



BUSINESS ENTITY DISCLOSURE CERTIFICATION

FOR NON-FAIR AND OPEN CONTRACTS
Required Pursuant to N.J.S.A. 19:44A-20.8
COUNTY OF PASSAIC

Part I - Vendor Affirmation

The undersigned, being authorized and knowledgeable of the circumstance, does hereby certify that the HUMC/AHCH, its subsidiaries, assigns or principals controlling an excess of ten percent (10%) of the business entity has neither made a reportable contribution prohibited under N.J.S.A. 19:44A-20.4, et seq, in the year preceding the Non-Fair and Open Contract awarded in the year 2025 for Clinical Services ("Contract") nor will it make any reportable contributions during the term of the Contract to any of the following name candidate committees, joint candidate committees, and political party committees representing the elected officials of the County of Passaic, as defined pursuant to N.J.S.A. 19:44A-3(p), (q) and (r)

Bruce James for County Commissioner	Rodney A. De Vore for Commissioner
Friends of Pat Lepore	Friends of Danielle Ireland Imhof
Friends of John Bartlett	Friends of Cassanova for Surrogate
Friends of Terry Duffy	Friends of Adamo for Sheriff
Sandi Lazzara for Commissioner	
Friends of Orlando Cruz for 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
We are not for profit and there are no stakeholders	

Part 3 - Signature and Attestation

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

Name of Business Entity: Lackensack University Medical Center

Signed: [Signature]

Title: Director, Children's Hospital, North Region

Printed Name: Susan Salvatore

Date: 5/6/2025

Subscribed and sworn before me this 6th day of MAY, 2025.

My Commission expires: April 18, 2026

[Signature]
(Affiant)

Susan Salvatore
(Print name & title of affiant) (Corporate Seal)