

AFFIDAVIT

STATE OF LOUISIANA
PARISH OF JEFFERSON

BEFORE ME, THE UNDERSIGNED AUTHORITY, PERSONALLY CAME AND
APPEARED RALPH BROCKNER BENDER, WHO AFTER
BEING BY ME DULY SWORN, DEPOSED AND SAID THAT HE IS THE FULLY
AUTHORIZED CFO OF CAPITAL CITY PRESS, LLC
(HEREIN AFTER REFERRED TO AS BIDDER) THE PARTY WHO SUBMITTED A
BID FOR JEFFERSON PARISH FOR PRINTING, BID NO. 50-0012339

AND SAID AFFIANT FURTHER SAID:

- 1) That bidder employed no person, corporation, firm, association or other organization, either directly or indirectly, to secure the public contract under which he received payment, other than persons regularly employed by the bidder whose services in connection with the construction of the public building or project or in securing the public contract were in the regular course of their duties for bidder; and
- 2) That no part of the contract price received by bidder was paid or will be paid to any person, corporation, firm, association, or other organization for soliciting the contract, other than the payment of their normal compensation to persons regularly employed by the bidder whose services in connection with the construction of the public building or project were in the regular course of their duties for bidder.
- 3) Said bid is genuine and the bidder has not colluded, conspired or agreed directly or indirectly with any other bidder to offer a sham or collusive bid.
- 4) Said bidder has not in any manner, directly or indirectly, agreed with any other person to fix the bid price of affiant or any other bidder, or to fix any overhead, profit or cost element of said bid price, or that of any other bidder, or to induce any other person to refrain from bidding.
- 5) Said bidder is not intended to secure an unfair advantage of benefit from the Parish of Jefferson or in favor of any person interested in the proposed contract.



SWORN TO AND SUBSCRIBED

BEFORE ME THIS 20th
DAY OF December, 20 11



NOTARY PUBLIC

Revised 4/29/08

M. MONIC McCHRISTIAN
NOTARY PUBLIC ID #88293
STATE OF LOUISIANA
MY COMMISSION IS FOR LIFE



CAMPAIGN CONTRIBUTION AFFIDAVIT

STATE OF LOUISIANA
PARISH OF JEFFERSON

Before me, the undersigned authority, personally came and appeared:

RALPH BROOKNER BENDER, who after being by me duly
sworn, deposed and said that he/she is the fully authorized CFO of
CAPITAL CITY PRESS, L.L.C., the party who submitted a bid or proposal for
JEFFERSON PARISH (FOR PRINTING), Bid No. 50-0012339,
and said affiant further stated:

Choose one of the following:

 Attached hereto is a list of all campaign contributions made to elected officials of the
Parish of Jefferson during the current term, and no contributions have been made in support of
elected officials of the Parish of Jefferson through or in the name of another person or legal
entity, either directly or indirectly.

☒ Affiant has made no campaign contributions made to elected officials of the Parish of
Jefferson during the current term and no contributions have been made in support of elected
officials of the Parish of Jefferson through or in the name of another person or legal entity, either
directly or indirectly.


Affiant

SWORN TO AND SUBSCRIBED
BEFORE ME THIS 20th DAY
OF December, 20 11.


NOTARY PUBLIC

M. MONIC McCHRISTIAN
NOTARY PUBLIC ID #88293
STATE OF LOUISIANA
MY COMMISSION IS FOR LIFE



AFFIDAVIT
Employment Status Verification

STATE OF LOUISIANA
PARISH OF ~~JEFFERSON~~ East Baton Rouge

BEFORE ME, the undersigned authority, personally came and appeared,
Candace Martin, who after being duly sworn, deposed and said that he/she is
the fully authorized HR Director of Capital City Press
(hereinafter referred to as bidder), the party who submitted a bid for _____,
Bid Number _____ and said bidder further said:

- (1) That bidder is registered and participates in a status verification system to verify that all employees in the State of Louisiana are legal citizens of the United States or are legal aliens.
- (2) That bidder shall continue, during the term of the contract, to utilize a status verification system to verify the legal status of all new employees in the state of Louisiana.
- (3) That bidder shall require all subcontractors to submit to the bidder a sworn affidavit verifying compliance with statements (1) and (2).

Candace Martin
Signature of Affiant

SWORN TO AND SUBSCRIBED
BEFORE ME ON THIS 16th
DAY OF January, 2012.

M. Monic McChristian
NOTARY PUBLIC

M. MONIC McCHRISTIAN
NOTARY PUBLIC ID #88293
STATE OF LOUISIANA
MY COMMISSION IS FOR LIFE

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

1/16/2012

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 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 Louisiana Companies 801 North Blvd. P. O. Box 991 Baton Rouge, LA 70821-0991	CONTACT NAME: Pat Bogan/F.Wood/Mary Z. Ray	
	PHONE (A/C, No, Ext): 225 383-4761	FAX (A/C, No): 2253874336
INSURED Capital City Press LLC, ETAL P.O. Box 588 Baton Rouge, LA 70821-0588	E-MAIL ADDRESS: mray@lacompanies.com	
	INSURER(S) AFFORDING COVERAGE	
	INSURER A: Travelers Indemnity Co. of Amer	NAIC #: 25666
	INSURER B: Firemans Fund Insurance Cos.	21873
	INSURER C: Louisiana Workers Compensation	22350
	INSURER D:	
	INSURER E:	
	INSURER F:	

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

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 INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC			P660299D8771TIA12	01/01/2012	01/01/2013	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$1,000,000 MED EXP (Any one person) \$5,000 PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$5,000,000 PRODUCTS - COMP/OP AGG \$2,000,000 \$
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS			P810299D8771TIA12	01/01/2012	01/01/2013	COMBINED SINGLE LIMIT (Ea accident) \$1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
B	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$			SUO00024202343	01/01/2012	01/01/2013	EACH OCCURRENCE \$10,000,000 AGGREGATE \$10,000,000 \$
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input checked="" type="checkbox"/> Y <input checked="" type="checkbox"/> N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A	140938D	01/01/2012	01/01/2013	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$500,000 E.L. DISEASE - EA EMPLOYEE \$500,000 E.L. DISEASE - POLICY LIMIT \$500,000

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

Named Insured:

Capital City Press LLC
Louisiana Television Broadcasting, LLC
Mobile Video Tapes, Inc.
Reiger Investments, LLC

CERTIFICATE HOLDER

CANCELLATION

Jefferson Parish Purchasing Dept P. O. Box 9 Gretna, LA 70054-0009	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 <i>Patrick J. Bogan</i>