AMENDMENT NO. 5

This Amendment modifies Contract No. 2112-18553, for Food Service for Juror and Victim Witness Meals by and between the County of Cook, Illinois, herein referred to as "County" and Twomaytoz, Inc., authorized to do business in the State of Illinois hereinafter referred to as "Contractor":

RECITALS

Whereas, the County and Contractor have entered into a Contract approved by the County Board on July 29, 2021, (hereinafter referred to as the "Contract"), wherein the Contractor is to provide Food Service for Juror and Victim Witness Meals (hereinafter referred to as the "Services") from August 1, 2021 through July 31, 2026, in an amount not to exceed $1,535,320.00, with two (2) one-year renewal options; and

Whereas, Amendment No. 1 was executed by the Chief Procurement Officer on June 22, 2022, to revise the rate for price per meal provided as per the Economic News release issued by the U.S. Bureau of Labor Statistics based upon the Consumer Price Index for "Food Away From Home, For All Urban Consumer, for United States City Average;" and

Whereas, Amendment No. 2 was executed by the Chief Procurement Officer on July 19, 2023 to revise the rate for price per meal provided as per the Economic News release issued by the U.S. Bureau of Labor Statistics based upon the Consumer Price Index for "Food Away From Home, For All Urban Consumer, for United States City Average;" and

Whereas, Amendment No. 3 was executed by the Chief Procurement Officer on August 8, 2024, to revise the rate for price per meal provided as per the Economic News release issued by the U.S. Bureau of Labor Statistics based upon the Consumer Price Index for "Food Away From Home, For All Urban Consumer, for United States City Average;" and

Whereas, Amendment No. 4 was authorized by the County Board on July 24, 2025, to revise the rate for price per meal provided as per the Economic News release issued by the U.S. Bureau of Labor Statistics based upon the Consumer Price Index for "Food Away From Home, For All Urban Consumer, by United States City Average"; and to increase the Contract in the amount of $27,000.00 for the State's Attorney's Office, and to increase the Contract in the amount of $583,329.60 for the Office of the Chief Judge for a total increase of $610,329.60 and the Total Contract Amount was revised to $2,145,649.60; and

Whereas, the Contract will expire July 31, 2026 and the agreed upon Services are still required; and

Whereas, an increase in the amount of $70,000.00 is required for State's Attorney's Office, and an increase in the amount of $605,000.00 is required for the Office of the Chief Judge; and pursuant to GC-10 of the Contract, the County and Contractor desire to increase the Contract in the amount of $675,000.00; and

Whereas, pursuant to SC-02 of the Contract, the County and Contractor desire to renew the Contract for one (1) year beginning on August 1, 2026, through July 31, 2027; and

Whereas, pursuant to SC-10 of the Contract, the County and Contractor desire to revise the rate for price per meal provided as per the Economic News release issued by the U.S. Bureau of Labor Statistics based upon the Consumer Price Index for "Food Away From Home, For All Urban Consumer, by United States City Average."

Now therefore, in consideration of mutual covenants contained herein, it is agreed by and between the parties to amend the Contract as follows:

1. The Contract is renewed through July 31, 2027.

2. The Contract is increased by $675,000.00 and the Total Contract Amount is revised to $2,820,649.60.

3. The Contract is hereby amended to incorporate Attachment A and made part of the Contract.

4. The attached updated Identification of Sub-Contractors/Suppliers/Sub-Consultants Form, MBE/WBE Utilization Plan forms, certificate of insurance, and Economic Disclosures Statement under Attachment B are incorporated and made a part of this Contract.

5. All other terms and conditions remain as stated in the Contract.

In witness whereof and pursuant to County Board approval on July 16, 2026, the County and Contractor have caused this Amendment No. 5 to be executed on the date and year last written below.

County of Cook, Illinois

By: Raffi Sarrafian Digitally signed by Raffi Sarrafian Date: 2026.08.19 09:57:01 -05'00'
Chief Procurement Officer

Date:

By: Brian Tracy
State's Attorney (if applicable)

Brian Tracy
Type or print name (if applicable)

Date: 7/24/2026

Twomaytoz Inc.

Signed

Anthony Gambino
Type or print name

President
Title

Date: 6/8/2026

ATTACHMENT A

Twomaytoz Event Catering

814 North Boulevard * Oak Park, Il. 60301 * 708.445.9451

Date: 06.04.2026

Lanice Mitchell, MPA, CPPB
Cook County Circuit Court
Office of the chief judge
50 W. Washington Street, Suite 2600A
Chicago, Illinois 60602
Phone 312.603.6545
Fax 312.603.6125

In regards to contract 2112-18553, we respectfully request to renew the contract option for the calendar year beginning 8/1/2026 thru 7/31/2027 and request a price increase based on the cpi of 2.24% per the contract beginning 8/1/2026

The current CPI for all Urban Consumers US City average, by category-Food Away from Home is 2.24%

Current contract	Price	New price
breakfast	$6.68	$6.83 per meal
Lunch	$8.14	$8.32 per meal
Extra drink	$1.91	$1.95 per meal
Dinner	$10.73	$10.97 per meal
Judges lunch	$8.14	$8.32 per meal
Judges dinner	$10.73	$10.97 per meal
Judges soup	$5.98	$6.11 per meal
Judges extra drinks	$1.91	$1.95 per meal

Best regards

Anthony Gambino
President, Twomaytoz Inc

ATTACHMENT B

Contract #: 2112-18553-A5

OCPO ONLY:
☐ Disqualification
☐ Check Complete

Cook County
Office of the Chief Procurement Officer
Identification of Subcontractor/Supplier/Subconsultant Form

The Bidder/Proposer/Respondent ("the Contractor") will fully complete and execute and submit an Identification of Subcontractor/Supplier/Subconsultant Form ("ISF") with each Bid, Request for Proposal, and Request for Qualification. **The Contractor must complete the ISF for each Subcontractor, Supplier or Subconsultant which shall be used on the Contract.** In the event that there are any changes in the utilization of Subcontractors, Suppliers or Subconsultants, the Contractor must file an updated ISF.

Bid/RFP/RFQ No.: 2112-18553-A5	Date: 6/8/2026
Total Bid or Proposal Amount: $2,820,649.60	Contract Title: Food Service for Juror and Victim Witness Meals
Contractor: TWOMAYTOZ INC	Subcontractor/Supplier/ Subconsultant to be added or substitute: BALTON CORP
Authorized Contact for Contractor: Anthony GAMBINO	Authorized Contact for Subcontractor/Supplier/ Subconsultant: SHARI WILSON
Email Address (Contractor): TWOMAYTOZ@SBCGLOBAL.NET	Email Address (Subcontractor): SWILSON@BALTONCORP.COM
Company Address (Contractor): 814 NORTH BLVD	Company Address (Subcontractor): 1001 E 99th ST
City, State and Zip (Contractor): OAK PARK IL 60301	City, State and Zip (Subcontractor): CHICAGO IL 60628
Telephone and Fax (Contractor): 708-445-9451 / 708.848 9479	Telephone and Fax (Subcontractor): 773-933-7927
Estimated Start and Completion Dates (Contractor): 8/1/26 - 7/31/27	Estimated Start and Completion Dates (Subcontractor): 8/1/26 - 7/31/27

Note: Upon request, a copy of all written subcontractor agreements must be provided to the OCPO.

Description of Services or Supplies	Total Price of Subcontract for Services or Supplies
JANITORIAL, PAPER PRODUCTS, BOXES	10%

The subcontract documents will incorporate all requirements of the Contract awarded to the Contractor as applicable. The subcontract will in no way hinder the Subcontractor/Supplier/Subconsultant from maintaining its progress on any other contract on which it is either a Subcontractor/Supplier/Subconsultant or principal contractor. This disclosure is made with the understanding that the Contractor is not under any circumstances relieved of its abilities and obligations, and is responsible for the organization, performance, and quality of work. **This form does not approve any proposed changes, revisions or modifications to the contract approved MBE/WBE Utilization Plan. Any changes to the contract's approved MBE/WBE/Utilization Plan must be submitted to the Office of the Contract Compliance.**

TWOMAYTOZ INC
Contractor

Anthony GAMBINO
Name

PRESIDENT
Title

Prime Contractor Signature — Date: 6/8/26

Contract #: 2112-18553-A5

OCPO ONLY:
☐ Disqualification
☐ Check Complete

Cook County
Office of the Chief Procurement Officer
Identification of Subcontractor/Supplier/Subconsultant Form

The Bidder/Proposer/Respondent ("the Contractor") will fully complete and execute and submit an Identification of Subcontractor/Supplier/Subconsultant Form ("ISF") with each Bid, Request for Proposal, and Request for Qualification. **The Contractor must complete the ISF for each Subcontractor, Supplier or Subconsultant which shall be used on the Contract.** In the event that there are any changes in the utilization of Subcontractors, Suppliers or Subconsultants, the Contractor must file an updated ISF.

Bid/RFP/RFQ No.: 2112-18553-A5	Date: 6/8/2026
Total Bid or Proposal Amount: $2,820,649.60	Contract Title: Food Service for Juror and Victim Witness Meals
Contractor: TWOMAYTOZ INC	Subcontractor/Supplier/ Subconsultant to be added or substitute: CRISTINA FOODS
Authorized Contact for Contractor: Anthony Gambino	Authorized Contact for Subcontractor/Supplier/ Subconsultant: CESAR DOVALINA JR
Email Address (Contractor): TWOMAYTOZ@SBCGLOBAL.NET	Email Address (Subcontractor): CDOVALINA@CRISTINAFOODS.COM
Company Address (Contractor): 814 NORTH BLVD	Company Address (Subcontractor): 4553 S. RACINE
City, State and Zip (Contractor): OAK PARK IL 60301	City, State and Zip (Subcontractor): CHICAGO IL 60609
Telephone and Fax (Contractor): 708-445-9451/708-848-9479	Telephone and Fax (Subcontractor): 312-829-0360/312-829-0408
Estimated Start and Completion Dates (Contractor): 8/1/26 - 7/31/27	Estimated Start and Completion Dates (Subcontractor): 8/1/26 - 7/31/27

Note: Upon request, a copy of all written subcontractor agreements must be provided to the OCPO.

Description of Services or Supplies	**Total Price of Subcontract for Services or Supplies**
FOODS, PRODUCE, BREAD, BEVERAGES	25%

The subcontract documents will incorporate all requirements of the Contract awarded to the Contractor as applicable. The subcontract will in no way hinder the Subcontractor/Supplier/Subconsultant from maintaining its progress on any other contract on which it is either a Subcontractor/Supplier/Subconsultant or principal contractor. This disclosure is made with the understanding that the Contractor is not under any circumstances relieved of its abilities and obligations, and is responsible for the organization, performance, and quality of work. **This form does not approve any proposed changes, revisions or modifications to the contract approved MBE/WBE Utilization Plan. Any changes to the contract's approved MBE/WBE/Utilization Plan must be submitted to the Office of the Contract Compliance.**

TWOMAYTOZ INC
Contractor

Anthony Gambino
Name

PRESIDENT
Title

Prime Contractor Signature

6/8/26
Date

COOK COUNTY
OFFICE OF THE
Chief Procurement
Officer

161 N. Clark
Suite 2300
Chicago, Illinois 60601

Date: June 30, 2026

TO: Raffi Sarrafian, Chief Procurement Officer
Office of the Chief Procurement Officer

FROM: JEANETTA CARDINE
Jeanetta Cardine, Deputy Director
Compliance Center of Excellence
Center of Business Enterprise Development

RE: Contract No. 2112-18553 **Amendment No. 5**
Food Service for Juror and Victim Witness Meals
Office of the Chief Judge
Competitive Bid: Goods & Services
Contractor: Twomaytoz, Inc.
Original Contract Value: $1,535,320.00
Original Contract Term: 8/1/2021 – 7/31/2026

Amendment 1 revised the rate for price per meal provided as per the Economic News release issued by the U.S. Bureau of Labor Statistics based upon the Consumer Price Index for "Food Away from Home, For All Urban Consumer, for United States City Average" with no change to contract value or duration.

Amendment 2 revised the rate for price per meal provided as per the Economic News release issued by the U.S. Bureau of Labor Statistics based upon the Consumer Price Index for "Food Away from Home, For All Urban Consumer, for United States City Average" with no change to contract value or duration.

Amendment 3 revised the rate for price per meal provided as per the Economic News release issued by the U.S. Bureau of Labor Statistics based upon the Consumer Price Index for "Food Away from Home, For All Urban Consumer, for United States City Average" with no change to contract value or duration.
Amendment 4 increases the value of the contract by $610,329.60, bringing the total to $2,145,649.60, with no change to the contract term.
Revised Contract Value: $2,820,649.60
Contract Goal: 25% MBE and 10% WBE

The Center of Business Enterprise Development is in receipt of the above-referenced contract amendment and has reviewed this contract for compliance with the Minority- and Women- owned Business Enterprises (MBE/WBE) Ordinance. After careful review of our records as reported by the vendor, it has been determined the vendor is in compliance with the MBE/WBE Ordinance.

COOK COUNTY
OFFICE OF THE
Chief Procurement
Officer

MWBE Utilization Plan – Original Award through Amendment No. 3 (Based on contract value of $1,535,320.00)

MBE/WBE	Status	Certifying Agency	Commitment (Direct)
Balton Corporation	WBE (AA-F)	City of Chicago	10%
Cristina Foods, Inc.	MBE (HA-M)	Cook County	25%
		Total	**35%**

MWBE Utilization Plan – Amendment No. 4 (Based on contract value of $2,145,649.60)

MBE/WBE	Status	Certifying Agency	Commitment (Direct)	
Balton Corporation	WBE (AA-F)	City of Chicago	10%	$214,564.96
Cristina Foods, Inc.	MBE (HA-M)	Cook County	25%	$536,412.40
		Total	**35%**	

MWBE Utilization Plan – Amendment No. 5 (Based on contract value of $2,820,649.60)

MBE/WBE	Status	Certifying Agency	Commitment (Direct)	
Balton Corporation	WBE (AA-F)	City of Chicago	10%	$282,064.96
Cristina Foods, Inc.	MBE (HA-M)	Cook County	25%	$705,162.40
		Total	**35%**	

Revised MBE/WBE forms were used in the determination of the responsiveness of this contract amendment

JC/vl

CC: David May (Procurement Office)
Jorge Robles (Chief Judge's Office)

COOK COUNTY
OFFICE OF THE
Chief Procurement
Officer

Contract # 2112-18553-A5

MBE/WBE UTILIZATION PLAN - FORM 1

BIDDER/PROPOSER HEREBY STATES that all MBE/WBE firms included in this Plan are certified MBEs/WBEs by at least one of the entities listed in the General Conditions – Section 19.

I. BIDDER/PROPOSER MBE/WBE STATUS: (check the appropriate line)

☐ Bidder/Proposer is a certified MBE or WBE firm. (If so, attach copy of current Letter of Certification)

☐ Bidder/Proposer is a Joint Venture and one or more Joint Venture partners are certified MBEs or WBEs. (If so, attach copies of Letter(s) of Certification, a copy of Joint Venture Agreement clearly describing the role of the MBE/WBE firm(s) and its ownership interest in the Joint Venture and a completed Joint Venture Affidavit.

☒ Bidder/Proposer is not a certified MBE or WBE firm, nor a Joint Venture with MBE/WBE partners, but will utilize MBE and WBE firms either directly or indirectly in the performance of the Contract. (If so, complete Sections II below and the Letter(s) of Intent – Form 2).

II. ☒ **Direct Participation of MBE/WBE Firms** ☐ **Indirect Participation of MBE/WBE Firms**

NOTE: Where goals have not been achieved through direct participation, Bidder/Proposer shall include documentation outlining efforts to achieve Direct Participation at the time of Bid/Proposal submission. Indirect Participation will only be considered after all efforts to achieve Direct Participation have been exhausted. Only after written documentation of Good Faith Efforts is received will Indirect Participation be considered.

MBEs/WBEs that will perform as subcontractors/suppliers/consultants include the following:

MBE/WBE Firm: BALTON CORP

Address: 1001 E 99ST CHICAGO IL 60628

E-mail: SWILSON@BALTONCORP.COM

Contact Person: SHARI WILSON Phone: 773-933-7927

Dollar Amount Participation: $ 282,064.96

Percent Amount of Participation: 10 %

*Letter of Intent attached? Yes ☒ No ☐
*Current Letter of Certification attached? Yes ☒ No ☐

MBE/WBE Firm: _____

Address: _____

E-mail: _____

Contact Person: _____ Phone: _____

Dollar Amount Participation: $ _____

Percent Amount of Participation: _____ %

*Letter of Intent attached? Yes ☐ No ☐
*Current Letter of Certification attached? Yes ☐ No ☐

Attach additional sheets as needed.

*** Letter(s) of Intent and current Letters of Certification must be submitted at the time of bid.**

COOK COUNTY
OFFICE OF THE
Chief Procurement
Officer

Contract # 2112-18553-AS

MBE/WBE LETTER OF INTENT - FORM 2

M/WBE Firm: BALTON CORP
Certifying Agency: CHICAGO
Contact Person: SHANI WILSON
Certification Expiration Date:
Address: 1001 E 99th ST
Ethnicity:
City/State: CHICAGO IL Zip 60628
Bid/Proposal/Contract #: 2112-18553
Phone: 773-433-7927 Fax:
FEIN #:
Email: SSWa BALTONCORP.COM

Participation: [X] Direct [ ] Indirect

Will the M/WBE firm be subcontracting any of the goods or services of this contract to another firm?

[ ] No [ ] Yes – Please attach explanation. Proposed Subcontractor(s):

The undersigned M/WBE is prepared to provide the following Commodities/Services for the above named Project/ Contract: *(if more space is needed to fully describe M/WBE Firm's proposed scope of work and/or payment schedule, attach additional sheets)*

JANITORIAL, PAPER PRODUCTS, BOXES

Indicate the Dollar Amount, Percentage, and the Terms of Payment for the above-described Commodities/ Services:

282,064.96 10% 30 DAYS

THE UNDERSIGNED PARTIES AGREE that this Letter of Intent will become a binding Subcontract Agreement for the above work, conditioned upon (1) the Bidder/Proposer's receipt of a signed contract from the County of Cook; (2) Undersigned Subcontractor remaining compliant with all relevant credentials, codes, ordinances and statutes required by Contractor, Cook County, and the State to participate as a **M/WBE** firm for the above work. The Undersigned Parties do also certify that they did not affix their signatures to this document until all areas under Description of Service/ Supply and Fee/Cost were completed.

Signature (M/WBE)
Sharisse Allen
Print Name
Balton Corporation
Firm Name
06/12/26
Date

Subscribed and sworn before me
this 12th day of June 2026
Notary Public Natashee J. Scott

OFFICIAL SEAL
NATASHEE J. SCOTT
Notary Public - State of Illinois
My Commission Expires 1/27/2027
SEAL

Signature (Prime Bidder/Proposer)
Anthony Cambino
Print Name
Twomsyrez INC
Firm Name
6/8/26
Date

Subscribed and sworn before me
this 8 day of June 2026
Notary Public Marisol Torres

SEAL
OFFICIAL SEAL
MARISOL TORRES
NOTARY PUBLIC, STATE OF ILLINOIS
MY COMMISSION EXPIRES: 12/01/2026

COOK COUNTY
OFFICE OF THE
Chief Procurement
Officer

PETITION FOR PARTIAL OR FULL WAIVER – FORM 3

Bidder/Proposer: TWOMAYTOZ INC.

Contract No./Title: 2112-18553

A. BIDDER/PROPOSER HEREBY REQUESTS:

_____ FULL MBE WAIVER	_____ PARTIAL MBE WAIVER
_____ FULL WBE WAIVER N/A	_____ PARTIAL WBE WAIVER
_____ FULL DBE WAIVER	_____ PARTIAL DBE WAIVER

B. REASON FOR PARTIAL/FULL WAIVER REQUEST:

Bidder/Proposer shall check each item applicable to its overall reason for a waiver request. Additionally, supporting documentation shall be submitted with this request.

_____ (1) Lack of sufficient qualified MBEs and/or WBEs capable of providing the goods or services required by the contract.

_____(2) The specifications and necessary requirements for performing the contract make it impossible or economically infeasible to divide the contract to enable the contractor to utilize MBEs and/or WBEs in accordance with the applicable participation.

_____(3) Price(s) quoted by potential MBEs and/or WBEs are above competitive levels and increase cost of doing business and would make acceptance of such MBE and/or WBE bid economically impracticable, taking into consideration the percentage of total contract price represented by such MBE and/or WBE bid.

_____(4) There are other relevant factors making it impossible or economically infeasible to utilize MBE and/or WBE firms.

Cook County MBE/WBE Non-Construction Certification Reciprocal Affidavit

Firm Name Balton Corporation

Address 1001 E 99th St City Chicago

County Cook State Illinois Zip 60628

Phone (773)933-7927 Email ssw@baltoncorp.com

I Shari S Wilson (Authorized Representative), CEO/President (Print Title)

of Balton Corporation (Name of Firm) do hereby affirm:

1) Balton Corporation (Name of Firm) is a Minority and/or Women Business Enterprise currently certified by the City of Chicago as: [ ] Black- [ ] Hispanic- [ ] Asian- [ ] Woman-owned business.

2) With respect to Balton Corporation (Name of Firm), the personal net worth of the qualifying (51%) individual(s) does not exceed **$2,955,193.19** excluding the individual's ownership interest in the M/WBE firm and the equity of the owner's primary residence, and otherwise meets the requirements of Chapter 34, Article IV of the Cook County Procurement Code. (As per Section 34-263 of the Cook County Procurement Code, an individual's personal net worth includes only his or her own Share of assets held jointly or as community/marital property with the individual's spouse.)

3) The average annual gross receipts of 14,200,000.00 (Name of Firm), as derived from tax filings over the seven most recent years, does not exceed the Small Business Size Standards published by the U.S. Small Business Administration found in Title 13, Code of Federal Regulations, Part 121. (http://www.sba.gov/content/small-business-size-standards)

Upon penalty of perjury, I Shari S Wilson (Authorized Representative) affirm that, to the best of my knowledge and belief, the information herein is true and accurate.

Signature Shari S Wilson Title CEO/PRESIDENT Date 6/30/26

Subscribed and sworn to before me this 30th day of June (Month) / 2026 (Year)

S Allen

(Notary's Signature)

Notary's Seal

OFFICIAL SEAL
SHARISSE SUMMERS ALLEN
Notary Public, State of Illinois
Commission No. 1031390
My Commission Expires
May 11, 2030

My Commission Expires May 11, 2030

PLEASE NOTE: This affidavit is good for a period of one year from the date of sworn signature. Any changes to your firm within that year may require a new form.

Revised 03/2026

CITY OF CHICAGO

DEPARTMENT OF PROCUREMENT SERVICES

SEP 1 1 2023

Shari Wilson
Balton Corporation
1001 East 99th Street
Chicago, Illinois 60628

RE: CONTINUATION OF CERTIFICATION

Dear Ms. Wilson:

We are pleased to inform you that **Balton Corporation** continues to be certified as a **Minority-Owned Business Enterprise ("MBE"),** and as a **Woman-Owned Business Enterprise ("WBE")** by the City of Chicago ("City"). This **MBE/WBE** recertification is a continuation of your previous certification which expired **August 15, 2023** and will remain effective for as long as your firm continues to meet all certification eligibility requirements and is contingent upon the firm affirming its eligibility by filing an **annual No-Change Affidavit** each year. In the past the City has provided you with an annual letter confirming your certification; such letters will no longer be issued. Therefore, we require you to be even more diligent in filing your **annual No-Change Affidavit 60 calendar days before your annual anniversary date of August 15th**.

It is now your responsibility to check the City's certification directory and verify your certification status. As a condition of continued certification, you must **file an annual No-Change Affidavit by your anniversary date of August 15th.** Please remember, you have an affirmative duty to file your No-Change Affidavit 60 days prior to the anniversary date for timely processing. Failure to file your annual No-Change Affidavit may result in the suspension or rescission of your certification.

It is important to note that you also have an ongoing affirmative duty to notify the City of any changes in ownership or control of your firm, or any other fact affecting your firm's eligibility for certification **within 10 days** of such change. These changes may include but are not limited to a change of address, change of business structure, change in ownership or ownership structure, change of business operations, gross receipts and or personal net worth that exceed the program threshold. Failure to provide the City with timely notice of such changes may result in the suspension or rescission of your certification. In addition, you may be liable for civil penalties under Chapter 1-22, "False Claims", of the Municipal Code of Chicago.

Please note – you shall be deemed to have had your certification lapse and will be ineligible to participate as a **MBE/WBE** if you fail to:

- File your annual No-Change Affidavit within the required time period;
- Provide financial or other records requested pursuant to an audit within the required time period;
- Notify the City of any changes affecting your firm's certification **within 10 days** of such change; or
- File your recertification within the required time period.

Please be reminded of your contractual obligation to cooperate with the City with respect to any reviews, audits or investigation of its contracts and affirmative action programs. We strongly encourage you to assist us in maintaining the integrity of our programs by reporting instances or suspicions of fraud or abuse to the **City's Inspector General at chicagoinspectorgeneral.org, or 866-IG-TIPLINE (866-448-4754).**

Be advised that if you or your firm is found to be involved in certification, bidding and/or contractual fraud or abuse, the City will pursue decertification and debarment. In addition to any other penalty imposed by law, any person who knowingly obtains, or knowingly assists another in obtaining a contract with the City by falsely representing the individual or entity, or the individual or entity assisted is guilty of a misdemeanor, punishable by incarceration in the county jail for a period not to exceed six months, or a fine of not less than $5,000 and not more than $10,000 or both.

Your firm's name will be listed in the City's Directory of Minority and Women-Owned Business Enterprises in the specialty area(s) of:

NAICS Code(s):
424130 - Industrial and Personal Service Paper Merchant Wholesalers; Dishes, Paper and Disposable Plastics; Waxed Paper, Tissue Paper, Toilet and Facial, Paper Napkins, Bags; Plastic Bags and Plastic Foam Products; Egg Cartons, Sanitary Food Containers
424420 - Packaged Frozen Food Merchant Wholesalers
424430 - Dairy Product (except Dried or Canned) Merchant Wholesalers
424480 - Fresh Fruit and Vegetable Merchant Wholesalers
424490 - Other Grocery and Related Products Merchant Wholesalers
424690 - Janitorial Chemicals; Cleaning Compounds and Preparations Merchant Wholesalers
493110 - General Warehousing and Storage

Your firm's participation on City contracts will be credited only toward **MBE/WBE** goals in your area(s) specialty. While your participation on City contracts is not limited to your area of specialty, credit toward goals will be given only for work that is self-performed and providing a commercially useful function that is done in the approved specialty category.

Thank you for your interest in the City's Minority, Women-Owned Business Enterprise, Veteran-Owned Business Enterprise and Business Enterprise Owned or Operated by People with Disabilities (MBE/WBE/VBE/BEPD) Program.

Sincerely,

Tammi Morgan
Contracting Equity Officer

TM/cm

COOK COUNTY
OFFICE OF THE
Chief Procurement
Officer

Contract # 2112-18553-A5

MBE/WBE UTILIZATION PLAN - FORM 1

BIDDER/PROPOSER HEREBY STATES that all MBE/WBE firms included in this Plan are certified MBEs/WBEs by at least one of the entities listed in the General Conditions – Section 19.

I. **BIDDER/PROPOSER MBE/WBE STATUS:** (check the appropriate line)

☐ Bidder/Proposer is a certified MBE or WBE firm. (If so, attach copy of current Letter of Certification)

☐ Bidder/Proposer is a Joint Venture and one or more Joint Venture partners are certified MBEs or WBEs. (If so, attach copies of Letter(s) of Certification, a copy of Joint Venture Agreement clearly describing the role of the MBE/WBE firm(s) and its ownership interest in the Joint Venture and a completed Joint Venture Affidavit.

☒ Bidder/Proposer is not a certified MBE or WBE firm, nor a Joint Venture with MBE/WBE partners, but will utilize MBE and WBE firms either directly or indirectly in the performance of the Contract. (If so, complete Sections II below and the Letter(s) of Intent – Form 2).

II. ☒ **Direct Participation of MBE/WBE Firms** ☐ **Indirect Participation of MBE/WBE Firms**

NOTE: Where goals have not been achieved through direct participation, Bidder/Proposer shall include documentation outlining efforts to achieve Direct Participation at the time of Bid/Proposal submission. Indirect Participation will only be considered after all efforts to achieve Direct Participation have been exhausted. Only after written documentation of Good Faith Efforts is received will Indirect Participation be considered.

MBEs/WBEs that will perform as subcontractors/suppliers/consultants include the following:

MBE/WBE Firm: CRISTINA FOODS

Address: 4555 S. RACINE CHICAGO IL 60609

E-mail: CDOVALINA@CRISTINAFOODS.COM

Contact Person: CESAR DOVALINA Phone: 312-829-0360

Dollar Amount Participation: $ 705,162.40

Percent Amount of Participation: _____ %

*Letter of Intent attached? Yes ☒ No ☐
*Current Letter of Certification attached? Yes ☒ No ☐

MBE/WBE Firm: _____

Address: _____

E-mail: _____

Contact Person: _____ Phone: _____

Dollar Amount Participation: $ _____

Percent Amount of Participation: _____ %

*Letter of Intent attached? Yes ☐ No ☐
*Current Letter of Certification attached? Yes ☐ No ☐

Attach additional sheets as needed.

*** Letter(s) of Intent and current Letters of Certification must be submitted at the time of bid.**

COOK COUNTY
OFFICE OF THE
Chief Procurement
Officer

Contract # 2112-18553-A5

MBE/WBE LETTER OF INTENT - FORM 2

M/WBE Firm: CRISTINA FOODS

Certifying Agency: COOK

Contact Person: CESAR DOVALINA

Certification Expiration Date:

Address: 4555 S. RACINE

Ethnicity: HISPANIC

City/State: CHICAGO IL Zip: 60609

Bid/Proposal/Contract #: 2112-18553

Phone: 312-829-0360 Fax: 312-829-0408

FEIN #: 36-3593300

Email: C.DOVALINA@CRISTINAFOODS.COM

Participation: [X] Direct [ ] Indirect

Will the M/WBE firm be subcontracting any of the goods or services of this contract to another firm?

[X] No [ ] Yes – Please attach explanation. Proposed Subcontractor(s):

The undersigned M/WBE is prepared to provide the following Commodities/Services for the above named Project/ Contract: *(If more space is needed to fully describe M/WBE Firm's proposed scope of work and/or payment schedule, attach additional sheets)*

FOOD, PRODUCE, BEVERAGES, BREAD

Indicate the **Dollar Amount, Percentage,** and the **Terms of Payment** for the above-described Commodities/ Services:

705,162.40 25% 30 DAYS

THE UNDERSIGNED PARTIES AGREE that this Letter of Intent will become a binding Subcontract Agreement for the above work, conditioned upon (1) the Bidder/Proposer's receipt of a signed contract from the County of Cook; (2) Undersigned Subcontractor remaining compliant with all relevant credentials, codes, ordinances and statutes required by Contractor, Cook County, and the State to participate as a MBE/WBE firm for the above work. The Undersigned Parties do also certify that they did not affix their signatures to this document until all areas under Description of Service/ Supply and Fee/Cost were completed.

Signature (M/WBE)

CESAR A. DOVALINA, JR.
Print Name

CRISTINA FOODS, INC.
Firm Name

6/8/26
Date

Subscribed and sworn before me
this 8 day of June, 2026
Notary Public Marisol Torres

OFFICIAL SEAL
MARISOL TORRES
NOTARY PUBLIC, STATE OF ILLINOIS
MY COMMISSION EXPIRES: 12/01/2026

Signature (Prime Bidder/Proposer)

Anthony Giambino
Print Name

TWOMAY TOZ INC
Firm Name

6/8/26
Date

Subscribed and sworn before me
this 8 day of June, 2026.
Notary Public Marisol Torres

SEAL OFFICIAL SEAL
MARISOL TORRES
NOTARY PUBLIC, STATE OF ILLINOIS
MY COMMISSION EXPIRES: 12/01/2026

PETITION FOR PARTIAL OR FULL WAIVER – FORM 3

Bidder/Proposer: TWOMSYTOZ INC

Contract No./Title: 2112-18553

A. BIDDER/PROPOSER HEREBY REQUESTS:

_____ FULL MBE WAIVER	_____ PARTIAL MBE WAIVER
_____ FULL WBE WAIVER	_____ PARTIAL WBE WAIVER
_____ FULL DBE WAIVER	_____ PARTIAL DBE WAIVER

N/A

B. REASON FOR PARTIAL/FULL WAIVER REQUEST:

Bidder/Proposer shall check each item applicable to its overall reason for a waiver request. Additionally, supporting documentation shall be submitted with this request.

_____ (1) Lack of sufficient qualified MBEs and/or WBEs capable of providing the goods or services required by the contract.

_____(2) The specifications and necessary requirements for performing the contract make it impossible or economically infeasible to divide the contract to enable the contractor to utilize MBEs and/or WBEs in accordance with the applicable participation.

_____(3) Price(s) quoted by potential MBEs and/or WBEs are above competitive levels and increase cost of doing business and would make acceptance of such MBE and/or WBE bid economically impracticable, taking into consideration the percentage of total contract price represented by such MBE and/or WBE bid.

_____(4) There are other relevant factors making it impossible or economically infeasible to utilize MBE and/or WBE firms.

COOK COUNTY
OFFICE OF THE
Chief Procurement
Officer

161 N. Clark Street
Suite 2300
Chicago, Illinois 60601

November 12, 2025

Cesar Dovalina
Cristina Foods, Inc.
4555 S. Racine Ave.
Chicago, IL 60609-1716

Annual Certification Renewal: January 3, 2027

Dear Mr. Cesar Dovalina:

Congratulations on your continued eligibility for certification as a **Minority Business Enterprise (MBE)**, by Cook County Government. This certification does not expire; however, you must re-validate your firm's certification annually.

In the past, we have provided annual letters, this practice will no longer continue given that your firm will remain certified indefinitely based on your compliance to programmatic requirements. Please refer to this letter, the Vendor Directory, and your account dashboard for evidence of certification.

As a condition of continued Certification, you must file a **No Change Affidavit** within **ninety (90) calendar days prior** to the date of the annual renewal. Failure to file this affidavit may result in the removal of your Certification. You must notify Business Enterprise Development (BED) of any change in ownership or control or any other matters or facts affecting your firm's eligibility for Certification within **ten (10) calendar days** of such change.

Cook County Government may commence action to remove your firm as a certified vendor if you fail to notify us of any changes of facts affecting your firm's Certification, fails to submit annual renewals, or if your firm otherwise fails to cooperate with the County in any inquiry or investigation. Removal of your status may also be commenced if your firm is found to be involved in bidding or contractual irregularities.

This firm is Certified under the following commodity codes/area(s) of specialty:

NAICS Code:
NAICS 424130: BAGS, PAPER AND DISPOSABLE PLASTICS, MERCHANT WHOLESALERS
NAICS 424130: DISPOSABLE PLASTICS PRODUCTS (E.G., BOXES, CUPS, CUTLERY, DISHES, SANITARY FOOD CONTAINERS) MERCHANT WHOLESALERS
NAICS 424410: GENERAL LINE GROCERY MERCHANT WHOLESALERS
NAICS 424420: BAKERY PRODUCTS, FROZEN, MERCHANT WHOLESALERS
NAICS 424420: DINNERS, FROZEN, MERCHANT WHOLESALERS
NAICS 424430: DAIRY PRODUCT (EXCEPT DRIED OR CANNED) MERCHANT WHOLESALERS
NAICS 424440: POULTRY AND POULTRY PRODUCT MERCHANT WHOLESALERS
NAICS 424450: CONFECTIONERY MERCHANT WHOLESALERS
NAICS 424470: MEAT AND MEAT PRODUCT MERCHANT WHOLESALERS
NAICS 424480: FRESH FRUIT AND VEGETABLE MERCHANT WHOLESALERS
NAICS 424490: BAKERY PRODUCTS (EXCEPT FROZEN) MERCHANT WHOLESALERS
NAICS 424490: BEANS, DRY EDIBLE, MERCHANT WHOLESALERS
NAICS 424490: BOTTLED WATER (EXCEPT WATER TREATING) MERCHANT WHOLESALERS
NAICS 424490: BREAD, PACKAGED (EXCEPT FROZEN), MERCHANT WHOLESALERS
NAICS 424490: BREAKFAST CEREALS MERCHANT WHOLESALERS
NAICS 424490: CANNED FOODS (E.G., FISH, MEAT, SEAFOOD, SOUPS) MERCHANT WHOLESALERS
NAICS 424490: CARBONATED BEVERAGES MERCHANT WHOLESALERS
NAICS 424490: CEREAL PRODUCTS MERCHANT WHOLESALERS
NAICS 424490: COFFEE MERCHANT WHOLESALERS

Your firm's participation on Cook County contracts will be credited toward **Minority Business Enterprise (MBE)** goals in your area(s) of specialty. While your participation on Cook County contracts is not limited to your specialty, credit toward **Minority Business Enterprise (MBE)** goals will be given only for work done in the specialty category.

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 6/25/26

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER MM5221 LINCOLN POINT ADVISORS 1 OVERLOOK PT STE 249 LINCOLNSHIRE, IL 60069-4319	CONTACT NAME: OLGA ROJAS PHONE (A/C, No, Ext): 847-463-3758 FAX (A/C, No): E-MAIL ADDRESS: service@lincolnpointadvisors.com
INSURED TWOMAYTOZ INC DBA CUCINA PARADISO 814 NORTH BLVD OAK PARK, IL 60301-1302	INSURER A: Erie Insurance Company — NAIC # 26263 INSURER B: Erie Insurance Property & Casualty Company — 26830 INSURER C: Erie Insurance Exchange — 26271 INSURER D: Erie Insurance Company of New York — 16233 INSURER E: Flagship City Insurance Company — 35585 INSURER F:

COVERAGES **CERTIFICATE NUMBER:** N/A **REVISION NUMBER:** N/A

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	X COMMERCIAL GENERAL LIABILITY [ ] CLAIMS-MADE [X] OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: X POLICY [ ] PRO-JECT [ ] LOC OTHER:	X	X	Q61 0632112	1/1/26	1/1/27	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG	$ 1,000,000 $ 1,000,000 $ 5,000 $ 1,000,000 $ 2,000,000 $ 2,000,000
E	AUTOMOBILE LIABILITY ANY AUTO OWNED AUTOS ONLY X HIRED AUTO ONLY X SCHEDULED AUTOS X NON-OWNED AUTOS ONLY	X	X	Q80 0025769	1/1/26	1/1/27	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	$ 1,000,000 $ $ $
C	X UMBRELLA LIAB X OCCUR EXCESS LIAB [ ] CLAIMS-MADE DED [ ] RETENTION $			Q25 0178705	1/1/26	1/1/27	EACH OCCURRENCE AGGREGATE	$ 5,000,000 $ 5,000,000
D	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) Y / N: Y If yes, describe under DESCRIPTION OF OPERATIONS below	N/A		Q73 0048772	1/1/26	1/1/27	X PER STATUTE [ ] OTH-ER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	$ 500,000 $ 500,000 $ 500,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

A WAIVER OF SUBROGATION APPLIES TO THE GENERAL LIABILITY AND AUTOMOBILE LIABILITY POLICIES IN FAVOR OF THE ADDITIONAL INSURED.

AUTOMOBILE LIABILITY COVERAGE IS PROVIDED ON A PRIMARY AND NON-CONTRIBUTORY BASIS IN FAVOR OF THE CERTIFICATE HOLDER WHEN REQUIRED BY WRITTEN CONTRACT AND SUBJECT TO THE TERMS, CONDITIONS, AND LIMITATIONS OF THE POLICY.

CERTIFICATE HOLDER

COOK COUNTY OFFICE OF THE CHIEF
PROCUREMENT OFFICER
161 N CLARK ST., STE 2300
CHICAGO, IL 60601

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Olga Rojas

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ACORDs provided by Forms Boss. www.FormsBoss.com; (c) Impressive Publishing 800-208-1977

POLICY NUMBER: Q61 0632112

ERIE INSURANCE
COMMERCIAL GENERAL LIABILITY
CG 20 01 (Ed. 4/13) UF-B259

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

PRIMARY AND NONCONTRIBUTORY – OTHER INSURANCE CONDITION

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

PRODUCTS/COMPLETED OPERATIONS LIABILITY COVERAGE PART

The following is added to the **Other Insurance** Condition and supersedes any provision to the contrary:

Primary And Noncontributory Insurance

This insurance is primary to and will not seek contribution from any other insurance available to an additional insured under your policy provided that:

1) The additional insured is a Named Insured under such other insurance; and

2) You have agreed in writing in a contract or agreement that this insurance would be primary and would not seek contribution from any other insurance available to the additional insured.

© Insurance Services Office, Inc., 2012

POLICY NUMBER: Q61 0632112

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED – STATE OR GOVERNMENTAL AGENCY OR SUBDIVISION OR POLITICAL SUBDIVISION – PERMITS OR AUTHORIZATIONS

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

State Or Governmental Agency Or Subdivision Or Political Subdivision:
COOK COUNTY OFFICE OF THE CHIEF PROCUREMENT OFFICER 161 N. CLARK ST., SUITE 2300, CHICAGO, IL 60601
Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

A. Section II – Who Is An Insured is amended to include as an additional insured any state or governmental agency or subdivision or political subdivision shown in the Schedule, subject to the following provisions:

1. This insurance applies only with respect to operations performed by you or on your behalf for which the state or governmental agency or subdivision or political subdivision has issued a permit or authorization.

   However:

   a. The insurance afforded to such additional insured only applies to the extent permitted by law; and

   b. If coverage provided to the additional insured is required by a contract or agreement, the insurance afforded to such additional insured will not be broader than that which you are required by the contract or agreement to provide for such additional insured.

2. This insurance does not apply to:

   a. "Bodily injury", "property damage" or "personal and advertising injury" arising out of operations performed for the federal government, state or municipality; or

   b. "Bodily injury" or "property damage" included within the "products-completed operations hazard".

B. With respect to the insurance afforded to these additional insureds, the following is added to **Section III – Limits Of Insurance:**

If coverage provided to the additional insured is required by a contract or agreement, the most we will pay on behalf of the additional insured is the amount of insurance:

1. Required by the contract or agreement; or
2. Available under the applicable Limits of Insurance shown in the Declarations;

whichever is less.

This endorsement shall not increase the applicable Limits of Insurance shown in the Declarations.

© Insurance Services Office, Inc., 2012

Cook County
Office of the Chief Procurement Officer

Economic Disclosure Statement Recertification Affidavit

Applicant/Holder Name: TwoMayToz, Inc. Contract #: 2112-18553-A5

Address: 814 North Blvd. City: Oak Park

County: Cook State: IL Zip: 60301

Phone: 312-907-4253 Email: TwoMayToz@sbcglobal.net

Instructions

If the Applicant is a corporation, the President must execute this affidavit. If executed by someone other than the President, attach hereto a certified copy of that section of the Corporate By-Laws or other authorization, satisfactory to the County that permits the person to execute this affidavit for the corporation.

If the Applicant is a partnership or joint venture, all partners or joint venturers must execute this affidavit, unless one partner or joint venturer has been authorized to sign.

If the Applicant is a member-managed LLC all members must execute this affidavit, unless otherwise provided in the operating agreement, resolution or other corporate documents.

If the Applicant is a Sole Proprietorship, the sole proprietor must execute this affidavit.

This recertification is being submitted in connection with

Contract Name: Food Service for Juror and Victim Witness Meals

Under penalty of perjury, the person signing below: (1) warrants that he/she is authorized to execute this Economic Disclosure Statement ("EDS") recertification on behalf of the Applicant/Holder, (2) warrants that all certifications and statements contained in the Applicant/Holder's last submitted EDS dated 4/29/2025 are true, accurate and complete as of the date furnished to the County and continue to be true, accurate and complete as of the date of this recertification, and (3) reaffirms its acknowledgments.

Recertification of:

☒ Certifications (SECTION 2), if applicable, as updated on:

☒ Economic and Other Disclosures (SECTION 3), if applicable, as updated on:

☒ Cook County Child Support Affidavit (Please submit any additional Child Support Obligations as an attachment to this form), if applicable, as updated on:

☒ Cook County Disclosure of Ownership Interest Statement, if applicable, as updated on:

☐ Cook County Board of Ethics Familial Relationship Disclosure Form, if applicable, as updated on:

☒ Cook County Affidavit for Wage Theft Ordinance (SECTION 4), if applicable, as updated on:

If your recertification of any of the above is related to information contained in an updated form submitted after the last submitted full EDS, please indicate the date such information was updated.

IMPORTANT: If you are unable to re-certify any section(s) of your previous EDS, please submit a truthful, fully updated version of that section(s) of the EDS including separate signatures where required.

By: Anthony GAMBINO Date: 6/6/2026

(Print or type legal name of Applicant/Holder)

President or authorized signatory (Signature)

Print or type name of President or authorized signatory:

PRESIDENT

Title of signatory:

Subscribed and sworn to before me on this 6th day of June, 2026

Notary Public Signature: Marisol Torres Seal:

OFFICIAL SEAL
MARISOL TORRES
NOTARY PUBLIC, STATE OF ILLINOIS
MY COMMISSION EXPIRES: 12/01/2026

COOK COUNTY BOARD OF ETHICS
69 W. WASHINGTON STREET, SUITE 3040
CHICAGO, ILLINOIS 60602
312/603-4304 Office 312/603-9988 Fax

FAMILIAL RELATIONSHIP DISCLOSURE PROVISION

Nepotism Disclosure Requirement:

Doing a significant amount of business with the County requires that you disclose to the Board of Ethics the existence of any familial relationships with any County employee or any person holding elective office in the State of Illinois, the County, or in any municipality within the County. The Ethics Ordinance defines a significant amount of business for the purpose of this disclosure requirement as more than $25,000 in aggregate County leases, contracts, purchases or sales in any calendar year.

If you are unsure of whether the business you do with the County or a County agency will cross this threshold, err on the side of caution by completing the attached familial disclosure form because, among other potential penalties, any person found guilty of failing to make a required disclosure or knowingly filing a false, misleading, or incomplete disclosure will be prohibited from doing any business with the County for a period of three years. The required disclosure should be filed with the Board of Ethics by January 1 of each calendar year in which you are doing business with the County and again with each bid/proposal/quotation to do business with Cook County. The Board of Ethics may assess a late filing fee of $100 per day after an initial 30-day grace period.

The person that is doing business with the County must disclose his or her familial relationships. If the person on the County lease or contract or purchasing from or selling to the County is a business entity, then the business entity must disclose the familial relationships of the individuals who are and, during the year prior to doing business with the County, were:

- its board of directors,
- its officers,
- its employees or independent contractors responsible for the general administration of the entity,
- its agents authorized to execute documents on behalf of the entity, and
- its employees who directly engage or engaged in doing work with the County on behalf of the entity.

Do not hesitate to contact the Board of Ethics at (312) 603-4304 for assistance in determining the scope of any required familial relationship disclosure.

Additional Definitions:

"*Familial relationship*" means a person who is a spouse, domestic partner or civil union partner of a County employee or State, County or municipal official, or any person who is related to such an employee or official, whether by blood, marriage or adoption, as a:

☐ Parent	☐ Grandparent	☐ Stepfather
☐ Child	☐ Grandchild	☐ Stepmother
☐ Brother	☐ Father-in-law	☐ Stepson
☐ Sister	☐ Mother-in-law	☐ Stepdaughter
☐ Aunt	☐ Son-in-law	☐ Stepbrother
☐ Uncle	☐ Daughter-in-law	☐ Stepsister
☐ Niece	☐ Brother-in-law	☐ Half-brother
☐ Nephew	☐ Sister-in-law	☐ Half-sister

COOK COUNTY BOARD OF ETHICS
FAMILIAL RELATIONSHIP DISCLOSURE FORM

A. PERSON DOING OR SEEKING TO DO BUSINESS WITH THE COUNTY

Name of Person Doing Business with the County: TWOMAYTO-Z INC

Address of Person Doing Business with the County: 814 NORTH BLVD OAK PARK IL 60301

Phone number of Person Doing Business with the County: 312-907-4253

Email address of Person Doing Business with the County: TWOMAYTOZ@SBCGLOBAL.NET

If Person Doing Business with the County is a Business Entity, provide the name, title and contact information for the individual completing this disclosure on behalf of the Person Doing Business with the County:

ANTHONY GAMBINO, PRESIDENT 312-907-4253 TWOMAYTOZ@SBCGLOBAL.NET

B. DESCRIPTION OF BUSINESS WITH THE COUNTY

Append additional pages as needed and for each County lease, contract, purchase or sale sought and/or obtained during the calendar year of this disclosure (or the proceeding calendar year if disclosure is made on January 1), identify:

The lease number, contract number, purchase order number, request for proposal number and/or request for qualification number associated with the business you are doing or seeking to do with the County: 2112-18553

The aggregate dollar value of the business you are doing or seeking to do with the County: $ 2,820,649.60

The name, title and contact information for the County official(s) or employee(s) involved in negotiating the business you are doing or seeking to do with the County: David May; Contract Negotiator; David.May@cookcountyil.gov

The name, title and contact information for the County official(s) or employee(s) involved in managing the business you are doing or seeking to do with the County: Jorge Robles; Director of Procurement - Adult Probation; Jorge.Robles@cookcountyil.gov

James Fitzpatrick; Director of Operations & Purchasing; James.Fitzpatrick@cookcountysao.org

C. DISCLOSURE OF FAMILIAL RELATIONSHIPS WITH COUNTY EMPLOYEES OR STATE, COUNTY OR MUNICIPAL ELECTED OFFICIALS

Check the box that applies and provide related information where needed

☐ The Person Doing Business with the County **is an individual** and there is **no familial relationship** between this individual and any Cook County employee or any person holding elective office in the State of Illinois, Cook County, or any municipality within Cook County.

☒ The Person Doing Business with the County **is a business entity** and there is **no familial relationship** between any member of this business entity's board of directors, officers, persons responsible for general administration of the business entity, agents authorized to execute documents on behalf of the business entity or employees directly engaged in contractual work with the County on behalf of the business entity, and any Cook County employee or any person holding elective office in the State of Illinois, Cook County, or any municipality within Cook County.

COOK COUNTY BOARD OF ETHICS
FAMILIAL RELATIONSHIP DISCLOSURE FORM

☐ The Person Doing Business with the County **is an individual** and **there is a familial relationship** between this individual and at least one Cook County employee and/or a person or persons holding elective office in the State of Illinois, Cook County, and/or any municipality within Cook County. **The familial relationships are as follows:**

Name of Individual Doing Business with the County	Name of Related County Employee or State, County or Municipal Elected Official	Title and Position of Related County Employee or State, County or Municipal Elected Official	Nature of Familial Relationship*
		N/A	

If more space is needed, attach an additional sheet following the above format.

☐ The Person Doing Business with the County **is a business entity** and **there is a familial relationship** between at least one member of this business entity's board of directors, officers, persons responsible for general administration of the business entity, agents authorized to execute documents on behalf of the business entity and/or employees directly engaged in contractual work with the County on behalf of the business entity, on the one hand, and at least one Cook County employee and/or a person holding elective office in the State of Illinois, Cook County, and/or any municipality within Cook County, on the other. **The familial relationships are as follows**:

Name of Member of Board of Director for Business Entity Doing Business with the County	Name of Related County Employee or State, County or Municipal Elected Official	Title and Position of Related County Employee or State, County or Municipal Elected Official	Nature of Familial Relationship*
		N/A	

Name of Officer for Business Entity Doing Business with the County	Name of Related County Employee or State, County or Municipal Elected Official	Title and Position of Related County Employee or State, County or Municipal Elected Official	Nature of Familial Relationship*
		N/A	

Name of Person Responsible for the General Administration of the Business Entity Doing Business with the County	Name of Related County Employee or State, County or Municipal Elected Official	Title and Position of Related County Employee or State, County or Municipal Elected Official	Nature of Familial Relationship*
	N/A		

Name of Agent Authorized to Execute Documents for Business Entity Doing Business with the County	Name of Related County Employee or State, County or Municipal Elected Official	Title and Position of Related County Employee or State, County or Municipal Elected Official	Nature of Familial Relationship*
	N/A		

Name of Employee of Business Entity Directly Engaged in Doing Business with the County	Name of Related County Employee or State, County or Municipal Elected Official	Title and Position of Related County Employee or State, County or Municipal Elected Official	Nature of Familial Relationship*
	N/A		

If more space is needed, attach an additional sheet following the above format.

VERIFICATION: To the best of my knowledge, the information I have provided on this disclosure form is accurate and complete. I acknowledge that an inaccurate or incomplete disclosure is punishable by law, including but not limited to fines and debarment.

Signature of Recipient

Date 6/8/2026

SUBMIT COMPLETED FORM TO: Cook County Board of Ethics
69 West Washington Street, Suite 3040, Chicago, Illinois 60602
Office (312) 603-4304 – Fax (312) 603-9988
CookCounty.Ethics@cookcountyil.gov

* Spouse, domestic partner, civil union partner or parent, child, sibling, aunt, uncle, niece, nephew, grandparent or grandchild by blood, marriage (*i.e.* in laws and step relations) or adoption.

CONTRACT #: 2112-18553
Amendment 4

COOK COUNTY
ECONOMIC DISCLOSURE STATEMENT
AND EXECUTION DOCUMENT
INDEX

Section	Description	Pages
1	Instructions for Completion of EDS	EDS i - ii
2	Certifications	EDS 1– 2
3	Economic and Other Disclosures, Affidavit of Child Support Obligations, Disclosure of Ownership Interest and Familial Relationship Disclosure Form	EDS 3 – 12
4	Cook County Affidavit for Wage Theft Ordinance	EDS 13-14
5	Contract and EDS Execution Page	EDS 15
6	Cook County Signature Page	EDS 16

CONTRACT #: 2112-18553

Amendment 4

SECTION 1
INSTRUCTIONS FOR COMPLETION OF
ECONOMIC DISCLOSURE STATEMENT AND EXECUTION DOCUMENT

This Economic Disclosure Statement and Execution Document ("EDS") is to be completed and executed by every Bidder on a County contract, every Proposer responding to a Request for Proposals, and every Respondent responding to a Request for Qualifications, and others as required by the Chief Procurement Officer. The execution of the EDS shall serve as the execution of a contract awarded by the County. The Chief Procurement Officer reserves the right to request that the Bidder or Proposer, or Respondent provide an updated EDS on an annual basis.

Definitions. Terms used in this EDS and not otherwise defined herein shall have the meanings given to such terms in the Instructions to Bidders, General Conditions, Request for Proposals, Request for Qualifications, as applicable.

Affiliate means a person that directly or indirectly through one or more intermediaries, Controls is Controlled by, or is under common Control with the Person specified.

Applicant means a person who executes this EDS.

Bidder means any person who submits a Bid.

Code means the Code of Ordinances, Cook County, Illinois available on municode.com.

Contract shall include any written document to make Procurements by or on behalf of Cook County.

Contractor or *Contracting Party* means a person that enters into a Contract with the County.

Control means the unfettered authority to directly or indirectly manage governance, administration, work, and all other aspects of a business.

EDS means this complete Economic Disclosure Statement and Execution Document, including all sections listed in the Index and any attachments.

Joint Venture means an association of two or more Persons proposing to perform a for-profit business enterprise. Joint Ventures must have an agreement in writing specifying the terms and conditions of the relationship between the partners and their relationship and respective responsibility for the Contract

Lobby or lobbying means to, for compensation, attempt to influence a County official or County employee with respect to any County matter.

Lobbyist means any person who lobbies.

Person or *Persons* means any individual, corporation, partnership, Joint Venture, trust, association, Limited Liability Company, sole proprietorship or other legal entity.

Prohibited Acts means any of the actions or occurrences which form the basis for disqualification under the Code, or under the Certifications hereinafter set forth.

Proposal means a response to an RFP.

Proposer means a person submitting a Proposal.

Response means response to an RFQ.

Respondent means a person responding to an RFQ.

RFP means a Request for Proposals issued pursuant to this Procurement Code.

RFQ means a Request for Qualifications issued to obtain the qualifications of interested parties.

CONTRACT #: 2112-10553

Amendment 4

INSTRUCTIONS FOR COMPLETION OF ECONOMIC DISCLOSURE STATEMENT AND EXECUTION DOCUMENT

Section 1: Instructions. Section 1 sets forth the instructions for completing and executing this EDS.

Section 2: Certifications. Section 2 sets forth certifications that are required for contracting parties under the Code and other applicable laws. Execution of this EDS constitutes a warranty that all the statements and certifications contained, and all the facts stated, in the Certifications are true, correct and complete as of the date of execution.

Section 3: Economic and Other Disclosures Statement. Section 3 is the County's required Economic and Other Disclosures Statement form. Execution of this EDS constitutes a warranty that all the information provided in the EDS is true, correct and complete as of the date of execution, and binds the Applicant to the warranties, representations, agreements and acknowledgements contained therein.

Required Updates. The Applicant is required to keep all information provided in this EDS current and accurate. In the event of any change in the information provided, including but not limited to any change which would render inaccurate or incomplete any certification or statement made in this EDS, the Applicant shall supplement this EDS up to the time the County takes action, by filing an amended EDS or such other documentation as is required.

Additional Information. The County's Governmental Ethics and Campaign Financing Ordinances impose certain duties and obligations on persons or entities seeking County contracts, work, business, or transactions, and the Applicant is expected to comply fully with these ordinances. For further information please contact the Director of Ethics at (312) 603-4304 (69 W. Washington St. Suite 3040, Chicago, IL 60602) or visit the web-site at cookcountyil.gov/ethics-board-of.

Authorized Signers of Contract and EDS Execution Page. If the Applicant is a corporation, the President and Secretary must execute the EDS. In the event that this EDS is executed by someone other than the President, attach hereto a certified copy of that section of the Corporate By-Laws or other authorization by the Corporation, satisfactory to the County that permits the person to execute EDS for said corporation. If the corporation is not registered in the State of Illinois, a copy of the Certificate of Good Standing from the state of incorporation must be submitted with this Signature Page.

If the Applicant is a partnership or joint venture, all partners or joint venturers must execute the EDS, unless one partner or joint venture has been authorized to sign for the partnership or joint venture, in which case, the partnership agreement, resolution or evidence of such authority satisfactory to the Office of the Chief Procurement Officer must be submitted with this Signature Page.

If the Applicant is a member-managed LLC all members must execute the EDS, unless otherwise provided in the operating agreement, resolution or other corporate documents. If the Applicant is a manager-managed LLC, the manager(s) must execute the EDS. The Applicant must attach either a certified copy of the operating agreement, resolution or other authorization, satisfactory to the County, demonstrating such person has the authority to execute the EDS on behalf of the LLC. If the LLC is not registered in the State of Illinois, a copy of a current Certificate of Good Standing from the state of incorporation must be submitted with this Signature Page.

If the Applicant is a Sole Proprietorship, the sole proprietor must execute the EDS.

A "Partnership" "Joint Venture" or "Sole Proprietorship" operating under an Assumed Name must be registered with the Illinois county in which it is located, as provided in 805 ILCS 405 (2012), and documentation evidencing registration must be submitted with the EDS.

Effective October 1, 2016 all foreign corporations and LLCs must be registered with the Illinois Secretary of State's Office unless a statutory exemption applies to the applicant. Applicants who are exempt from registering must provide a written statement explaining why they are exempt from registering as a foreign entity with the Illinois Secretary of State's Office.

CONTRACT #: 2112-16553

SECTION 2 Amendment 4

CERTIFICATIONS

THE FOLLOWING CERTIFICATIONS ARE MADE PURSUANT TO STATE LAW AND THE CODE. THE APPLICANT IS CAUTIONED TO CAREFULLY READ THESE CERTIFICATIONS PRIOR TO SIGNING THE SIGNATURE PAGE. SIGNING THE SIGNATURE PAGE SHALL CONSTITUTE A WARRANTY BY THE APPLICANT THAT ALL THE STATEMENTS, CERTIFICATIONS AND INFORMATION SET FORTH WITHIN THESE CERTIFICATIONS ARE TRUE, COMPLETE AND CORRECT AS OF THE DATE THE SIGNATURE PAGE IS SIGNED. THE APPLICANT IS NOTIFIED THAT IF THE COUNTY LEARNS THAT ANY OF THE FOLLOWING CERTIFICATIONS WERE FALSELY MADE, THAT ANY CONTRACT ENTERED INTO WITH THE APPLICANT SHALL BE SUBJECT TO TERMINATION.

A. PERSONS AND ENTITIES SUBJECT TO DISQUALIFICATION

No person or business entity shall be awarded a contract or sub-contract, for a period of five (5) years from the date of conviction or entry of a plea or admission of guilt, civil or criminal, if that person or business entity:

1) Has been convicted of an act committed, within the State of Illinois, of bribery or attempting to bribe an officer or employee of a unit of state, federal or local government or school district in the State of Illinois in that officer's or employee's official capacity;

2) Has been convicted by federal, state or local government of an act of bid-rigging or attempting to rig bids as defined in the Sherman Anti-Trust Act and Clayton Act. Act. 15 U.S.C. Section 1 *et seq.;*

3) Has been convicted of bid-rigging or attempting to rig bids under the laws of federal, state or local government;

4) Has been convicted of an act committed, within the State, of price-fixing or attempting to fix prices as defined by the Sherman Anti-Trust Act and the Clayton Act. 15 U.S.C. Section 1, *et seq.;*

5) Has been convicted of price-fixing or attempting to fix prices under the laws the State;

6) Has been convicted of defrauding or attempting to defraud any unit of state or local government or school district within the State of Illinois;

7) Has made an admission of guilt of such conduct as set forth in subsections (1) through (6) above which admission is a matter of record, whether or not such person or business entity was subject to prosecution for the offense or offenses admitted to; or

8) Has entered a plea of *nolo contendere* to charge of bribery, price-fixing, bid-rigging, or fraud, as set forth in sub-paragraphs (1) through (6) above.

In the case of bribery or attempting to bribe, a business entity may not be awarded a contract if an official, agent or employee of such business entity committed the Prohibited Act on behalf of the business entity and pursuant to the direction or authorization of an officer, director or other responsible official of the business entity, and such Prohibited Act occurred within three years prior to the award of the contract. In addition, a business entity shall be disqualified if an owner, partner or shareholder controlling, directly or indirectly, 20% or more of the business entity, or an officer of the business entity has performed any Prohibited Act within five years prior to the award of the Contract.

THE APPLICANT HEREBY CERTIFIES THAT: The Applicant has read the provisions of Section A, Persons and Entities Subject to Disqualification, that the Applicant has not committed any Prohibited Act set forth in Section A, and that award of the Contract to the Applicant would not violate the provisions of such Section or of the Code.

B. BID-RIGGING OR BID ROTATING

THE APPLICANT HEREBY CERTIFIES THAT: *In accordance with 720 ILCS 5/33 E-11, neither the Applicant nor any Affiliated Entity is barred from award of this Contract as a result of a conviction for the violation of State laws prohibiting bid-rigging or bid rotating.*

C. DRUG FREE WORKPLACE ACT

THE APPLICANT HEREBY CERTIFIES THAT: The Applicant will provide a drug free workplace, as required by (30 ILCS 580/3).

D. DELINQUENCY IN PAYMENT OF TAXES

THE APPLICANT HEREBY CERTIFIES THAT: *The Applicant is not an owner or a party responsible for the payment of any tax or fee administered by Cook County, such as bar award of a contract or subcontract pursuant to the Code, Chapter 34, Section 34-171.*

E. HUMAN RIGHTS ORDINANCE

No person who is a party to a contract with Cook County ("County") shall engage in unlawful discrimination or sexual harassment against any individual in the terms or conditions of employment, credit, public accommodations, housing, or provision of County facilities, services or programs (Code Chapter 42, Section 42-30 *et seq.*).

F. ILLINOIS HUMAN RIGHTS ACT

THE APPLICANT HEREBY CERTIFIES THAT: *It is in compliance with the Illinois Human Rights Act (775 ILCS 5/2-105), and agrees to abide by the requirements of the Act as part of its contractual obligations.*

G. INSPECTOR GENERAL (COOK COUNTY CODE, CHAPTER 34, SECTION 34-174 and Section 34-250)

The Applicant has not willfully failed to cooperate in an investigation by the Cook County Independent Inspector General or to report to the Independent Inspector General any and all information concerning conduct which they know to involve corruption, or other criminal activity, by another county employee or official, which concerns his or her office of employment or County related transaction.

The Applicant has reported directly and without any undue delay any suspected or known fraudulent activity in the County's Procurement process to the Office of the Cook County Inspector General.

H. CAMPAIGN CONTRIBUTIONS (COOK COUNTY CODE, CHAPTER 2, SECTION 2-585)

THE APPLICANT CERTIFIES THAT: It has read and shall comply with the Cook County's Ordinance concerning campaign contributions, which is codified at Chapter 2, Division 2, Subdivision II, Section 585, and can be read in its entirety at www.municode.com.

I. GIFT BAN, (COOK COUNTY CODE, CHAPTER 2, SECTION 2-574)

THE APPLICANT CERTIFIES THAT: It has read and shall comply with the Cook County's Ordinance concerning receiving and soliciting gifts and favors, which is codified at Chapter 2, Division 2, Subdivision II, Section 574, and can be read in its entirety at www.municode.com.

J. LIVING WAGE ORDINANCE PREFERENCE (COOK COUNTY CODE, CHAPTER 34, SECTION 34-160;

Unless expressly waived by the Cook County Board of Commissioners, the Code requires that a living wage must be paid to individuals employed by a Contractor which has a County Contract and by all subcontractors of such Contractor under a County Contract, throughout the duration of such County Contract. The amount of such living wage is annually by the Chief Financial Officer of the County, and shall be posted on the Chief Procurement Officer's website.

The term "Contract" as used in Section 4, I, of this EDS, specifically excludes contracts with the following:

1) Not-For Profit Organizations (defined as a corporation having tax exempt status under Section 501(C)(3) of the United State Internal Revenue Code and recognized under the Illinois State not-for -profit law);

2) Community Development Block Grants;

3) Cook County Works Department;

4) Sheriff's Work Alternative Program; and

5) Department of Correction inmates.

CONTRACT #: 2112-18553

Amendment 4

SECTION 3

REQUIRED DISCLOSURES

1. DISCLOSURE OF LOBBYIST CONTACTS

List all persons that have made lobbying contacts on your behalf with respect to this contract:

Name Address

NOT APPLICABLE

2. LOCAL BUSINESS PREFERENCE STATEMENT (CODE, CHAPTER 34, SECTION 34-230)

Local business means a Person, including a foreign corporation authorized to transact business in Illinois, having a bona fide establishment located within the County at which it is transacting business on the date when a Bid is submitted to the County, and which employs the majority of its regular, full-time work force within the County. A Joint Venture shall constitute a Local Business if one or more Persons that qualify as a "Local Business" hold interests totaling over 50 percent in the Joint Venture, even if the Joint Venture does not, at the time of the Bid submittal, have such a bona fide establishment within the County.

a) Is Applicant a "Local Business" as defined above?

Yes: [X] No: [ ]

b) If yes, list business addresses within Cook County:

THOMSYTOZ INC
814 NORTH BLVD
OAK PARK IL 60301

c) Does Applicant employ the majority of its regular full-time workforce within Cook County?

Yes: [X] No: [ ]

3. THE CHILD SUPPORT ENFORCEMENT ORDINANCE (CODE, CHAPTER 34, SECTION 34-172)

Every Applicant for a County Privilege shall be in full compliance with any child support order before such Applicant is entitled to receive or renew a County Privilege. When delinquent child support exists, the County shall not issue or renew any County Privilege, and may revoke any County Privilege.

All Applicants are required to review the Cook County Affidavit of Child Support Obligations attached to this EDS (EDS-5) and complete the Affidavit, based on the instructions in the Affidavit.

CONTRACT #: 2112-18553

Amendment 4

4. REAL ESTATE OWNERSHIP DISCLOSURES.

The Applicant must indicate by checking the appropriate provision below and providing all required information that either:

a) The following is a complete list of all real estate owned by the Applicant in Cook County:

PERMANENT INDEX NUMBER(S): 12-36-425-030-0000

27-03-226-003-0000

(ATTACH SHEET IF NECESSARY TO LIST ADDITIONAL INDEX NUMBERS)

OR:

b) ☐ The Applicant owns no real estate in Cook County.

5. EXCEPTIONS TO CERTIFICATIONS OR DISCLOSURES.

If the Applicant is unable to certify to any of the Certifications or any other statements contained in this EDS and not explained elsewhere in this EDS, the Applicant must explain below:

N/A

If the letters, "NA", the word "None" or "No Response" appears above, or if the space is left blank, it will be conclusively presumed that the Applicant certified to all Certifications and other statements contained in this EDS.

CONTRACT #: 2112-18553

Amendment 4

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. **County reserves the right to request additional information to verify veracity of information contained in this statement.**

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.

"Person" "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. A Person 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 [X] Applicant or [ ] Stock/Beneficial Interest Holder

This Statement is an: [X] Original Statement or [ ] Amended Statement

Identifying Information:

Name TWOMAYTOZ INC

D/B/A: TWOMAYTOZ INC FEIN # Only: 36-4037832

Street Address: 814 NORTH BLVD

City: OAK PARK State: IL Zip Code: 60301

Phone No.: 708-445-9451 Fax Number: 708-848-9479 Email: TWOMAYTOZ@SBCGLOBAL.NET

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

Corporate File Number (if applicable): 5820-486-2

Form of Legal Entity:

[ ] Sole Proprietor [ ] Partnership [X] Corporation [ ] Trustee of Land Trust

[ ] Business Trust [ ] Estate [ ] Association [ ] Joint Venture

[ ] Other (describe) _____

CONTRACT #: 2112-18553

Amendment 4

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
Anthony GAMBINO	13804 TALLGRASS TRAIL ORLAND PARK IL 60462	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 [X] 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
		"PERPETUAL"	

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
Anthony GAMBINO	13804 TALLGRASS TRAIL ORLAND PARK IL 60462	PRESIDENT	

Declaration (check the applicable box):

[X] 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.

CONTRACT #: 2112-18553

Amendment 4

COOK COUNTY DISCLOSURE OF OWNERSHIP INTEREST STATEMENT SIGNATURE PAGE

Anthony Ambrosio — Name of Authorized Applicant/Holder Representative (please print or type)

President — Title

Signature

4/29/25 — Date

TWOMAYO2@SBCGLOBAL.NET — E-mail address

312-907-4253 — Phone Number

Subscribed to and sworn before me this 29th day of April, 2025.

My commission expires: 8-1-2028

x Linda Pacheco — Notary Public Signature

Linda Pacheco — Notary Seal

OFFICIAL SEAL
LINDA PACHECO
Notary Public, State of Illinois
Commission No. 419352
My Commission Expires August 01, 2028

CONTRACT #: 2112-18553

Amendment 4

COOK COUNTY BOARD OF ETHICS
69 W. WASHINGTON STREET, SUITE 3040
CHICAGO, ILLINOIS 60602
312/603-4304 Office 312/603-9988 Fax

FAMILIAL RELATIONSHIP DISCLOSURE PROVISION

Nepotism Disclosure Requirement:

Doing a significant amount of business with the County requires that you disclose to the Board of Ethics the existence of any familial relationships with any County employee or any person holding elective office in the State of Illinois, the County, or in any municipality within the County. The Ethics Ordinance defines a significant amount of business for the purpose of this disclosure requirement as more than $25,000 in aggregate County leases, contracts, purchases or sales in any calendar year.

If you are unsure of whether the business you do with the County or a County agency will cross this threshold, err on the side of caution by completing the attached familial disclosure form because, among other potential penalties, any person found guilty of failing to make a required disclosure or knowingly filing a false, misleading, or incomplete disclosure will be prohibited from doing any business with the County for a period of three years. The required disclosure should be filed with the Board of Ethics by January 1 of each calendar year in which you are doing business with the County and again with each bid/proposal/quotation to do business with Cook County. The Board of Ethics may assess a late filing fee of $100 per day after an initial 30-day grace period.

The person that is doing business with the County must disclose his or her familial relationships. If the person on the County lease or contract or purchasing from or selling to the County is a business entity, then the business entity must disclose the familial relationships of the individuals who are and, during the year prior to doing business with the County, were:

- its board of directors,
- its officers,
- its employees or independent contractors responsible for the general administration of the entity,
- its agents authorized to execute documents on behalf of the entity, and
- its employees who directly engage or engaged in doing work with the County on behalf of the entity.

Do not hesitate to contact the Board of Ethics at (312) 603-4304 for assistance in determining the scope of any required familial relationship disclosure.

Additional Definitions:

"*Familial relationship*" means a person who is a spouse, domestic partner or civil union partner of a County employee or State, County or municipal official, or any person who is related to such an employee or official, whether by blood, marriage or adoption, as a:

☐ Parent	☐ Grandparent	☐ Stepfather
☐ Child	☐ Grandchild	☐ Stepmother
☐ Brother	☐ Father-in-law	☐ Stepson
☐ Sister	☐ Mother-in-law	☐ Stepdaughter
☐ Aunt	☐ Son-in-law	☐ Stepbrother
☐ Uncle	☐ Daughter-in-law	☐ Stepsister
☐ Niece	☐ Brother-in-law	☐ Half-brother
☐ Nephew	☐ Sister-in-law	☐ Half-sister

CONTRACT #: 2112-18553

Amendment 4

COOK COUNTY BOARD OF ETHICS
FAMILIAL RELATIONSHIP DISCLOSURE FORM

A. PERSON DOING OR SEEKING TO DO BUSINESS WITH THE COUNTY

Name of Person Doing Business with the County: TWOMAYTOZ INC

Address of Person Doing Business with the County: 814 NORTH BLVD OAK PARK IL 60301

Phone number of Person Doing Business with the County: 312-907-4253

Email address of Person Doing Business with the County: TWOMAYTOZ@SBCGLOBAL.NET

If Person Doing Business with the County is a Business Entity, provide the name, title and contact information for the individual completing this disclosure on behalf of the Person Doing Business with the County:

ANTHONY GAMBINO, PRESIDENT 312-907-4253
TWOMAYTOZ@SBCGLOBAL.NET

B. DESCRIPTION OF BUSINESS WITH THE COUNTY

Append additional pages as needed and for each County lease, contract, purchase or sale sought and/or obtained during the calendar year of this disclosure (or the proceeding calendar year if disclosure is made on January 1), identify:

The lease number, contract number, purchase order number, request for proposal number and/or request for qualification number associated with the business you are doing or seeking to do with the County: 2112-18553

The aggregate dollar value of the business you are doing or seeking to do with the County: $ 2,145,649.60

The name, title and contact information for the County official(s) or employee(s) involved in negotiating the business you are doing or seeking to do with the County: SUHAIL.KHAN@COOKCOUNTYIL.GOV

SUHAIL KHAN - LEAD CONTRACT NEGOTIATOR 312-603-1486

The name, title and contact information for the County official(s) or employee(s) involved in managing the business you are doing or seeking to do with the County:

LANICE MITCHELL LANICE.MITCHELL@COOKCOUNTYIL.GOV
312-603-6545

C. DISCLOSURE OF FAMILIAL RELATIONSHIPS WITH COUNTY EMPLOYEES OR STATE, COUNTY OR MUNICIPAL ELECTED OFFICIALS

Check the box that applies and provide related information where needed

☐ The Person Doing Business with the County **is an individual** and there is **no familial relationship** between this individual and any Cook County employee or any person holding elective office in the State of Illinois, Cook County, or any municipality within Cook County.

☒ The Person Doing Business with the County **is a business entity** and there is **no familial relationship** between any member of this business entity's board of directors, officers, persons responsible for general administration of the business entity, agents authorized to execute documents on behalf of the business entity or employees directly engaged in contractual work with the County on behalf of the business entity, and any Cook County employee or any person holding elective office in the State of Illinois, Cook County, or any municipality within Cook County.

CONTRACT #: 2112-16553

Amendment 4

COOK COUNTY BOARD OF ETHICS
FAMILIAL RELATIONSHIP DISCLOSURE FORM

☐ The Person Doing Business with the County **is an individual** and **there is a familial relationship** between this individual and at least one Cook County employee and/or a person or persons holding elective office in the State of Illinois, Cook County, and/or any municipality within Cook County. **The familial relationships are as follows:**

Name of Individual Doing Business with the County	Name of Related County Employee or State, County or Municipal Elected Official	Title and Position of Related County Employee or State, County or Municipal Elected Official	Nature of Familial Relationship*
	N/A		

If more space is needed, attach an additional sheet following the above format.

☐ The Person Doing Business with the County **is a business entity** and **there is a familial relationship** between at least one member of this business entity's board of directors, officers, persons responsible for general administration of the business entity, agents authorized to execute documents on behalf of the business entity and/or employees directly engaged in contractual work with the County on behalf of the business entity, on the one hand, and at least one Cook County employee and/or a person holding elective office in the State of Illinois, Cook County, and/or any municipality within Cook County, on the other. **The familial relationships are as follows:**

Name of Member of Board of Director for Business Entity Doing Business with the County	Name of Related County Employee or State, County or Municipal Elected Official	Title and Position of Related County Employee or State, County or Municipal Elected Official	Nature of Familial Relationship*
	N/A		

Name of Officer for Business Entity Doing Business with the County	Name of Related County Employee or State, County or Municipal Elected Official	Title and Position of Related County Employee or State, County or Municipal Elected Official	Nature of Familial Relationship*
	N/A		

CONTRACT #: 2412-18553

Amendment 4

Name of Person Responsible for the General Administration of the Business Entity Doing Business with the County	Name of Related County Employee or State, County or Municipal Elected Official	Title and Position of Related County Employee or State, County or Municipal Elected Official	Nature of Familial Relationship*
	N/A		

Name of Agent Authorized to Execute Documents for Business Entity Doing Business with the County	Name of Related County Employee or State, County or Municipal Elected Official	Title and Position of Related County Employee or State, County or Municipal Elected Official	Nature of Familial Relationship*
	N/A		

Name of Employee of Business Entity Directly Engaged in Doing Business with the County	Name of Related County Employee or State, County or Municipal Elected Official	Title and Position of Related County Employee or State, County or Municipal Elected Official	Nature of Familial Relationship*
	N/A		

If more space is needed, attach an additional sheet following the above format.

VERIFICATION: To the best of my knowledge, the information I have provided on this disclosure form is accurate and complete. I acknowledge that an inaccurate or incomplete disclosure is punishable by law, including but not limited to fines and debarment.

Signature of Recipient

Date: 4/29/25

SUBMIT COMPLETED FORM TO: Cook County Board of Ethics
69 West Washington Street, Suite 3040, Chicago, Illinois 60602
Office (312) 603-4304 – Fax (312) 603-9988
CookCounty.Ethics@cookcountyil.gov

* Spouse, domestic partner, civil union partner or parent, child, sibling, aunt, uncle, niece, nephew, grandparent or grandchild by blood, marriage (*i.e.* in laws and step relations) or adoption.

CONTRACT #: 2112 - 18553

Amendment 4

SECTION 4

COOK COUNTY AFFIDAVIT FOR WAGE THEFT ORDINANCE

Effective May 1, 2015, every Person, ***including Substantial Owners***, seeking a Contract with Cook County must comply with the Cook County Wage Theft Ordinance set forth in Chapter 34, Article IV, Section 179. Any Person/Substantial Owner, who fails to comply with Cook County Wage Theft Ordinance, may request that the Chief Procurement Officer grant a reduction or waiver in accordance with Section 34-179(d).

"*Contract*" means any written document to make Procurements by or on behalf of Cook County.

"*Person*" means any individual, corporation, partnership, Joint Venture, trust, association, limited liability company, sole proprietorship or other legal entity.

"*Procurement*" means obtaining supplies, equipment, goods, or services of any kind.

"*Substantial Owner*" means any person or persons who own or hold a twenty-five percent (25%) or more percentage of interest in any business entity seeking a County Privilege, including those shareholders, general or limited partners, beneficiaries and principals; except where a business entity is an individual or sole proprietorship, Substantial Owner means that individual or sole proprietor.

All Persons/Substantial Owners are required to complete this affidavit and comply with the Cook County Wage Theft Ordinance before any Contract is awarded. Signature of this form constitutes a certification the information provided below is correct and complete, and that the individual(s) signing this form has/have personal knowledge of such information. **County reserves the right to request additional information to verify veracity of information contained in this Affidavit.**

I. Contract Information:

Contract Number: 2112 - 18553

County Using Agency (requesting Procurement): Office of the Chief Judge

II. Person/Substantial Owner Information:

Person (Corporate Entity Name): TWOMSYTOZ INC.

Substantial Owner Complete Name: Anthony Crambino

FEIN# 36-4037832

[redacted]

E-mail address: TWOMSYTOZ@SBCGLOBAL.NET

Street Address: 814 North Blvd

City: Oak Park State: IL Zip: 60301

[redacted]

III. Compliance with Wage Laws:

Within the past five years has the Person/Substantial Owner, in any judicial or administrative proceeding, been convicted of, entered a plea, made an admission of guilt or liability, or had an administrative finding made for committing a repeated or willful violation of any of the following laws:

No	*Illinois Wage Payment and Collection Act, 820 ILCS 115/1 et seq.,*	***YES*** or ***NO***
No	*Illinois Minimum Wage Act, 820 ILCS 105/1 et seq.,*	***YES*** or ***NO***
No	*Illinois Worker Adjustment and Retraining Notification Act, 820 ILCS 65/1 et seq.,*	***YES*** or ***NO***
No	*Employee Classification Act, 820 ILCS 185/1 et seq.,*	**YES** or **NO**
No	*Fair Labor Standards Act of 1938, 29 U.S.C. 201, et seq.,*	***YES*** or ***NO***
No	*Any comparable state statute or regulation of any state, which governs the payment of wages*	***YES*** or ***NO***

If the Person/Substantial Owner answered **"Yes"** to any of the questions above, it is ineligible to enter into a Contract with Cook County, but can request a reduction or waiver under **Section IV.**

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Amendment 4

IV. Request for Waiver or Reduction N/A

If Person/Substantial Owner answered **"Yes"** to any of the questions above, it may request a reduction or waiver in accordance with Section 34-179(d), provided that the request for reduction of waiver is made on the basis of one or more of the following actions that have taken place:

No — There has been a bona fide change in ownership or Control of the ineligible Person or Substantial Owner. YES or NO

No — Disciplinary action has been taken against the individual(s) responsible for the acts giving rise to the violation. YES or NO

No — Remedial action has been taken to prevent a recurrence of the acts giving rise to the disqualification or default. YES or NO

No — Other factors that the Person or Substantial Owner believe are relevant. YES or NO

The Person/Substantial Owner must submit documentation to support the basis of its request for a reduction or waiver. The Chief Procurement Officer reserves the right to make additional inquiries and request additional documentation.

V. Affirmation

The Person/Substantial Owner affirms that all statements contained in the Affidavit are true, accurate and complete.

Signature: _____ Date: 4/29/25

Name of Person signing (Print): Anthony Gambino Title: President

Subscribed and sworn to before me this 29th day of April, 2025

X Linda Pacheco
Notary Public Signature

Notary Seal

Note: The above information is subject to verification prior to the award of the Contract.

OFFICIAL SEAL
LINDA PACHECO
Notary Public, State of Illinois
Commission No. 419352
My Commission Expires August 01, 2028

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SECTION 5

Amendment 4

CONTRACT AND EDS EXECUTION PAGE

The Applicant hereby certifies and warrants that all of the statements, certifications and representations set forth in this EDS are true, complete and correct; that the Applicant is in full compliance and will continue to be in compliance throughout the term of the Contract or County Privilege issued to the Applicant with all the policies and requirements set forth in this EDS; and that all facts and information provided by the Applicant in this EDS are true, complete and correct. The Applicant agrees to inform the Chief Procurement Officer in writing if any of such statements, certifications, representations, facts or information becomes or is found to be untrue, incomplete or incorrect during the term of the Contract or County Privilege.

Execution by Corporation

TWOMAYTOZ INC
Corporation's Name

Anthony GAMBINO
President's Printed Name and Signature

708. 445-9451
Telephone

TWOMAYTOZ @SBCGLOBAL.NET
Email

Secretary Signature

4/29/25
Date

Execution by LLC

LLC Name

N/A

*Member/Manager Printed Name and Signature

Date

Telephone and Email

Execution by Partnership/Joint Venture

Partnership/Joint Venture Name

N/A

*Partner/Joint Venturer Printed Name and Signature

Date

Telephone and Email

Execution by Sole Proprietorship

Printed Name Signature

N/A

Assumed Name (if applicable)

Date

Telephone and Email

Subscribed and sworn to before me this
29th day of April, 2025

My commission expires: 8-1-2028

Linda Pacheco
Notary Public Signature

Notary Seal

*If the operating agreement, partnership agreement or governing documents requiring execution by multiple members, managers, partners, or joint venturers, please complete and execute additional Contract and EDS Execution Pages.

OFFICIAL SEAL
LINDA PACHECO
Notary Public, State of Illinois
Commission No. 419352
My Commission Expires August 01, 2028