



Affidavit of Compliance for Apparel-Related Procurement

Bid # 12238

Date: 1/30/13

Prime Contractor: PAUL CONWAY SHEELDS

Name of Owner:	PAUL CONWAY
Company Name:	PAUL CONWAY SHEELDS
Company Address:	14100 W. CLEVELAND AV.

Important Information

This Affidavit of Compliance for Apparel-Related Procurement (Affidavit) is the bidder's sworn statement that the facilities identified in their supply chain are responsible manufacturers as defined in the Milwaukee Code of Ordinances 310-17 Requirements for Apparel Purchases. This Affidavit is required for any and all purchasing activities relating to apparel – including, but not limited to, textile, footwear, manufacture, warehouse purchase, rental, laundering and dry cleaning.

As part of their bid response, Bidders shall procure and submit sworn affidavits for:

- Their own company as the retail supplier identified above, and
- For the company or companies they procure item(s) from (including manufacturers/assemblers), and
- From every subcontractor to be employed during the specified time period of the contract, and
- The Owner of the company (i.e., the individual person(s) who own and operate each company).

If any information on the Affidavit(s) changes during the specified time period of the contract, a new Affidavit with the updated information shall be promptly submitted by the retail supplier to the City of Milwaukee Procurement Services Section.

The successful bidder must ensure that the base wages comply with the hourly non-poverty wage table. Non-compliant bids may be rejected. The hourly non-poverty wage table is defined and updated by the City of Milwaukee every year on March 1 and can be found on our website at <http://city.milwaukee.gov> > Departments > Procurement Services (Purchasing) > Ethical Purchasing Wage Table.



Owner & Company Information

Please attach additional sheets, if necessary, if additional company information must be provided.

Item(s):	STATIONWEAR & UNIFORMS
Brand Name(s):	5.11 TACTICAL, MEDWAY, GERBER, LANBARK
Style Number(s):	46123, 46122, 74302, 74302 L, 59493, ECLIPSE, 1140, 110
Name of Owner:	PAUL CONWAY
Company Name:	PAUL CONWAY SHIELDS
Company Address:	14100 W. CLEVELAND AV

Company Role: Manufacturer Distributor Dry Cleaner Other

Are Health Benefits Provided by the Company? Yes No

Base Hourly Wage of Lowest Paid Worker (in U.S. Dollars) \$ 10.00

If health benefits are provided, percentage of wage paid as health benefits 20 %

Owner & Company Information (continued)

Please attach additional sheets, if necessary, if additional company information must be provided.

Item(s):	NAME BADGE
Brand Name(s):	PAUL CONWAY SHIELDS
Style Number(s):	MFD-NAMEBAR
Name of Owner:	PAUL CONWAY
Company Name:	PAUL CONWAY SHIELDS
Company Address:	14100 W. CLEVELAND AV

Company Role: Manufacturer Distributor Dry Cleaner Other

Are Health Benefits Provided by the Company? Yes No

Base Hourly Wage of Lowest Paid Worker (in U.S. Dollars) \$ 10.00

If health benefits are provided, percentage of wage paid as health benefits 20 %

Authorized Signature

In compliance with the requirements of the City of Milwaukee, I have completed this Affidavit of Compliance form in good faith and have made no willingly false or misleading statements. Further, I have disclosed the names and plant locations of all my factories, manufacturers and their subcontractors purchasing, renting, laundering and dry cleaning of items of apparel that I sell to the City of Milwaukee. I have also included affidavits of compliance from each subcontractor employed by the contractor during the specified time period of the contract for the fulfillment of contracts covered under this section indicating their compliance with the Code of Ordinances Section 310-17.

Further, I understand that any false statement on these forms could result in:

- Withholding of payments.
- Termination, suspension or cancellation of the contract in whole or in part.
- After a due process hearing, denial of the right of the contractor to bid on future city contracts, by himself or herself, partner or agent, or by any corporation of which he or she is a member, for a period of one year after the first violation is found and for a period of 3 years after a second violation is found.

I/We hereby state that we will comply Section 310-17 of the City of Milwaukee Code of Ordinances as stated above.

Authorized Signature: _____

Carlos Albelo

Printed Name: _____

CARLOS ALBELO

Company Name: _____

PAUL CONWAY SHELDON

Carlos Albelo, who personally came before me on this day of 1.31, 20 13,

acknowledges that he/she executed the foregoing document for the purpose therein contained for and on behalf of said company. IN WITNESS WHEREOF, I have hereunto set my hand and official seal.

Notary Public Signature: _____

Kelly McGuire

Printed Name: _____

Kelly McGuire

My commission expires: _____

8/03/14



Affidavit of Compliance for Apparel-Related Procurement

Bid # 12238

Date: 1-16-13

Prime Contractor: Mark Johnson

Name of Owner:	5.11 Tactical
Company Name:	5.11 Tactical
Company Address:	4300 Spyrus Way Modesto, CA 95356

Important Information

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The successful bidder must ensure that the base wages comply with the hourly non-poverty wage table. Non-compliant bids may be rejected. The hourly non-poverty wage table is defined and updated by the City of Milwaukee every year on March 1 and can be found on our website at <http://city.milwaukee.gov> > Departments > Procurement Services (Purchasing) > Ethical Purchasing Wage Table.



Owner & Company Information

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Item(s):	Straight Leg Pant
Brand Name(s):	511
Style Number(s):	74302 & 74302L
Name of Owner:	Andy Wang
Company Name:	Topex Garment Co., Ltd
Company Address:	Industrial Area of Garment No.4, Zone 2, Tan Hiep Ward, Bien Hoa City, Dong Nai Province, Vietnam

Company Role: Manufacturer Distributor Dry Cleaner Other

Are Health Benefits Provided by the Company? Yes No

Base Hourly Wage of Lowest Paid Worker (in U.S. Dollars) \$ 0.542

If health benefits are provided, percentage of wage paid as health benefits 17 %
(social health benefits)

Owner & Company Information (continued)

Please attach additional sheets, if necessary, if additional company information must be provided.

Item(s):	Arc Leather Belt
Brand Name(s):	511
Style Number(s):	59493
Name of Owner:	Edwin Chan
Company Name:	See Cheik Leather Goods Factory
Company Address:	Henan Industrial Region, Jingxia, Changan, Dongguan, Guangdong Province, China

Company Role: Manufacturer Distributor Dry Cleaner Other

Are Health Benefits Provided by the Company? Yes No

Base Hourly Wage of Lowest Paid Worker (in U.S. Dollars) \$ 1.014

If health benefits are provided, percentage of wage paid as health benefits 14.25 %
(social health benefits)



Owner & Company Information

Please attach additional sheets, if necessary, if additional company information must be provided.

Item(s):	Long Sleeve Shirt
Brand Name(s):	511
Style Number(s):	46123-720
Name of Owner:	Kenneth Leung
Company Name:	PT. Jaya Aeri Garmino
Company Address:	Jl. Raya Solo Sragen Km 9, T Kasak Sragen Karanganyar Solo Jawa Tengah, Indonesia

Company Role: Manufacturer Distributor Dry Cleaner Other

Are Health Benefits Provided by the Company? Yes No

Base Hourly Wage of Lowest Paid Worker (in U.S. Dollars) \$ 0.5356

If health benefits are provided, percentage of wage paid as health benefits 12.2 %
(social health benefits)

Owner & Company Information (continued)

Please attach additional sheets, if necessary, if additional company information must be provided.

Item(s):	Short Sleeve Shirt
Brand Name(s):	511
Style Number(s):	46122
Name of Owner:	Kenneth Leung
Company Name:	PT. Jaya Aeri Garmino
Company Address:	Jl. Raya Solo Sragen Km 9, T Kasak Sragen Karanganyar Solo Jawa Tengah, Indonesia

Company Role: Manufacturer Distributor Dry Cleaner Other

Are Health Benefits Provided by the Company? Yes No

Base Hourly Wage of Lowest Paid Worker (in U.S. Dollars) \$ 0.5356

If health benefits are provided, percentage of wage paid as health benefits 12.2 %
(social health benefits)



Authorized Signature

In compliance with the requirements of the City of Milwaukee, I have completed this Affidavit of Compliance form in good faith and have made no willingly false or misleading statements. Further, I have disclosed the names and plant locations of all my factories, manufacturers and their subcontractors purchasing, renting, laundering and dry cleaning of items of apparel that I sell to the City of Milwaukee. I have also included affidavits of compliance from each subcontractor employed by the contractor during the specified time period of the contract for the fulfillment of contracts covered under this section indicating their compliance with the Code of Ordinances Section 310-17.

Further, I understand that any false statement on these forms could result in:

- Withholding of payments.
- Termination, suspension or cancellation of the contract in whole or in part.
- After a due process hearing, denial of the right of the contractor to bid on future city contracts, by himself or herself, partner or agent, or by any corporation of which he or she is a member, for a period of one year after the first violation is found and for a period of 3 years after a second violation is found.

I/We hereby state that we will comply Section 310-17 of the City of Milwaukee Code of Ordinances as stated above.

Authorized Signature: Walter E Archie
Printed Name: Walter E. Archie
Company Name: S. II Tactical

Desmond Chiang, who personally came before me on this day of January 29, 2013, acknowledges that he/she executed the foregoing document for the purpose therein contained for and on behalf of said company. IN WITNESS WHEREOF, I have hereunto set my hand and official seal.

Notary Public Signature: 
Printed Name: Desmond Chiang
My commission expires: _____





Affidavit of Compliance for Apparel-Related Procurement

Bid # 12238 Date: 2/20/2013
 Prime Contractor: Paul Conway Shields

Name of Owner:	Carlós Albelo
Company Name:	Paul Conway Shields
Company Address:	14100 W Cleveland Ave., New Berlin, WI 53151

Important Information

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The successful bidder must ensure that the base wages comply with the hourly non-poverty wage table. Non-compliant bids may be rejected. The hourly non-poverty wage table is defined and updated by the City of Milwaukee every year on March 1 and can be found on our website at <http://city.milwaukee.gov> > Departments > Procurement Services (Purchasing) > Ethical Purchasing Wage Table.



Owner & Company Information

Please attach additional sheets, if necessary, if additional company information must be provided.

Item(s):	PARAMEDIC SMOCK
Brand Name(s):	LANDAU
Style Number(s):	1140 wwy
Name of Owner:	Landau Family
Company Name:	Landau
Company Address:	8410 Sandidge, Olive Branch, MS 38654

Company Role: Manufacturer Distributor Dry Cleaner Other

Are Health Benefits Provided by the Company? Yes No

Base Hourly Wage of Lowest Paid Worker (in U.S. Dollars) \$ 11.00

If health benefits are provided, percentage of wage paid as health benefits depends on% actual wage of ea. individual

Owner & Company Information (continued)

Please attach additional sheets, if necessary, if additional company information must be provided.

Item(s):	
Brand Name(s):	
Style Number(s):	
Name of Owner:	
Company Name:	
Company Address:	

Company Role: Manufacturer Distributor Dry Cleaner Other

Are Health Benefits Provided by the Company? Yes No

Base Hourly Wage of Lowest Paid Worker (in U.S. Dollars) \$ _____

If health benefits are provided, percentage of wage paid as health benefits _____ %



Authorized Signature

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I/We hereby state that we will comply Section 310-17 of the City of Milwaukee Code of Ordinances as stated above.

Authorized Signature: _____

Printed Name: _____

Company Name: _____


Nathaniel Landau
LANDAU

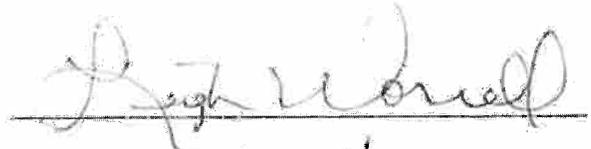
Nathaniel Landau, who personally came before me on this day of February 20, 20 13

acknowledges that he/she executed the foregoing document for the purpose therein contained for and on behalf of said company. IN WITNESS WHEREOF, I have hereunto set my hand and official seal.

Notary Public Signature: _____

Printed Name: _____

My commission expires: _____



Leigh Worrell





GERBER

Affidavit of Compliance for Apparel-Related Procurement

Bid # 12238

Date: 2/20/13

Prime Contractor: _____

Name of Owner:	PAUL CONWAY
Company Name:	PAUL CONWAY SHEEDS
Company Address:	14100 N. CLEVELAND AV -53151

Important Information

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Owner & Company Information

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Item(s):	Eclipse Jkts.
Brand Name(s):	Gerber
Style Number(s):	70RXI
Name of Owner:	Terry L. Gerber
Company Name:	Ashley Worldwide / dba Gerber Outwear
Company Address:	229 Red Coach Dr. Ste. 103 Mishawaka, IN 46545

Company Role: Manufacturer Distributor Dry Cleaner Other

Are Health Benefits Provided by the Company? Yes No

Base Hourly Wage of Lowest Paid Worker (in U.S. Dollars) \$ 7.25 / hr.

If health benefits are provided, percentage of wage paid as health benefits 0 %

Owner & Company Information (continued)

Please attach additional sheets, if necessary, if additional company information must be provided.

Item(s):	
Brand Name(s):	
Style Number(s):	
Name of Owner:	
Company Name:	
Company Address:	

Company Role: Manufacturer Distributor Dry Cleaner Other

Are Health Benefits Provided by the Company? Yes No

Base Hourly Wage of Lowest Paid Worker (in U.S. Dollars) \$ _____

If health benefits are provided, percentage of wage paid as health benefits _____ %



Authorized Signature

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I/We hereby state that we will comply Section 310-17 of the City of Milwaukee Code of Ordinances as stated above.

Authorized Signature: _____

Carlos Albelo

Printed Name: _____

CARLOS ALBELO

Company Name: _____

PAUL CONWAY SHIELDS - SALES MGR

Carlos Albelo, who personally came before me on this day of February 20th, 20 13, acknowledges that he/she executed the foregoing document for the purpose therein contained for and on behalf of said company. IN WITNESS WHEREOF, I have hereunto set my hand and official seal.

Notary Public Signature: _____

Cristyna Lezhtnam

Printed Name: _____

Cristyna Lezhtnam

My commission expires: _____

12/1/2013



REVSTONZ

Affidavit of Compliance for Apparel-Related Procurement

Bid # 12238

Date: 2/20/13

Prime Contractor: _____

Name of Owner:	PAUL CONWAY
Company Name:	PAUL CONWAY SHIELDS
Company Address:	14100 W. CLEVELAND AV - 53151

Important Information

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Owner & Company Information

Please attach additional sheets, if necessary, if additional company information must be provided.

Item(s):	
Brand Name(s):	
Style Number(s):	
Name of Owner:	
Company Name:	
Company Address:	

Company Role: Manufacturer Distributor Dry Cleaner Other

Are Health Benefits Provided by the Company? Yes No

Base Hourly Wage of Lowest Paid Worker (in U.S. Dollars) \$ _____

If health benefits are provided, percentage of wage paid as health benefits _____ %

Owner & Company Information (continued)

Please attach additional sheets, if necessary, if additional company information must be provided.

Item(s):	021A CAPS
Brand Name(s):	MIDWAY
Style Number(s):	BASEC #110 PW
Name of Owner:	NEAL SYSTEM
Company Name:	KEYSTONE UNIFORM CAP
Company Address:	2251 FIRLEY ST, PHILA PA 19137

Company Role: Manufacturer Distributor Dry Cleaner Other

Are Health Benefits Provided by the Company? Yes No

Base Hourly Wage of Lowest Paid Worker (in U.S. Dollars) \$ 9.75

If health benefits are provided, percentage of wage paid as health benefits _____ %



Authorized Signature

In compliance with the requirements of the City of Milwaukee, I have completed this Affidavit of Compliance form in good faith and have made no willingly false or misleading statements. Further, I have disclosed the names and plant locations of all my factories, manufacturers and their subcontractors purchasing, renting, laundering and dry cleaning of items of apparel that I sell to the City of Milwaukee. I have also included affidavits of compliance from each subcontractor employed by the contractor during the specified time period of the contract for the fulfillment of contracts covered under this section indicating their compliance with the Code of Ordinances Section 310-17.

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I/We hereby state that we will comply Section 310-17 of the City of Milwaukee Code of Ordinances as stated above.

Authorized Signature: *Carlos Alberto*
 Printed Name: Neal Suster / CARLOS ALBERTO
 Company Name: Keystone Uniforms CAP / PCS SALES MGR

Carlos Alberto, who personally came before me on this day of 20th February, 2013
 acknowledges that he/she executed the foregoing document for the purpose therein contained for and on behalf of said company. IN WITNESS WHEREOF, I have hereunto set my hand and official seal.

Notary Public Signature: *[Signature]*
 Printed Name: Cristyna Wichtman
 My commission expires: 12/1/2013

