

COOK COUNTY OFFICE OF THE CHIEF PROCUREMENT OFFICER  
CONTRACT AWARD RECOMMENDATIONS

4/24/2015

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 Concurr
1	1428-14144	Award	Capital Planning	Countywide Emergency Power Systems Upgrades at the Division 1, 4, 5, South Campus Building 1 and Boot Camp at the DOC.	Broadway Electric, Inc.	\$2,533,000.00	(DBE) - Pogada Electric & Construction Company	DBE(6)	35.01% DBE	3	0	Y
2	1584-14299	Award	Various Cook County Agencies	Motor Fuels (Unleaded, Diesel and Bio-Diesel Fuel)	Mansfield Oil Company	\$2,085,721.00	Full Waiver Granted	DNA	DNA	DNA	DNA	Y
3	1488-13904	Award	Risk Management	Group Term Life Insurance	Minnesota Life Insurance	\$7,716,084.22	Partial Waiver requested Consolidated Printing North Carolina Mutual	WBE (7) MBE (9)	7% Indirect 15%Direct	8	0	Y
4	1523-14399	Award	Clerk of the Circuit Court	Cicero Records Center Inventory Transfer	Smith Movers, Inc.	\$220,000.00	Smith Movers, Inc. Big "O" Express, Inc.	MBE (6) WBE (6)	90% 10%	5	3	Y
5	1553-14355	Award	Adult Probation Department	Armed Security Guard Services	Steiner Security Services, Inc.	\$310,236.00	Steiner Security Services, Inc. Moore Security Services, Inc.	MBE (6) WBE(7)	90% Direct 10% Direct	5	4	Y
6	1428-13749	Award	Bureau of Administration	Alternate Retail Electric Supplier	Constellation Energy Services, Inc.	\$345,000.00	Beacon Energy, Inc.	WBE(7)	35% Direct	2	0	Y
7	1418-13665	Award	Juvenile Temporary Detention Center	Juvenile Resident Management System	Tribridge, Inc.	\$3,527,590.00	Full Waiver Granted	DNA	DNA	4	0	Y

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

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

## 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.

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"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: John R. Oehler D/B/A: Broadway Electric, Inc. EIN No.: 36-3280130

Street Address: 831 Oakton Street

City: Elk Grove Village State: IL Zip Code: 60007

Telephone No.: 847-593-0001

### 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) _____ |                                      |   |  |

**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
John R. Oehler	18N645 Westhill Road, West Dundee, IL 60118	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/Nomee	Name of Principal	Principal's Address

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.

John R. Oehler  
Name of Authorized Applicant/Holder Representative

  
Signature

joehler@bei-chicago.com  
Email Address

President  
Title

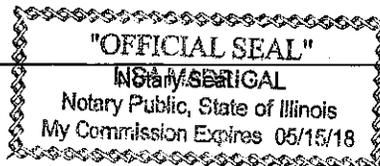
February 11, 2015  
Date

847-593-0001  
Phone Number

Subscribed to and sworn before me this  
11th day of February, 2015

X   
Notary Public Signature

My commission expires: 5/15/18



**COOK COUNTY DISCLOSURE OF OWNERSHIP INTEREST STATEMENT**

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This Statement is an:  Original Statement or  Amended Statement

**Identifying Information:**

Name Mansfield Oil Company

D/B/A: \_\_\_\_\_ FEIN NOSSN (LAST FOUR DIGITS): 58-1091383

Street Address: 1025 Airport Pkwy SW

City: Gainesville State: GA Zip Code: 30501

Phone No.: 678-450-2000 Fax Number: 678-450-2273 Email: jepperson@mansfieldoil.com

Cook County Business Registration Number: 2990993  
(Sole Proprietor, Joint Venture Partnership)

Corporate File Number (if applicable): \_\_\_\_\_

**Form of Legal Entity:**

Sole Proprietor  Partnership  Corporation  Trustee of Land Trust

Business Trust  Estate  Association  Joint Venture

Other (describe) \_\_\_\_\_

**Ownership Interest Declaration:**

1. List the name(s), address, and percent ownership of each Person 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
Michael F. Mansfield, Sr.	1025 Airport Parkway, Gainesville, Ga, 30501	100%

2. If the interest of any Person 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, and the relationship under which such control is being or may be exercised.

Name	Address	Percentage of Beneficial Interest	Relationship
N/A			

**Corporate Officers, Members and Partners Information:**

For all corporations, list the names, addresses, and terms for all corporate officers. For all limited liability companies, list the names, addresses for all members. For all partnerships and joint ventures, list the names, addresses, for each partner or joint venture.

Name	Address	Title (specify title of Office, or whether manager or partner/joint venture)	Term of Office
N/A			

**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.

## COOK COUNTY DISCLOSURE OF OWNERSHIP INTEREST STATEMENT

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This Statement is an:  Original Statement or  Amended Statement

**Identifying Information:**

Name Minnesota Life Insurance Company D/B/A: EIN NO.: 41-0417830

Street Address: 400 Robert Street North

City: St. Paul State: MN Zip Code: 55101

Phone No.: (651) 665-3500

**Form of Legal Entity:**

Sole Proprietor  Partnership  Corporation  Trustee of Land Trust

Business Trust  Estate  Association  Joint Venture

Other (describe) \_\_\_\_\_

**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
None.		

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  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
Securian Financial Group, 400 Robert Street North, St. Paul, MN 55101; 100%; Holding Company			

**Declaration (check the applicable box):**

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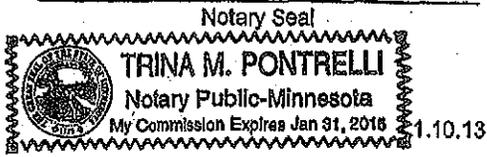
Brian C. Anderson  
Name of Authorized Applicant/Holder Representative (please print or type)  
[Signature]  
Signature  
brian.anderson@securian.com  
E-mail address

Second Vice President  
Title  
October 28, 2014  
Date  
(651) 665-6308  
Phone Number

Subscribed to and sworn before me this 28th day of October 2014

My commission expires: 01/31/15

Trina M. Pontrelli  
Notary Public Signature



**ECONOMIC DISCLOSURE STATEMENT**

**COOK COUNTY DISCLOSURE OF OWNERSHIP INTEREST STATEMENT**

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**Identifying Information:**

Name: Smith Movers, Inc. DBA: NA EIN NO.: 362821480

Street Address: 7150 S. Halsted

City: Chicago State: IL Zip Code: 60621

Phone No.: 773-874-1616

**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
Johnny C. Smith	119 W. 117th St./Chicago, IL 60628	100%

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Name	Address	Percentage of Beneficial Interest	Relationship
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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.

Johnny C. Smith President

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

Johnny C. Smith 3/17/15

Signature

jsmith@smithmovesinc.com 773-874-1616

E-mail address

Phone Number

Subscribed to and sworn before me

My commission expires: January 31, 2018

this 17<sup>th</sup> day of March, 2015.

Pascha Windham

Notary Public Signature

Notary Seal



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This Statement is an:  Original Statement or  Amended Statement

### Identifying Information:

Name STEINER SECURITY D/B/A: \_\_\_\_\_ EIN NO.: 06-1681949

Street Address: 13810 S. CICERO

City: CRESTWOOD State: IL Zip Code: 60445

Phone No.: (708) 424-8200

### Form of Legal Entity:

Sole Proprietor  Partnership  Corporation  Trustee of Land Trust

Business Trust  Estate  Association  Joint Venture

Other (describe) \_\_\_\_\_

**Ownership Interest Declaration:**

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Name	Address	Percentage Interest in Applicant/Holder
VIVIAN MCGREW	13870 S. CICERO	100%

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

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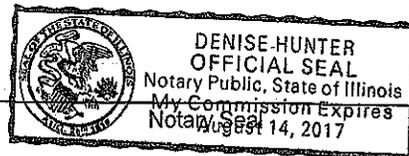
VIVIAN MCGREW  
Name of Authorized Applicant/Holder Representative (please print or type)  
Vivian McGrew  
Signature  
Vmcgrew.steiner@sbcglobal.net  
E-mail address

President  
Title  
3-3-15  
Date  
(708) 424-8200  
Phone Number

Subscribed to and sworn before me this 3 day of MARCH, 2015

x Denise Hunter  
Notary Public Signature

My commission expires: 14 August 2017



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### Identifying Information:

Name CONSTELLATION ENERGY SERVICES, LLC (FORMERLY INTEGRYS ENERGY SERVICES, LLC)

D/B/A: NOTE - THE NAME CHANGED ON APRIL 1, 2015 FEIN NO/SSN (LAST FOUR DIGITS): 39-180-2356

Street Address: 1716 LAWRENCE DRIVE, PO Box 6025

City: DE PEAK State: WI Zip Code: 54115

Phone No.: 920-617-6100 Fax Number: \_\_\_\_\_ Email: \_\_\_\_\_

Cook County Business Registration Number: \_\_\_\_\_  
(Sole Proprietor, Joint Venture Partnership)

Corporate File Number (if applicable): \_\_\_\_\_

### Form of Legal Entity:

Sole Proprietor  Partnership  Corporation  Trustee of Land Trust

Business Trust  Estate  Association  Joint Venture

Other (describe) \_\_\_\_\_

**Ownership Interest Declaration:**

1. List the name(s), address, and percent ownership of each Person 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
<i>EKELOW CORPORATION</i>	<i>10 SOUTH Dearborn ST R.O. Box 805379 Chicago, IL 60680-5379</i>	<i>100% OWNERSHIP (WAS EFFECTIVE 11/1/2014)</i>

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<i>NONE</i>			

**Corporate Officers, Members and Partners Information:**

For all corporations, list the names, addresses, and terms for all corporate officers. For all limited liability companies, list the names, addresses for all members. For all partnerships and joint ventures, list the names, addresses, for each partner or joint venture.

Name	Address	Title (specify title of Office, or whether manager or partner/joint venture)	Term of Office
<i>SEE ATTACHED SCHEDULE OF "DIRECTORS/OFFICERS/MANAGERS REPORT"</i>	<i>750 E PRATT ST BALTIMORE, MD 21202</i>		<i>OUTGOING TERMS</i>

**Declaration (check the applicable box):**

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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 Tribridge Holdings LLC D/B/A: Tribridge EIN NO.: 26-3955872

Street Address: 4830 West Kennedy Blvd, Suite 890

City: Tampa State: FL Zip Code: 33609

Phone No.: 813-287-8887

### Form of Legal Entity:

Sole Proprietor  Partnership  Corporation  Trustee of Land Trust

Business Trust  Estate  Association  Joint Venture

Other (describe) Limited Liability Corporation

**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
LLR Partners,	2929 Arch Street, Philadelphia PA, 19104	70% Ownership
Tribridge Inc.,	4830 W Kennedy Blvd, Suite 890, Tampa FL 33609	16% Ownership

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.

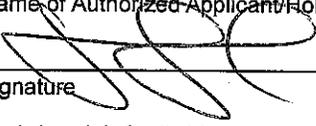
Name of Agent/Nominee	Name of Principal	Principal's Address

3. Is the Applicant constructively controlled by another person or Legal Entity?  Yes  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
LLR Partners,	2929 Arch Street, Philadelphia PA, 19104	70% Ownership	Majority Investor

**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.

Josh Jaquish  
 Name of Authorized Applicant/Holder Representative (please print or type)  
 Signature   
 josh.jaquish@tribridge.com  
 E-mail address

Vice President  
 Title  
 4-22-15  
 Date  
 813-287-8887 x 1165  
 Phone Number

Subscribed to and sworn before me this 22 day of April, 2015

My commission expires:

x Keysha Marie Hill  
 Notary Public Signature

