

COOK COUNTY OFFICE OF THE CHIEF PROCUREMENT OFFICER
CONTRACT AWARD RECOMMENDATIONS

(Revised 9/17/14)

Item #	Contract#	Recommended Action	Using Department	Description	Recommended Vendor	Contract Amount	MBE/WBE Participation	Participation Type	Participation %	# of Bids Received	# of M/WBE Bids Received	CCA Concurs
1	1345-12956	Award	Facilities Management	Centrifugal, Multi-stack, Screw Chillers Maintenance and Service	Anchor Mechanical, Inc.	\$1,132,600.00	MZI Building Services, Inc. Argo Summit Supply Co.	MBE (9) WBE (7)	25% 10%	3	0	Yes
2	1411-13815	Award	Cook County Sheriff's Office	Police Pursuit Vehicles	Tri-angle Fabrication & Body Co., Inc.	\$1,234,737.84	Tri-angle Fabrication & Body Co., Inc. Knight's Body Shop, Inc.	MBE (9) WBE (7)	95% 5%	3	2	Yes
3	1411-13594	Award	Cook County Sheriff's Office	Food Services	Ace Coffee Bar, Inc.	\$379,251.60	Cristina Foods	MBE (9)	35.00%	3	1	Yes
4	1390-13069	Award	Bureau of Technology	Website Design and Implementation	Clarity Partners, LLC	\$1,245,279.33	Clarity Partners, LLC	MBE (8)	100.00%	12	5	Yes
5	1430-13452A	Award	Cook County Office of the Chief Procurement Officer	County-Wide Office Furniture	Warehouse Direct, Inc.	\$800,000.00	N/A	Full MWBE Waiver Granted	Full MWBE Waiver Granted	4	0	Yes
6	1430-13452B	Award	Cook County Office of the Chief Procurement Officer	County-Wide Office Furniture	Norix Group, Inc.	\$200,000.00	N/A	Full MWBE Waiver Granted	Full MWBE Waiver Granted	4	0	Yes

MBE/WBE Participation Types:
Native American (4)
African American (6)
Female (7)
Asian (8)
Hispanic (9)

R - Rebid
DNA - Does Not Apply
CCA - Contract Compliance Administrator
**Not Low Bidder

ECONOMIC DISCLOSURE STATEMENT

COOK COUNTY DISCLOSURE OF OWNERSHIP INTEREST STATEMENT

The Cook County Code of Ordinances (§2-610 et seq.) requires that any Applicant for any County Action must disclose information concerning ownership interests in the Applicant. This Disclosure of Ownership Interest Statement must be completed with all information current as of the date this Statement is signed. Furthermore, this Statement must be kept current, by filing an amended Statement, until such time as the County Board or County Agency shall take action on the application. The information contained in this Statement will be maintained in a database and made available for public viewing.

If you are asked to list names, but there are no applicable names to list, you must state NONE. An incomplete Statement will be returned and any action regarding this contract will be delayed. A failure to fully comply with the ordinance may result in the action taken by the County Board or County Agency being voided.

"Applicant" means any Entity or person making an application to the County for any County Action.

"County Action" means any action by a County Agency, a County Department, or the County Board regarding an ordinance or ordinance amendment, a County Board approval, or other County agency approval, with respect to contracts, leases, or sale or purchase of real estate.

"Entity" or "Legal Entity" means a sole proprietorship, corporation, partnership, association, business trust, estate, two or more persons having a joint or common interest, trustee of a land trust, other commercial or legal entity or any beneficiary or beneficiaries thereof.

This Disclosure of Ownership Interest Statement must be submitted by:

1. An Applicant for County Action and
2. An individual or Legal Entity that holds stock or a beneficial interest in the Applicant and is listed on the Applicant's Statement (a "Holder") must file a Statement and complete #1 only under Ownership Interest Declaration.

Please print or type responses clearly and legibly. Add additional pages if needed, being careful to identify each portion of the form to which each additional page refers.

This Statement is being made by the Applicant or Stock/Beneficial Interest Holder

This Statement is an: Original Statement or Amended Statement

Identifying Information:

Name: Anchor Mechanical, Inc. D/B/A: _____ EIN NO.: 36 424 8861

Street Address: 255 N. California Ave.

City: Chicago State: IL Zip Code: 60612

Phone No.: 312 492 6994

Form of Legal Entity:

- | | | | |
|---|--------------------------------------|---|--|
| <input type="checkbox"/> Sole Proprietor | <input type="checkbox"/> Partnership | <input checked="" type="checkbox"/> Corporation | <input type="checkbox"/> Trustee of Land Trust |
| <input type="checkbox"/> Business Trust | <input type="checkbox"/> Estate | <input type="checkbox"/> Association | <input type="checkbox"/> Joint Venture |
| <input type="checkbox"/> Other (describe) _____ | | | |

1345-12956R

Ownership Interest Declaration:

1. List the name(s), address, and percent ownership of each individual and each Entity having a legal or beneficial interest (including ownership) of more than five percent (5%) in the Applicant/Holder.

Name	Address	Percentage Interest by Applicant/Holder
MICHAEL ROSNER	1224 133RD COURT LEMONT IL 60439	100%

2. If the interest of any individual or any Entity listed in (1) above is held as an agent or agents, or a nominee or nominees, list the name and address of the principal on whose behalf the interest is held.

Name of Agent/Nominee	Name of Principal	Principal's Address
N/A		

3. Is the Applicant constructively controlled by another person or Legal Entity? Yes No
If yes, state the name, address and percentage of beneficial interest of such person or legal entity, and the relationship under which such control is being or may be exercised.

Name	Address	Percentage of Beneficial Interest	Relationship

Declaration (check the applicable box):

- I state under oath that the Applicant has withheld no disclosure as to ownership interest in the Applicant nor reserved any information, data or plan as to the intended use or purpose for which the Applicant seeks County Board or other County Agency action.
- I state under oath that the Holder has withheld no disclosure as to ownership interest nor reserved any information required to be disclosed.

MICHAEL ROSNER
Name of Authorized Applicant/Holder Representative (please print or type)

[Signature]
Signature

mikerosner@yahoo.com
E-mail address

PRESIDENT
Title

4/1/14
Date

312-492-6994
Phone Number

Subscribed to and sworn before me this 1 day of APR, 2014

My commission expires: 08/31/14

x *Michele A. Ashe*
Notary Public Signature



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This Statement is an: Original Statement or Amended Statement

Identifying Information:

Name: TRIANGLE FAB. ? CO. 2004 D/B/A: _____ EIN NO.: 36-3245397

Street Address: 1244 W. 43rd Street

City: CHICAGO State: IL Zip Code: 60609

Phone No.: 773-523-0421

Form of Legal Entity:

- | | | | |
|---|--------------------------------------|---|--|
| <input type="checkbox"/> Sole Proprietor | <input type="checkbox"/> Partnership | <input checked="" type="checkbox"/> Corporation | <input type="checkbox"/> Trustee of Land Trust |
| <input type="checkbox"/> Business Trust | <input type="checkbox"/> Estate | <input type="checkbox"/> Association | <input type="checkbox"/> Joint Venture |
| <input type="checkbox"/> Other (describe) _____ | | | |

ECONOMIC DISCLOSURE STATEMENT

Ownership Interest Declaration:

1. List the name(s), address, and percent ownership of each individual and each Entity having a legal or beneficial interest (including ownership) of more than five percent (5%) in the Applicant/Holder.

Name	Address	Percentage Interest In Applicant/Holder
JOSE GONZALEZ	1394 W- 43 RD ST. CHICAGO IL 60609	100%

2. If the interest of any individual or any Entity listed in (1) above is held as an agent or agents, or a nominee or nominees, list the name and address of the principal on whose behalf the interest is held.

Name of Agent/Nominee	Name of Principal	Principal's Address
N/A		

3. Is the Applicant constructively controlled by another person or Legal Entity? () Yes () No
If yes, state the name, address and percentage of beneficial interest of such person or legal entity, and the relationship under which such control is being or may be exercised.

Name	Address	Percentage of Beneficial Interest	Relationship
N/A			

Declaration (check the applicable box):

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I state under oath that the Holder has withheld no disclosure as to ownership interest nor reserved any information required to be disclosed.

JOSE GONZALEZ
Name of Authorized Applicant/Holder Representative (please print or type) Title

PRESIDENT
August 14, 2014
Date

[Signature]
Signature
tribalefab@aol.com

777-523-0421
Phone Number

E-mail address
Subscribed to and sworn before me
this 14 day of August, 2014
X *[Signature]*

My commission expires: 11/20/2017

Notary Public Signature



CONTRACT NO. 1411-13594 REBID

ECONOMIC DISCLOSURE STATEMENT

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This Statement is an: Original Statement or Amended Statement

Identifying Information:

Name: Aze Coffee Bar D/B/A: Jane EIN NO.: 36 2844893

Street Address: 601 E LAKE ST

City: STAMFORD State: IL Zip Code: 60107

Phone No.: 630 233 2800

Form of Legal Entity:

- | | | | |
|---|--------------------------------------|---|--|
| <input type="checkbox"/> Sole Proprietor | <input type="checkbox"/> Partnership | <input checked="" type="checkbox"/> Corporation | <input type="checkbox"/> Trustee of Land Trust |
| <input type="checkbox"/> Business Trust | <input type="checkbox"/> Estate | <input type="checkbox"/> Association | <input type="checkbox"/> Joint Venture |
| <input type="checkbox"/> Other (describe) _____ | | | |

ECONOMIC DISCLOSURE STATEMENT

Ownership Interest Declaration:

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Name	Address	Percentage Interest in Applicant/Holder
ROONEY CAVITT	601 ELAKE ST	25
JANINA CAVITT-LANIER	601 ELAKE ST	25
LISA CAVITT-PATTEN	601 ELAKE ST	25
JILL CAVITT	601 ELAKE ST	25

2. If the interest of any individual or any Entity listed in (1) above is held as an agent or agents, or a nominee or nominees, list the name and address of the principal on whose behalf the interest is held.

Name of Agent/Nominee	Name of Principal	Principal's Address
None		

3. Is the Applicant constructively controlled by another person or Legal Entity? [] Yes [X] No

If yes, state the name, address and percentage of beneficial interest of such person or legal entity, and the relationship under which such control is being or may be exercised.

Name	Address	Percentage of Beneficial Interest	Relationship

Declaration (check the applicable box):

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I state under oath that the Holder has withheld no disclosure as to ownership interest nor reserved any information required to be disclosed.

Name of Authorized Applicant/Holder Representative (please print or type) Title
Rogee Sweeney VICE PRESIDENT

Signature Date
[Signature] 9.22.14

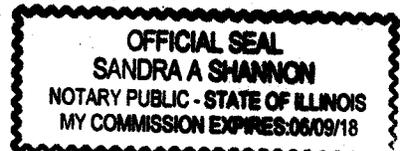
E-mail address Phone Number
rsweeney@accotfcober.com 630 233 2840

Subscribed to and sworn before me My commission expires:
this 22ND day of SEPTEMBER, 20 14. JUNE 9, 2018

X [Signature] Notary Seal

Notary Public Signature

Notary Seal



COOK COUNTY DISCLOSURE OF OWNERSHIP INTEREST STATEMENT

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This Statement is an: Original Statement or Amended Statement

Identifying Information:

Name Clarity Partners, LLC D/B/A: N/A EIN NO.: 80-0123899

Street Address: 227 W. Monroe St., Suite 3950

City: Chicago State: IL Zip Code: 60606

Phone No.: 312-920-0550

Form of Legal Entity:

Sole Proprietor Partnership Corporation Trustee of Land Trust

Business Trust Estate Association Joint Venture

Other (describe) Limited Liability Company

Ownership Interest Declaration:

1. List the name(s), address, and percent ownership of each individual and each Entity having a legal or beneficial interest (including ownership) of more than five percent (5%) in the Applicant/Holder.

Name	Address	Percentage Interest in Applicant/Holder
Mr. David C. Namkung	227 W. Monroe St., Suite 3950, Chicago, IL 60606	51%
Mr. Rodney S. Zech	227 W. Monroe St., Suite 3950, Chicago, IL 60606	49%

2. If the interest of any individual or any Entity listed in (1) above is held as an agent or agents, or a nominee or nominees, list the name and address of the principal on whose behalf the interest is held.

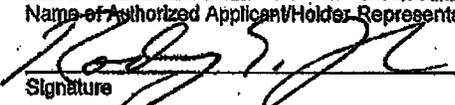
Name of Agent/Nominee	Name of Principal	Principal's Address
N/A		

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If yes, state the name, address and percentage of beneficial interest of such person or legal entity, and the relationship under which such control is being or may be exercised.

Name	Address	Percentage of Beneficial Interest	Relationship
N/A			

Declaration (check the applicable box):

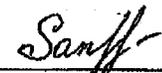
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- I state under oath that the Holder has withheld no disclosure as to ownership interest nor reserved any information required to be disclosed.

Rodney S. Zech
Name of Authorized Applicant/Holder Representative (please print or type)

Signature
r.zech@claritypartners.com
E-mail address

Managing Member
Title
09/26/2014
Date
312-920-0650
Phone Number

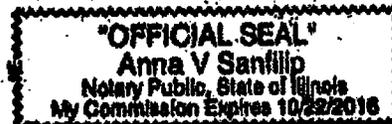
Subscribed to and sworn before me
this 25th day of September, 2014.

My commission expires: 10/22/2016

X 
Notary Public Signature

Notary Seal

EDS-10



1.10.13

ECONOMIC DISCLOSURE STATEMENT

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This Statement is an: Original Statement or Amended Statement

Handwritten:
J. M. Meyer
2/2/04

Identifying Information:

Name: Warchantz, Doreen (D/B/A: Warchantz, Doreen) EIN NO.: 36-3036801
 Street Address: 2001 S. Mt. Wagon Rd. Des Plaines
 City: Des Plaines State: IL Zip Code: 60018
 Phone No.: 847-631-7153

Form of Legal Entity:

- Sole Proprietor Partnership Corporation Trustee of Land Trust
 Business Trust Estate Association Joint Venture
 Other (describe) _____

ECONOMIC DISCLOSURE STATEMENT

CONTRACT NO. 1430-13452

Ownership Interest Declaration:

1. List the name(s), address, and percent ownership of each individual and each Entity having a legal or beneficial interest (including ownership) of more than five percent (5%) in the Applicant/Holder.

Name	Address	Percentage Interest in Applicant/Holder
<u>Kearth Johnson</u>	<u>2001 S. Mt. Prospect Rd, Des Plaines, IL 60018</u>	<u>51%</u>

2. If the interest of any individual or any Entity listed in (1) above is held as an agent or agents, or a nominee or nominees, list the name and address of the principal on whose behalf the interest is held.

Name of Agent/Nominee	Name of Principal	Principal's Address

3. Is the Applicant constructively controlled by another person or Legal Entity? [] Yes [X] No
If yes, state the name, address and percentage of beneficial interest of such person or legal entity, and the relationship under which such control is being or may be exercised.

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John Mayer, President
 Name of Authorized Applicant/Holder Representative (please print or type) Title

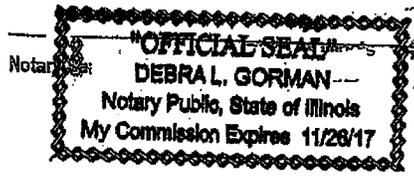
John Mayer
 Signature

7/9/14
 Date

John Mayer @ vishayadirect.com
 E-mail address

847-636-7153
 Phone Number

Subscribed to and sworn before me
 this 9 day of July, 2014
Debra L. Gorman
 Notary Public Signature



ECONOMIC DISCLOSURE STATEMENT

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This Statement is an: Original Statement or Amended Statement

Identifying Information:

Name: Richard B. Karl D/B/A: _____ EIN NO. _____

Street Address: 4051 Gulf Shore Blvd. N

City: Naples State: FL Zip Code: 34103

Phone No.: _____

Form of Legal Entity:

- | | | | |
|---|--------------------------------------|---|--|
| <input type="checkbox"/> Sole Proprietor | <input type="checkbox"/> Partnership | <input checked="" type="checkbox"/> Corporation | <input type="checkbox"/> Trustee of Land Trust |
| <input type="checkbox"/> Business Trust | <input type="checkbox"/> Estate | <input type="checkbox"/> Association | <input type="checkbox"/> Joint Venture |
| <input type="checkbox"/> Other (describe) _____ | | | |

ECONOMIC DISCLOSURE STATEMENT

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Name	Address	Percentage Interest in Applicant/Holder
Richard B. Karl Trust	4051 Gulf Shore -Naples, FL	73.7%
Scott C. Karl Trust	322 S. Fourth - Geneva, IL	25.8%

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Scott Karl
Name of Authorized Applicant/Holder Representative (please print or type) Title

President

SKarl
Signature

March 4, 2014
Date

skarl@norix.com
E-mail address

630.715.2467
Phone Number

Subscribed to and sworn before me
this 4th day of March, 2014

My commission expires
OFFICIAL SEAL
ELIZABETH K. CABAN
NOTARY PUBLIC - STATE OF ILLINOIS
MY COMMISSION EXPIRES DEC. 14, 2015

X [Signature]
Notary Public Signature

Notary Seal

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This Disclosure of Ownership Interest Statement must be submitted by :

1. An Applicant for County Action and
2. An individual or Legal Entity that holds stock or a beneficial interest in the Applicant and is listed on the Applicant's Statement (a "Holder") must file a Statement and complete #1 only under Ownership Interest Declaration.

Please print or type responses clearly and legibly. Add additional pages if needed, being careful to identify each portion of the form to which each additional page refers.

This Statement is being made by the Applicant or Stock/Beneficial Interest Holder

This Statement is an: Original Statement or Amended Statement

Identifying Information:

Name: Scott C. Karl D/B/A: _____ EIN NO.: _____

Street Address: 322 S. Fourth Street

City: Geneva State: IL Zip Code: 60134

Phone No.: 630-231-1331

Form of Legal Entity:

- | | | | |
|---|--------------------------------------|---|--|
| <input type="checkbox"/> Sole Proprietor | <input type="checkbox"/> Partnership | <input checked="" type="checkbox"/> Corporation | <input type="checkbox"/> Trustee of Land Trust |
| <input type="checkbox"/> Business Trust | <input type="checkbox"/> Estate | <input type="checkbox"/> Association | <input type="checkbox"/> Joint Venture |
| <input type="checkbox"/> Other (describe) _____ | | | |

ECONOMIC DISCLOSURE STATEMENT

Ownership Interest Declaration:

1. List the name(s), address, and percent ownership of each individual and each Entity having a legal or beneficial interest (including ownership) of more than five percent (5%) in the Applicant/Holder.

Name	Address	Percentage Interest in Applicant/Holder
Richard B. Karl Trust	4051 Gulf Shore -Naples, FL	73.7%
Scott C. Karl Trust	322 S. Fourth - Geneva, IL	25.8%

2. If the interest of any individual or any Entity listed in (1) above is held as an agent or agents, or a nominee or nominees, list the name and address of the principal on whose behalf the interest is held.

Name of Agent/Nominee	Name of Principal	Principal's Address

3. Is the Applicant constructively controlled by another person or Legal Entity? [] Yes [X] No

If yes, state the name, address and percentage of beneficial interest of such person or legal entity, and the relationship under which such control is being or may be exercised.

Name	Address	Percentage of Beneficial Interest	Relationship

Declaration (check the applicable box):

I state under oath that the Applicant has withheld no disclosure as to ownership interest in the Applicant nor reserved any information, data or plan as to the intended use or purpose for which the Applicant seeks County Board or other County Agency action.

I state under oath that the Holder has withheld no disclosure as to ownership interest nor reserved any information required to be disclosed.

Name of Authorized Applicant/Holder Representative (please print or type) Title

Signature *Richard B. Karl*

Date 3-3-2014

E-mail address

Phone Number

Subscribed to and sworn before me

My commission expires:

this 3rd day of March, 2014.

X *[Signature]*
Notary Public Signature

