## AFFIDAVIT

STATE OF LOUISIANA PARISH OF JEFFERSON

BEFORE ME, THE UNDERSIGNED AUTHORITY, PERSONALLY CAME AND APPEARED KRISTI MIRAMBEL, WHO AFTER BEING BY ME DULY SWORN, DEPOSED AND SAID THAT HE IS THE FULLY AUTHORIZED RESIDENT OF K-BELLE CONSULTANTS, LIC (HEREIN AFTER REFERRED TO AS BIDDER) THE PARTY WHO SUBMITTED A BID FOR SESE OWENS CHARASIM REPAIRS, BID NO 50-102024 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.

Brote Musmbull

SWORN TO AND SUBSCRIBED

BEFORE ME THIS

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NOTARY PUBLIC

Revised 4/29/08

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# **CAMPAIGN CONTRIBUTION AFFIDAVIT**

PARISH OF JEFFERSON
Before me, the undersigned authority, personally came and appeared:
KRISTI MICHMBELL , who after being by me duly
sworn, deposed and said that he/she is the fully authorized <b>RESIDENT</b> of
K-BELLE CONSULTANTS, U.C., the party who submitted a bid or proposal for SEED ONLY GYMNASIUM REPAIRS, Bid No. 50-102024
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.
Huste Mnombell Affiant
SWORN TO AND SUBSCRIBED BEFORE MF THIS 'L' DAY OF

## **AFFIDAVIT**

STATE OF LOUISIANA PARISH OF SEFFERSON

BEFORE ME, THE UNDERSIGNED AUTHORITY, PERSONALLY CAME AND APPEARED KRISTI MIRAMBELL , WHO AFTER BEING BY ME DULY SWORN, DEPOSED AND SAID THAT HE IS THE FULLY PRESIDENT AUTHORIZED OF KEELE CONSULTANTS UC (HERE IN AFTER REFERRED TO AS BIDDER) THE PARTY WHO SUBMITTED A BID FOR TESE DWENS GAMPIKIUM REPARS ,BID NO. 50 - 102024 AND SAID AFFIANT FURTHER SAID:

He/she personally has not been convicted of, nor has he/she entered a plea of guilty or nolo contendere to any of the crimes or equivalent federal crimes listed below. No individual partner, incorporator, director, manager, officer, organizer, or member, who has a minimum of a ten percent ownership in the bidding entity, has been convicted of, or has entered a plea of guilty or nolo contendere to any of the crimes or equivalent federal crimes listed below.

A conviction of or plea of guilty or nolo contendere to the following state crimes or equivalent federal crimes shall permanently bar any person or the bidding entity from bidding on public projects:

- (a) Public bribery (R.S. 14:118).
- (b) Corrupt influencing (R.S. 14:120).
- (c) Extortion (R.S. 14:66).
- (d) Money laundering (R.S. 14:230).

A conviction of or plea of guilty or nolo contendere to the following state crimes or equivalent federal crimes shall bar any person or the bidding entity from bidding on public projects for a period of five years from the date of conviction or from the date of the entrance of the plea of guilty or nolo contendere:

- (a) Theft (R.S. 14:67).
- (b) Identity Theft (R.S. 14:67.16).
- (c) Theft of a business record (R.S. 14:67.20).
- (d) False accounting (R.S. 14:70).
- (e) Issuing worthless checks (R.S. 14:71).
- (f) Bank fraud (R.S. 14:71.1).
- (g) Forgery (R.S. 14:72).
- (h) Contractors; misapplication of payments (R.S. 14:202).
- (i) Malfeasance in office (R.S. 14:134).

The five-year prohibition provided for in this section shall apply only if the crime was committed during the solicitation or execution of a contract or bid awarded pursuant to these provisions. If evidence is submitted substantiating that a false attestation has been made and the project must be readvertised or the contract cancelled, the awarded entity making the false attestation shall be responsible to the public entity for the costs of rebidding, additional costs due to increased costs of bids and any and all delay costs due to the rebid or cancellation of this project.

Hriste Mirambull

**É**RIBED BEFOR

00483A - 1

DAY



# **CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY) 12/22/2011

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 terms and conditions of the polic certificate holder in lieu of such ende	:v. certai	וססו מוני	licies may require an e	ndorse	(ies) must b ement. A sta	e endorsed. atement on th	If SUBROGATION IS his certificate does no	WAIVEI of confer	D, subject to rights to the
P	RODUCER				CONTA	CT Brandi	T.amonte			
F	Riverlands Insurance Serv	ices	Inc	·			)652-5933	FAX		
492 West 5th Street					E-MAIL	blamon	te@rivins	L (A/C, N	lo); <sup>(985</sup> ) 3	331-2112
					AUUHE					T
I	LaPlace LA 7	0068			INSURER(S) AFFORDING COVERAGE INSURER A: Colony Insurance Co					NAIC#
11	NSURED							ompensation Co		
K	C-Belle Consultants, LLC				INSUR		INCIS C	ompensacion co	)rb	
3727 Canal Street					INSURE	-				
					INSUR					
N	lew Orleans LA 7	0117			INSURE					
_	COVERAGES CE	RTIFIC/	ATE N	NUMBER:CL11122204	4276			REVISION NUMBER	:	
IN	THIS IS TO CERTIFY THAT THE POLICIE INDICATED. NOTWITHSTANDING ANY FOR CERTIFICATE MAY BE ISSUED OR MAY EXCLUSIONS AND CONDITIONS OF SUCTIONS OF SUCTI	/ PERTAI	IN, TH	HE INSTRANCE AFFORM	CP AN	THE POLICIE REDUCED BY	OH OTHER I S DESCRIBEI PAID CLAIMS	DOCUMENT WITH RESI D HEREIN IS SUBJECT I.		
	SR TYPE OF INSURANCE GENERAL LIABILITY	INSR W	VVD _	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	Li	MITS	
								EACH OCCURRENCE	\$	1,000,000
١.	X COMMERCIAL GENERAL LIABILITY							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000
f	A CLAIMS-MADE X OCCUR		GI	L850941		9/10/2011	9/10/2012	MED EXP (Any one person)	\$	Excluded
	X Blanket AI Endt.	-						PERSONAL & ADV INJURY	\$	1,000,000
	X Blanket WOS Endt.	-						GENERAL AGGREGATE	\$	2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:  X POLICY PRO- LOC							PRODUCTS - COMP/OP AG	G \$	2,000,000
┝	X POLICY JECT LOC	+	$\dashv$						\$	
	<del>                                     </del>							COMBINED SINGLE LIMIT (Ea accident)	\$	
	ANY AUTO SCHEDULED							BODILY INJURY (Per persor	1) \$	
	AUTOS AUTOS							BODILY INJURY (Per accide	nt) \$	
	HIRED AUTOS AUTOS				i			PROPERTY DAMAGE (Per accident)	\$	
┢	UMBRELLA LIAB COCUP	++							\$	
	- OCCUR							EACH OCCURRENCE	\$	
	CLAIMS-MAD	튁						AGGREGATE	\$	
E	WORKERS COMPENSATION	+++	+					I MC PTATH I LOT	\$	
	AND EMPLOYERS' LIABILITY  ANY PROPRIETOR/PARTNER/EVECUTIVE Y/A	1						WC STATU- OT TORY LIMITS E	R	
ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?		N/A	13	32166	12	12/17/2011	12/17/2012	E.L. EACH ACCIDENT	\$	1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below		132166					E.L. DISEASE - EA EMPLOY		1,000,000
	DESCRIPTION OF OPERATIONS below	+++	+	***************************************				E.L. DISEASE - POLICY LIM	IT \$	1,000,000
DE	ESCRIPTION OF OPERATIONS / LOCATIONS / VEHI	CLES (Att	ach AC	ORD 101 Additional Remarks S		id manua ana ana				
						, il more space k	з гоципео)			
C	ERTIFICATE HOLDER				CANC	ELLATION				
	Jefferson Parish Cour 200 Derbigny Street	- "	bel	le.com	SHO! THE ACC	ULD ANY OF 1 EXPIRATION	THE POLIC	ESCRIBED POLICIES BE REOF, NOTICE WILL Y PROVISIONS.	CANCELI BE DE	LED BEFORE LIVERED IN
Gretna, LA 70053					Ray Labor Chat					

### **IMPORTANT**

If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

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).

#### DISCLAIMER

This Certificate of Insurance does not constitute a contract between the issuing insurer(s), authorized representative or producer, and the certificate holder, nor does it affirmatively or negatively amend, extend or alter the coverage afforded by the policies listed thereon.



#### State Farm Mutual Automobile Insurance Company

4700 S Providence Rd Columbia MO 65217

NAMED INSURED

18-1609-5VZZ A

MIRAMBELL, KRISTI HOKE & CRAIG K JR 624 ATHERTON DR METAIRIE LA 70001-5540

34088-5-Z

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#### **DECLARATIONS PAGE**

POLICY NUMBER L05 9115-B30-18P POLICY PERIOD AUG 30 2011 to FEB 29 2012 12:01 A.M. Standard Time

AGENT

LOUIS T D'ANGELO INS AGCY INC 2273 BARATARIA BLVD STE 1 MARRERO, LA 70072-5486

PHONE: (504)348-8900

ST. 0101-0004

## DO NOT PAY PREMIUMS SHOWN ON THIS PAGE. IF AN AMOUNT IS DUE, THEN A SEPARATE STATEMENT IS ENCLOSED.

YOUR CAR

YEAR	MAKE	MODEL	BODY STYLE	VEHICLE ID. NUMBER	CLASS
2011	LAND ROVER	LR4	SPORT WG	SALAG2D41BA551925	1B3H50H000

SYMBOLS COVERAGE & LIMITS. PREMIUMS
A Liability Coverage \$366.47
Bodily Injury Limits  Each Person, Each Accident
\$1,000,000 \$1,000,000 Property Damage Limit
Each Accident \$1,000,000
D Comprehensive Coverage \$176.83  G Collision Goverage \$500 Deductible \$219.64
H Emergency Road Service Coverage \$2.80 R1 Gar Rental and Travel Expenses Coverage \$17.70 Limit - Car Rental Expense
Each Day, Each Loss
U Uninsured Motor Vehicle Coverage \$52,80
Bodily Injury Limits  Each Person, Each Academ  #25,000 #50,000
\$25,000 \$50,000

Total premium for AUG 30 2011 to FEB 29 2012.

866.24 This is not a bill.

### IMPORTANT MESSAGES

Replaced policy number L059115-180.

EXCEPTIONS, POLICY BOOKLET & ENDORSEMENTS (See policy booklet & individual endorsements for coverage details.)

YOUR POLICY CONSISTS OF THIS DECLARATIONS PAGE THE POLICY BOOKLET - FORM 9818A, AND ANY ENDORSEMENTS THAT APPLY, INCLUDING THOSE ISSUED TO YOU WITH ANY SUBSEQUENT RENEWAL NOTICE.

Agent:

LOUIS T D'ANGELO INS AGCY INC

Telephone: (504)348-8900

Prepared AUG 30 2011

1609-702



X90C58

State Farm®

State Farm Mutual Automobile Insurance Company

4700 S Providence Rd Columbia MO 65217

5VZZ -1609

MIRAMBELL, KRISTI HOKE & CRAIG K JR 624 ATHERTON DR METAIRIE LA 70001-5540

DATE DUE AUG 06 2011

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**AUTO RENEWAL** 

POLICY NUMBER

L05 9115-B06-18O

AUG 06 2011 to FEB 06 2012

Compréhensive

**Amount Due** 

Premium Reductions

Multiple Line Multicar

Accident-Free

by the following:

Antitheft

500 Deductible Collision

Uninsured Motor Vehicle Bodily Injury 25,000/50,000

Your premium has already been adjusted

**Emergency Road Service** 

Car Rental & Travel Expense 80% Per Day, \$1,500 Max

PLEASE PAY THIS AMOUNT

366.47

176.83

219.64

2.80

17.70

82.80

\$866.24

156.27

163.42

195.36

19.65

\$866.24 Coverages and Limits **Premiums** Liability Bodily Injury 1,000,000/1,000,000 Property Damage 1,000,000

Your premium is based on the following . . . If not correct, contact your agent. 2011 LAND ROVER LR4 VIN SALAG2D41BA551925

Class 1B3H50H000

Drivers of vehicle in your household...

There are no male or unmarried female drivers under age 25 assigned to

As of AUG 06 2011 our records show the principal driver of this vehicle will be age 31.

Ordinary use of vehicle...

Pleasure or not more than 30 miles weekly to and from work or school. Driven over 7,500 miles annually. (National average is 12,000 miles annually.)

Additional Information...

This policy expires on the date due if premium is not paid.

Your premium may be influenced by the drivers listed below and other individuals permitted to operate your vehicle. This list does not extend or expand coverage beyond that contained in this automobile policy. The drivers listed below are the drivers reported to us that own or regularly operate any vehicle in your household.

CRAIG MIRAMBELL JR, KRISTI HOKE MIRAMBELL.

If the above information is incomplete or inaccurate, or if you want to confirm the information we have in our records please contact your agent.

Based on your driving record, you have our Accident-Free Discount for preferred customers.

Thanks for letting us serve you.

Agent

LOUIS T D'ANGELO INS AGCY INC

(504)348-8900

IF YOU HAVE A NEW OR DIFFERENT CAR, HAVE ADDED ANY DRIVERS, OR HAVE MOVED, PLEASE CONTACT YOUR AGENT.



o1a1121i

INSURED

MIRAMBELL, KRISTI HOKE &

**POLICY NUMBER** 

L05 9115-B06-18O

2011 LAND ROVER

**76 7557 9665** 

See reverse side for important information. Please keep this part for your record.

Prepared JUL 05 2011

PLEASE RETURN THIS PART WITH YOUR CHECK MADE PAYABLE TO STATE FARM

**DATE DUE** 

PLEASE PAY THIS AMOUNT

AUG 06 2011

\$866 24

Please contact your State Farm agent to make changes to your policy.

2209108288

Insurance Support Center P.O. Box 588002 North Metro, GA 30029-8002

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