed will not be consi	authorized to make this
By executing	below, you:		
(1)	Declare and certify that you are and duly authorized to execute		e or officer of the Contractor
(2)	Represent and warrant that, to of the information and dismisstatement or omissions.	•	, , , , ,
(3)	Acknowledge and agree to cor	mply with the provisions descr	ibed in <u>Exhibit A</u> .
Name of Con	tractor: Olytope Fakiv	Jesi MD	
ву. Ди	un Mullo	Name: Shan r	ian Mirsello
Title: Del	puty Director		

### APPENDIX O

## Delaware County Political Contribution Disclosure Form

**Background:** Under Section 6-12.E of the Administrative Code of Delaware County, Contractors under certain Covered Contracts are required to provide this Disclosure Form in connection with consideration of approval of such Covered Contract by County Council. *Definitions of Contractor, Covered Contract, and certain other terms used in this Disclosure Form, as well as additional instructions for its completion, are set forth in <a href="Exhibit A">Exhibit A</a> attached hereto.* 

Political Contribution Disclosure: Within the past twenty-four (24) months, Contractor\* has:

$\checkmark$	NOT made	any Reportable Con	tributions.		
	made Repo	rtable Contributions	as set forth on <u>Schedule</u>	<u>A</u> attached heret	ю.
			ntractor whose contributions a ble contribution" on <u>Exhibit A</u> .	re also required to b	ne reported, as
Type of Busine	ss Entity				
Corporation _ Limited Partn	∠ ership	LLC Partnership	Sole Proprietorshi	p Other:	(describe)
signed by the C certification. D	ontractor of isclosure Fo	or an officer or emplo	n to be considered validly oyee of the Contractor the operly signed will not be o strative Code.	at is authorized t	o make this
By executing be	elow, you:				
(1)			e the Contractor or an emp e this Disclosure Form.	oloyee or officer o	of the Contractor
(2)	of the in		o the best of your knowle closures provided are		• • •
(3)	Acknowled	dge and agree to cor	mply with the provisions d	lescribed in <u>Exhi</u> t	olt A.
Ву:	Shane Thomas	Thomas Company, Inc.			

## Delaware County Political Contribution Disclosure Form

completion, are set forth in <u>Exhibit A</u> attached hereto.
Political Contribution Disclosure: Within the past twenty-four (24) months, Contractor* has:
NOT made any Reportable Contributions.
made Reportable Contributions as set forth on Schedule A attached hereto.
*Includes entities and persons related to a Contractor whose contributions are also required to be reported, as further described in the definition of "reportable contribution" on Exhibit A.
Type of Business Entity
Corporation LLC Sole Proprietorship Other: (describe) Limited Partnership Partnership LLP
Certification: In order for this Disclosure Form to be considered validly submitted, it must be properly signed by the Contractor or an officer or employee of the Contractor that is authorized to make this certification. Disclosure Forms that are not properly signed will not be considered as responsive to the requirements of the Delaware County Administrative Code.
By executing below, you:
(1) Declare and certify that you are the Contractor or an employee or officer of the Contractor and duly authorized to execute this Disclosure Form.
(2) Represent and warrant that, to the best of your knowledge after appropriate inquiry, all of the information and disclosures provided are true and contain no material misstatement or omissions.
(3) Acknowledge and agree to comply with the provisions described in Exhibit A.
Name of Contractor: LINN ARCHITECT  By: Name: ROBERT LIHN - PRINCIPAL  Date: 12/4/23

Date: December 4, 2023

## Delaware County Political Contribution Disclosure Form

Political Cont	ribution Disclosu	re: Within the p	oast twenty-four (24) n	nonths, C	ontractor* has:
X	NOT made any F	Reportable Cont	ributions.		
***************************************	made Reportabl	e Contributions	as set forth on Schedu	<u>ile A</u> atta	ched hereto.
			ntractor whose contribution le contribution" on <u>Exhibit</u>		required to be reported, as
Type of Busin	ess Entity				
Corporation Limited Parti		 tnership	Sole Proprietors	ship	Other: (describe)
signed by the certification.	Contractor or an Disclosure Forms of the Delaware	officer or emplo that are not pro	yee of the Contractor operly signed will not b	that is au	tted, it must be properly othorized to make this ered as responsive to the
(1)	Declare and cer				or officer of the Contractor
(2)			e this Disclosure Form.  The best of your know		ter appropriate inquiry, all
		ation and disc			and contain no material
(3)	Acknowledge a	nd agree to com	nply with the provision	s describ	ed in <u>Exhibit A</u> .
Name of Cont	ractor: Spiezle Arch	nitectural Group, Inc.	<u>.                                    </u>		
Bv:					
1	S. Perrino, AIA, LEED	ΔΡ			
Title: Procinal 8		, n			

#### **APPENDIX O**

## Delaware County Political Contribution Disclosure Form

**Background:** Under Section 6-12.E of the Administrative Code of Delaware County, Contractors under certain Covered Contracts are required to provide this Disclosure Form in connection with consideration of approval of such Covered Contract by County Council. *Definitions of Contractor, Covered Contract, and certain other terms used in this Disclosure Form, as well as additional instructions for its completion, are set forth in <u>Exhibit A</u> attached hereto.* 

Political Conti	ribution Disc	losure: Within the p	past twenty-four (24) months, C	ontractor* has:
<u>X</u>	NOT made	any Reportable Cont	ributions.	
	made Repo	rtable Contributions	as set forth on <u>Schedule A</u> attac	ched hereto.
*Includ further	es entities and described in th	persons related to a Con ne definition of "reportab	tractor whose contributions are also i le contribution" on <u>Exhibit A</u> .	required to be reported, as
Type of Busine	ess Entity			
Corporation Limited Partr		LLC Partnership	Sole Proprietorship LLP	Other: (describe)
signed by the certification. I	Contractor o Disclosure Fo	r an officer or emplo	to be considered validly submit yee of the Contractor that is au operly signed will not be conside trative Code.	thorized to make this
By executing b	elow, you:			
(1)	Declare an and duly a	d certify that you are uthorized to execute	the Contractor or an employee this Disclosure Form.	or officer of the Contractor
(2)	of the in	and warrant that, to formation and discent or omissions.	the best of your knowledge af- closures provided are true a	ter appropriate inquiry, all ind contain no material
(3)	Acknowled	lge and agree to com	ply with the provisions describe	ed in <u>Exhibit A</u> .
Name of Contr	actor: L.J.	Paolella Constructi	ion, Inc.	
Ву:	2			
Name: Melino		lla		
Title: Secr'y-T	reas.			

Title: Secr'y-Treas Date: 11/17/2023

Under Section 6-12.E of the Administrative Code of Delaware County, Contractors under certain Covered Contracts are required to provide this Disclosure Form in connection with consideration of approval of such Covered Contract by County Council. Definitions of Contractor, Covered Contract, and certain other terms used in this

Disclosure Form, as well forth in <u>Exhibit A</u> attach		ns for its completion, are set
Political Contribution Disc has:	losure: Within the past twe	enty-four (24) months, Contractor*
NOT made ar	y Reportable Contribution	s.
made Reports	able Contributions as set fo	orth on <u>Schedule A</u> attached hereto.
		ose contributions are also required to be ble contribution" on Exhibit A.
Type of Business Entity		
Corporation LLC	Sole Proprietorsh	Dther:(describe)
Limited Partnership	Partnership L	LP
be properly signed by the authorized to make this of	e Contractor or an officer of certification. Disclosure Fo	considered validly submitted, it must or employee of the Contractor that is rms that are not properly signed will rements of the Delaware County
By executing below, you:		
Contractor and (2) Represent and inquiry, all of th material missta	duly authorized to execute warrant that, to the best e information and disclosu tement or omissions.	actor or an employee or officer of the this Disclosure Form. of your knowledge after appropriate res provided are true and contain no be provisions described in Exhibit A.
Name of Contractor: By:	MVP Recovery itc Brian Corson Bion	n Corra
Name: Brian Corson Title: CEO Date: 11/21/2023		
	A POTOTORYZOURY TY	

APPENDIX H

### POLICITICAL CONTRIBUTION FORM

### Reportable Contributions within Past 24 months

MVP RECOVERY, INC

Name of Contractor:

Date:	11/21	2023		
Contributor* Jason Kilpatrick	Candidate Sen.Tim Kearney	Date 04 2022	Amount 多500-型	Relationship of Contributor to Contractor

<sup>\*</sup>Reporting required for Contractor and all other entities and persons related to Contractor whose contributions are also required to be reported, as further described in the definition of "reportable contribution" on Exhibit A.

forth in Exhibit A attached hereto.
Political Contribution Disclosure: Within the past twenty-four (24) months, Contractor* has:
✓ NOT made any Reportable Contributions.
made Reportable Contributions as set forth on Schedule A attached hereto.
*Includes entities and persons related to a Contractor whose contributions are also required to be reported, as further described in the definition of "reportable contribution" on Exhibit A.
Type of Business Entity
Corporation
Limited Partnership LLP
<b>Certification:</b> In order for this Disclosure Form to be considered validly submitted, it must be properly signed by the Contractor or an officer or employee of the Contractor that is authorized to make this certification. Disclosure Forms that are not properly signed will not be considered as responsive to the requirements of the Delaware County Administrative Code.
By executing below, you:
<ol> <li>(1) Declare and certify that you are the Contractor or an employee or officer of the Contractor and duly authorized to execute this Disclosure Form.</li> <li>(2) Represent and warrant that, to the best of your knowledge after appropriate inquiry, all of the information and disclosures provided are true and contain no material misstatement or omissions.</li> <li>(3) Acknowledge and agree to comply with the provisions described in Exhibit A.</li> </ol>
Name of Contractor:  By:  Name:  Tinnesla Snyder  Senior Vice President, Adult Behavioral Health  Date:  9/13/2023

M.M.(III).(III).(III)

forth in <b>Exhibit A</b> attached hereto.
Political Contribution Disclosure: Within the past twenty-four (24) months, Contractor* has:
made Reportable Contributions as set forth on Schedule A attached hereto.
*Includes entities and persons related to a Contractor whose contributions are also required to be reported, as further described in the definition of "reportable contribution" on Exhibit A.
Type of Business Entity
Corporation X LLC Sole Proprietorship Other: (describe)
Limited Partnership LLP
<b>Certification:</b> In order for this Disclosure Form to be considered validly submitted, it must be properly signed by the Contractor or an officer or employee of the Contractor that is authorized to make this certification. Disclosure Forms that are not properly signed will not be considered as responsive to the requirements of the Delaware County Administrative Code.
By executing below, you:
<ul> <li>(1) Declare and certify that you are the Contractor or an employee or officer of the Contractor and duly authorized to execute this Disclosure Form.</li> <li>(2) Represent and warrant that, to the best of your knowledge after appropriate inquiry, all of the information and disclosures provided are true and contain no material misstatement or omissions.</li> <li>(3) Acknowledge and agree to comply with the provisions described in <u>Exhibit A</u>.</li> </ul>
Name of Contractor: NAMI main Line PA By: Knotne & Songton
Name: Kristine Songster Title: Affiliate Coordinator Date: 11-20-2023

Total in Exhibit A attached hereto.
Political Contribution Disclosure: Within the past twenty-four (24) months, Contractor* has:
NOT made any Reportable Contributions.
made Reportable Contributions as set forth on <u>Schedule A</u> attached hereto.
*Includes entities and persons related to a Contractor whose contributions are also required to be reported, as further described in the definition of "reportable contribution" on Exhibit A.
Type of Business Entity
Corporation LLC Sole Proprietorship Other: X (describe) 501(c)3  Limited Partnership Partnership LLP
Limited Partnership Partnership LLP
Certification: In order for this Disclosure Form to be considered validly submitted, it must be properly signed by the Contractor or an officer or employee of the Contractor that is authorized to make this certification. Disclosure Forms that are not properly signed will not be considered as responsive to the requirements of the Delaware County Administrative Code.
By executing below, you:
<ul> <li>(1) Declare and certify that you are the Contractor or an employee or officer of the Contractor and duly authorized to execute this Disclosure Form.</li> <li>(2) Represent and warrant that, to the best of your knowledge after appropriate inquiry, all of the information and disclosures provided are true and contain no material misstatement or omissions.</li> <li>(3) Acknowledge and agree to comply with the provisions described in <u>Exhibit A</u>.</li> </ul>
Name of Contractor: Voice and Vision Inc  By:  Valence melong
Name: Valerie metroy Title: CEO Date: 10/17/2023

Under Section 6-12.E of the Administrative Code of Delaware County, Contractors under certain Covered Contracts are required to provide this Disclosure Form in connection with consideration of approval of such Covered Contract by County Council. Definitions of Contractor, Covered Contract, and certain other terms used in this Disclosure Form, as well as additional instructions for its completion, are set forth in Exhibit A attached hereto.

Under Section 6-12.E of the Administrative Code of Delaware County, Contractors under certain Covered Contracts are required to provide this Disclosure Form in connection with consideration of approval of such Covered Contract by County Council. Definitions of Contractor, Covered Contract, and certain other terms used in this Disclosure Form, as well as additional instructions for its completion, are set forth in Exhibit A attached hereto.

forth in <u>Exhibit A.</u> attached hereto.
Political Contribution Disclosure: Within the past twenty-four (24) months, Contractor* has:
NOT made any Reportable Contributions.
made Reportable Contributions as set forth on <u>Schedule A</u> attached hereto.
*Includes entities and persons related to a Contractor whose contributions are also required to be reported, as further described in the definition of "reportable contribution" on Exhibit A.
Type of Business Entity
Corporation LLC Sole Proprletorship Other:(describe)
Limited Partnership LLP
Certification: In order for this Disclosure Form to be considered validly submitted, it must be properly signed by the Contractor or an officer or employee of the Contractor that is authorized to make this certification. Disclosure Forms that are not properly signed will not be considered as responsive to the requirements of the Delaware County Administrative Code.
By executing below, you:
(1) Declare and certify that you are the Contractor or an employee or officer of the Contractor and duly authorized to execute this Disclosure Form.  (2) Represent and warrant that, to the best of your knowledge after appropriate inquiry, all of the information and disclosures provided are true and contain no material misstatement or omissions.  (3) Acknowledge and agree to comply with the provisions described in Exhibit A.  Name of Contractor:  By:  Name: Elaura Norris  Title: Croo Date: 11-13-33

Under Section 6-12,E of the Administrative Code of Delaware County, Contractors under certain Covered Contracts are required to provide this Disclosure Form in connection with consideration of approval of such Covered Contract by County Council. Definitions of Contractor, Covered Contract, and certain other terms used in this Disclosure Form, as well as additional instructions for its completion, are set forth in Exhibit A attached hereto.

forth in <u>Exhi</u>	<u>bit A</u> attac	hed here	to.				
Political Cont has:	ributlon Dis	closure: \	Within the pas	st twenty-fou	r (24) monti	hs, Conti	ractor*
×ν	<b>OT</b> made a	iny Repo	rtable Contrib	utions.			
n	ade Repor	table Cor	ntributions as	set forth on	Schedule A	attached	d hereto.
*Includes entiti reported, as fu	ies and perso rther describ	ons related ed in the d	d to a Contract definition of "re	or whose cont portable cont	iributions are ribution" on l	also req Exhibit A.	uired to be
Type of Bus	iness Entit	У					
Corporation_		.C	Sole Propriet	orship	Other: X	_(describ	e)
Limited Parts	nership	Part	nership	LLP	NOT	FOR	PROFIT
must be prop that is autho signed will no Administrative	erly signed rized to m at be consid e Code.	by the ( ake this ered as r	Disclosure For Contractor or certification, responsive to	an officer of Disclosure	r employee Forms that	of the Care not	Contractor properly
By executing	below, you	,					
the (2) Re inq ma	Contractor present and ulry, all of the terial misst	and duly d warrant he inform atement o	at you are the authorized to that, to the lation and disc or omissions, e to comply w	execute thi best of your closures pro	s Disclosure knowledge vided are tr	e Form, after ap ue and c	ppropriate contain no
Name of Con By: Name: Title: Date:	tractor:		ROOK SCHO 6833 MALVI PHILADELPHIA	ERN AVENUE			,

forth in Exhibit A attached	d hereto.
Political Contribution Disclo	sure: Within the past twenty-four (24) months, Contractor*
<u>x</u> NOT made any	Reportable Contributions.
made Reportab	le Contributions as set forth on <u>Schedule A</u> attached herelo.
*Includes entitles and persons reported, as further described	related to a Contractor whose contributions are also required to be in the definition of "reportable contribution" on Exhibit A.
Type of Business Entity	
Corporation x LLC	Sole Proprietorship Other:(describe)
Limited Partnership	PartnershipLLP
be properly signed by the authorized to make this ce	nis Disclosure Form to be considered validly submitted, it must Contractor or an officer or employee of the Contractor that is rtification. Disclosure Forms that are not properly signed will esponsive to the requirements of the Delaware County
By executing below, you:	
Contractor and d (2) Represent and v inquiry, all of the material misstate	ify that you are the Contractor or an employee or officer of the uly authorized to execute this Disclosure Form. varrant that, to the best of your knowledge after appropriate information and disclosures provided are true and contain no ement or omissions.  If agree to comply with the provisions described in Exhibit A.
Name of Contractor:	CONCERN Professional Services for Children, Youth, and families
Name: Title: Date:	Gordon 11. May President and CEO

Under Section 6-12.E of the Administrative Code of Delaware County, Contractors under certain Covered Contracts are required to provide this Disclosure Form in connection with consideration of approval of such Covered Contract by County Council. Definitions of Contractor, Covered Contract, and certain other terms used in this Disclosure Form, as well as additional instructions for its completion, are set forth in Exhibit A attached hereto.

Political Contribution Disclosinas:	ure: Within the past twenty-four (24) months, Contractor*
NOT made any F	Reportable Contributions.
_xmade Reportab hereto.	le Contributions as set forth on <u>Schedule A</u> attached
*Includes entities and persons reported, as further described in	related to a Contractor whose contributions are also required to be the definition of "reportable contribution" on Exhibit A.
Type of Business Entity	
Corporation_x LLC_	Sale Proprietorship Other:(describe)
Limited Partnership	Partnership LLP
be properly signed by the Cauthorized to make this cert	is Disclosure Form to be considered validly submitted, it must contractor or an officer or employee of the Contractor that is tification. Disclosure Forms that are not properly signed will sponsive to the requirements of the Delaware County
By executing below, you:	
Contractor and du (2) Represent and w inquiry, all of the i material misstater	y that you are the Contractor or an employee or officer of the ally authorized to execute this Disclosure Form. arrant that, to the best of your knowledge after appropriate information and disclosures provided are true and contain no ment or omissions. If agree to comply with the provisions described in Exhibit A.
Name of Contractor: By:	Mirmont Outpatient Center
Name: Margaret Batt Title: Clinical Supervisor Date: 1/30/23	

APPENDIX II

(L:Contracts 2223)Standard\_Appendices\_AppendixII

7/22

### POLICITICAL CONTRIBUTION FORM

### Reportable Contributions within Past 24 months

Name of Contractor:	Mirmont Outpatient Center
Date:	1/30/2023

Contributor*	Candidate	Date	Amount	Relationship of Contributor to Contractor
Mirmont	DASPOP	4/20/2022	\$4,900	Lobbying
			~~~	
	<del>_</del>			
1				
			<del></del>	
i .	1			

<sup>\*</sup>Reporting required for Contractor and all other entities and persons related to Contractor whose contributions are also required to be reported, as further described in the definition of "reportable contribution" on Exhibit A.

Political Contribution Disclosure: Within the past twenty-four (24) months, Contractor* has:
x NOT made any Reportable Contributions.
made Reportable Contributions as set forth on <u>Schedule A</u> attached hereto.
*Includes entities and persons related to a Contractor whose contributions are also required to be reported, as further described in the definition of "reportable contribution" on Exhibit A.
Type of Business Entity
Corporation LLCX Sole Proprietorship Other:(describe)
Limited Partnership LLP
Certification: In order for this Disclosure Form to be considered validly submitted, it must be properly signed by the Contractor or an officer or employee of the Contractor that is authorized to make this certification. Disclosure Forms that are not properly signed will not be considered as responsive to the requirements of the Delaware County Administrative Code.
By executing below, you:
<ol> <li>(1) Declare and certify that you are the Contractor or an employee or officer of the Contractor and duly authorized to execute this Disclosure Form.</li> <li>(2) Represent and warrant that, to the best of your knowledge after appropriate inquiry, all of the information and disclosures provided are true and contain no material misstatement or omissions.</li> <li>(3) Acknowledge and agree to comply with the provisions described in Exhibit A.</li> </ol>
Name of Contractor: Beacon Point Recovery Center, LLC By:
Name: Jason Usilfon Title: Director of RCM Date: 9/29/2023

TOTHI III EXIMPLE A Stractled Hereto.
Political Contribution Disclosure: Within the past twenty-four (24) months, Contractor* has:
NOT made any Reportable Contributions.
made Reportable Contributions as set forth on <u>Schedule A</u> attached hereto.
*Includes entities and persons related to a Contractor whose contributions are also required to be reported, as further described in the definition of "reportable contribution" on Exhibit A.
Type of Business Entity
Corporation LLC_v_ Sole Proprietorship Other:(describe)
Limited Partnership LLP
Certification: In order for this Disclosure Form to be considered validly submitted, it must be properly signed by the Contractor or an officer or employee of the Contractor that is authorized to make this certification. Disclosure Forms that are not properly signed will not be considered as responsive to the requirements of the Delaware County Administrative Code,
By executing below, you:
<ol> <li>(1) Declare and certify that you are the Contractor or an employee or officer of the Contractor and duly authorized to execute this Disclosure Form.</li> <li>(2) Represent and warrant that, to the best of your knowledge after appropriate inquiry, all of the information and disclosures provided are true and contain no material misstatement or omissions.</li> <li>(3) Acknowledge and agree to comply with the provisions described in Exhibit A.</li> </ol>
Name of Contractor: Clearbrook Treatment Centers, uc also Huntington Creek By:
Name: Janson Eggerton Title: CEO Date: 11   9/83
APPENDIX II (L:Contracts 2223)Standard Appendices AppendixII
7/22

Political Contribution Disclosure: Within the past twenty-four (24) months, Contractor* has:
X NOT made any Reportable Contributions.
made Reportable Contributions as set forth on Schedule A attached hereto.
"Includes entitles and persons related to a Contractor whose contributions are also required to be reported, as further described in the definition of "reportable contribution" on Exhibit A.
Type of Business Entity
Corporation \( \frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\fir}{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\fracc}\frac{\frac{\frac}}}}{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\fra
Limited Partnership LLP
Certification: In order for this Disclosure Form to be considered validly submitted, it must be properly signed by the Contractor or an officer or employee of the Contractor that is authorized to make this certification. Disclosure Forms that are not properly signed will not be considered as responsive to the requirements of the Delaware County Administrative Code.
By executing below, you:
<ol> <li>(1) Declare and certify that you are the Contractor or an employee or officer of the Contractor and duly authorized to execute this Disclosure Form.</li> <li>(2) Represent and warrant that, to the best of your knowledge after appropriate inquiry, all of the information and disclosures provided are true and contain no material misstatement or omissions.</li> <li>(3) Acknowledge and agree to comply with the provisions described in <u>Exhibit A</u>.</li> </ol>
(3) Acknowledge and agree to comply with the provisions described in Exhibit A.  Name of Contractor:  By:  Name: Richard Mangano Title: CEO Date: 2 13 23

Under Section 6-12.E of the Administrative Code of Delaware County, Contractors under certain Covered Contracts are required to provide this Disclosure Form in connection with consideration of approval of such Covered Contract by County Council. Definitions of Contractor, Covered Contract, and certain other terms used in this Disclosure Form, as well as additional instructions for its completion, are set forth in Exhibit A attached hereto.

forth in Exhibit A attached hereto.
Political Contribution Disclosure: Within the past twenty-four (24) months, Contractor* has:
X_NOT made any Reportable Contributions.
made Reportable Contributions as set forth on <u>Schedule A</u> attached hereto.
*Includes entities and persons related to a Contractor whose contributions are also required to be reported, as further described in the definition of "reportable contribution" on Exhibit A.
Type of Business Entity
Corporation LLC Sole Proprietorship Other:(describe)
Limited Partnership LLP
<b>Certification:</b> In order for this Disclosure Form to be considered validly submitted, it must be properly signed by the Contractor or an officer or employee of the Contractor that is authorized to make this certification. Disclosure Forms that are not properly signed will not be considered as responsive to the requirements of the Delaware County Administrative Code.
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Name of Contractor: UHS Recovery Foundation, Inc. d/bla Keystone Center By:
Name: Elizabeth Contin  Title: CEO  Date: 1/30/23

Political Contribution Disclos	ure: Within the pas	twenty-four (	24) months	i, Contractor*
xNOT made any	Reportable Contrib	utions.		
made Reportabl	e Contributions as s	et forth on <u>Sc</u>	<u>hedule A</u> a	ittached hereto.
*Includes entities and persons reported, as further described i	related to a Contracto n the definition of "rep	r whose contrit ortable contrib	outions are a oution" on Ex	ilso required to be chibit A.
Type of Business Entity				
Corporation LLC_	x Sole Propriet	orship	)ther:(	describe)
Limited Partnership	Partnership	LLP		
Certification: In order for the be properly signed by the Cauthorized to make this center that the considered as readministrative Code.	Contractor or an offi tification. Disclosur	cer or employ e Forms that	ee of the C are not pro	Contractor that is perly signed will
By executing below, you:				
(2) Represent and winquiry, all of the	uly authorized to ex varrant that, to the information and dis ment or omissions.	ecute this Disc pest of your k plosures provi	closure For mowledge ded are tru	m. after appropriate le and contain no
Name of Contractor: Treatment Services By:	Northeast Family	/ Healthcar	∌ LLC d	ba Lansdowne
	Laura Fidorowicz			
Name: Laura Fidorowicz Title: Executive Director Date: 3/13/2023				

forth in <u>Exhibit A</u> attached hereto.
Political Contribution Disclosure: Within the past twenty-four (24) months, Contractor* has:
NOT made any Reportable Contributions.
made Reportable Contributions as set forth on <u>Schedule A</u> attached hereto.
*Includes entities and persons related to a Contractor whose contributions are also required to be reported, as further described in the definition of "reportable contribution" on Exhibit A.
Type of Business Entity
Corporation LLC_xx Sole Proprietorship Other:(describe)
Limited Partnership LLP
Certification: In order for this Disclosure Form to be considered validly submitted, it must be properly signed by the Contractor or an officer or employee of the Contractor that is authorized to make this certification. Disclosure Forms that are not properly signed will not be considered as responsive to the requirements of the Delaware County Administrative Code.
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Name of Contractor:  American Treatment Network, LLC  By:
Name: Chris Devaney Title: General Manager Date: 05/04/2023

Disclosure Form, as well as additional instructions for its completely forth in Exhibit A attached hereto.
Political Contribution Disclosure: Within the past twenty-four (24) months, Contractor* has:
X NOT made any Reportable Contributions.
made Reportable Contributions as set forth on <u>Schedule A</u> attached hereto.
*Includes entities and persons related to a Contractor whose contributions are also required to be reported, as further described in the definition of "reportable contribution" on Exhibit A.
Type of Business Entity
Corporation LLC Sole ProprietorshipOther: X(describe)  nonprofit 501e3
Limited Partnership Partnership LLP
Certification: In order for this Disclosure Form to be considered validly submitted, it must be properly signed by the Contractor or an officer or employee of the Contractor that is authorized to make this certification. Disclosure Forms that are not properly signed will not be considered as responsive to the requirements of the Delaware County Administrative Code.
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Name of Contractor: Mental Health Partnerships  By:
Name: Dr. Adriana Torres-O'Connor Title: President and CEO, Mental Health Partnerships Date: 3/06/2023
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