

**BUSINESS ENTITY DISCLOSURE CERTIFICATION**  
**FOR NON-FAIR AND OPEN CONTRACTS**  
 Required Pursuant To N.J.S.A. 19:44A-20.8  
**HOPEWELL TOWNSHIP BOARD OF FIRE COMMISSIONERS**

HTFD No. 1  
 DEC 09 2020  
 RECEIVED

**Part I – Vendor Affirmation**

The undersigned, being authorized and knowledgeable of the circumstances, does hereby certify that the business entity listed below has not made and will not make any reportable contributions pursuant to N.J.S.A. 19:44A-1 et seq. that, pursuant to P.L. 2004, c. 19 would bar the award of this contract in the one year period preceding the date of award listed below to any of the following named candidate committee, joint candidates committee; or political party committee representing the elected officials of the Hopewell Township Board of Fire Commissioners as defined pursuant to N.J.S.A. 19:44A-3(p), (q) and (r).

Chairman	
Vice Chairman	
Treasurer	
Secretary	
Commissioner	

**Part II – Ownership Disclosure Certification**

I certify that the list below contains the names and home addresses of all owners holding 10% or more of the issued and outstanding stock of the undersigned.

**Check the box that represents the type of business entity:**

- Partnership       Corporation       Sole Proprietorship       Subchapter S Corporation  
 Limited Partnership       Limited Liability Corporation       Limited Liability Partnership

Name of Stock or Shareholder	Home Address
no one partner owns 10% or more of Bowman & Company LLP	

**Part 3 – Signature and Attestation:**

The undersigned is fully aware that if I have misrepresented in whole or part this affirmation and certification, I and/or the business entity, will be liable for any penalty permitted under law.

Name of Business Entity: Bowman & Company LLP

Date of Award: January 2021

Signature of Affiant: [Signature] Title: Partner

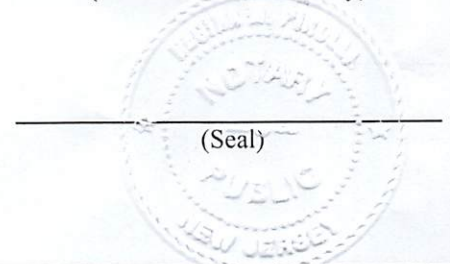
Printed Name of Affiant: L. Jarred Corn Date: December 7, 2020

Subscribed and sworn before me this 7th day of December 2020

[Signature]  
 (Witnessed or attested by)

My Commission expires:

REGINA M. PIROLI  
 NOTARY PUBLIC OF NEW JERSEY  
 MY COMMISSION EXPIRES FEBRUARY 28, 2023





DEPARTMENT OF HEALTH  
STATE OF NEW JERSEY  
PUBLIC HEALTH

# C. 271 POLITICAL CONTRIBUTION DISCLOSURE FORM

Required Pursuant To N.J.S.A. 19:44A-20.26

**This form or its permitted facsimile must be submitted to the local unit  
no later than 10 days prior to the award of the contract.**

**Part I - Vendor Information**

Vendor Name: BOWMAN & COMPANY LLP  
 Address: 601 WHITE HORSE ROAD  
 City: VOORHEES State: NEW JERSEY Zip: 08043

The undersigned being authorized to certify, hereby certifies that the submission provided herein represents compliance with the provisions of N.J.S.A. 19:44A-20.26 and as represented by the Instructions accompanying this form.

                      L. JARRED CORN                      PARTNER  
 Signature                                      Printed Name                                      Title

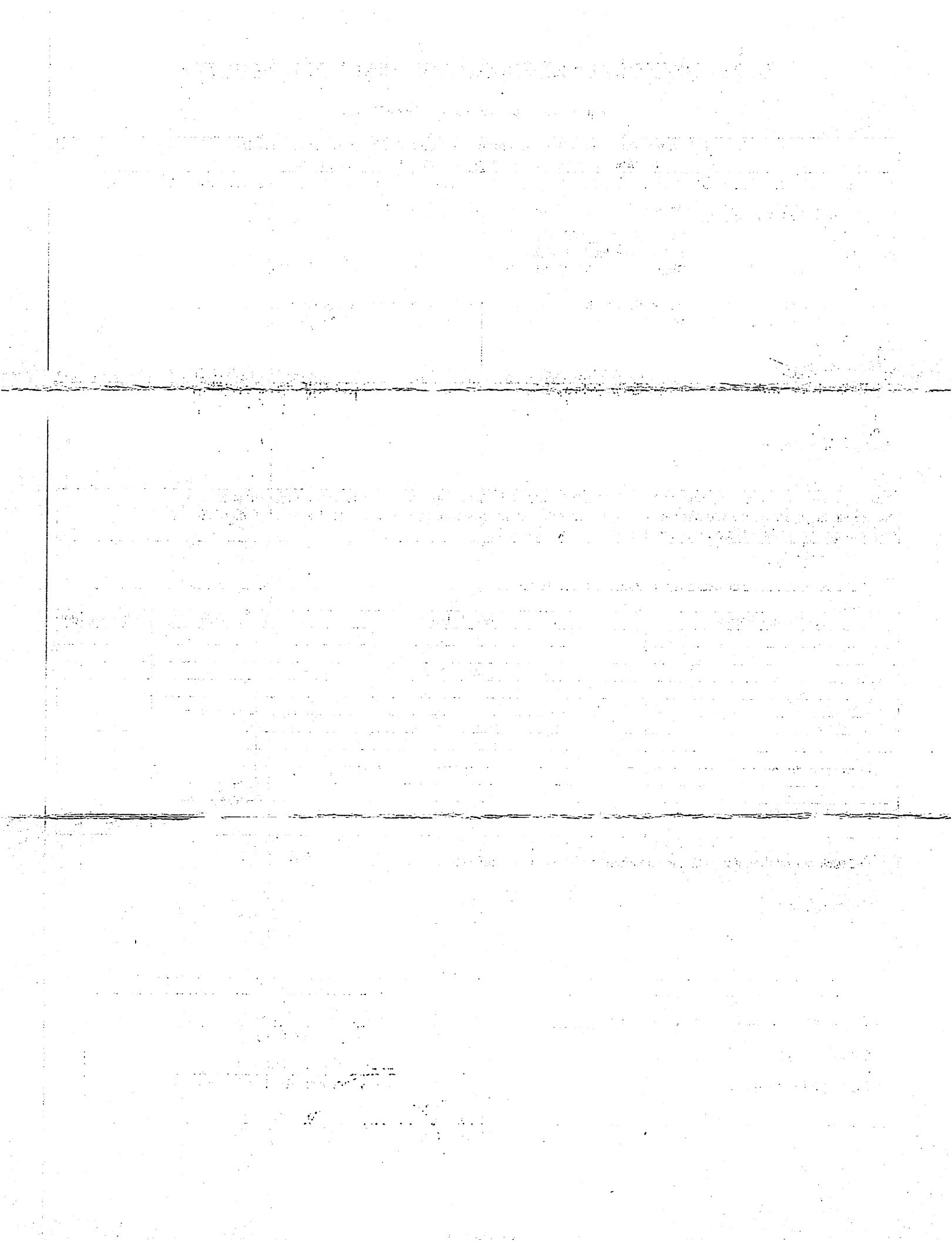
**Part II - Contribution Disclosure**

Disclosure requirements: Pursuant to N.J.S.A. 19:44A-20.26 this disclosure must include all reportable political contributions ( more than \$300 per election cycle) over the 12 months prior to submission to the committees of the governmental entities listed on the form provided by the local unit.

Check here if the disclosure is provided in electronic form.

Contributor Name	Recipient Name	Date	Dollar Amount
	None		

Check here if the information is continued on subsequent page(s)



# STOCKHOLDER DISCLOSURE CERTIFICATION

Name of Business:

I certify that the list below contains the names and home addresses of all stockholders holding 10% or more of the issued and outstanding stock of the undersigned.

OR

I certify that no one stockholder owns 10% or more of the issued and outstanding stock of the undersigned.

Check the box that represents the type of business organization:

Partnership

Corporation

Sole Proprietorship

Limited Partnership

Limited Liability Corporation

Limited Liability Partnership

Subchapter S Corporation

Sign and notarize the form below, and, if necessary, complete the stockholder list below.

Stockholders:

Name:	Name:
Home Address:	Home Address:
Name:	Name:
Home Address:	Home Address:
Name:	Name:
Home Address:	Home Address:

Subscribed and sworn before me this 5th day of September, 2020

(Notary Public)

My Commission expires:

REGINA M. PIROLI  
NOTARY PUBLIC OF NEW JERSEY

L. Jarred Corn  
(Affiant)  
L. Jarred Corn, Partner  
(Print name & title of affiant)

(Corporate Seal)

MY COMMISSION EXPIRES FEBRUARY 28, 2023



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MOTON PIERCE  
FOUNDATION  
NEW YORK, N. Y.