

State of Alabama

Disclosure Statement

Required by Article 3B of Title 41, Code of Alabama 1975

ENTITY COMPLETING FORM		
Apogee Telecom, Inc		
ADDRESS		
1905 Kramer Lane, Suite A100		
CITY, STATE, ZIP		TELEPHONE NUMBER
Austin, TX 78758		512-478-8858
STATE AGENCY/DEPARTMENT THAT WILL RECEIVE GOODS, SE		
Alabama Community College System; Jo	int Purchase Agreement Initiative	
ADDRESS		
135 South Union Street, Suite #135		TELEGRAPH AND MOTO
• • • • • • • • • • • •		TELEPHONE NUMBER 334-293-4500
Montgomery, Alabama 36104		334-233-4300
This form is provided with:		
Contract Proposal Re	equest for Proposal Invitation	to Bid Grant Proposal
Have you or any of your partners, divisions, of Agency/Department in the current or last fiscal		ly performed work or provided goods to any State
Yes No		
If yes, identify below the State Agency/Depart	ment that received the goods or servic	es, the type(s) of goods or services previously pro-
vided, and the amount received for the provisi	ion of such goods or services.	•
STATE AGENCY/DEPARTMENT	TYPE OF GOODS/SERVICES	AMOUNT RECEIVED
		· · · · · · · · · · · · · · · · · · ·
	nternet Service Cable TV	1,866,697
Alabama State Universities C	Sable 14	1,463,202
Have you or any of your partners, divisions, of Agency/Department in the current or last fiscal		ly applied and received any grants from any State
Yes No	•••	
If yes, identify the State Agency/Department t	hat awarded the grant, the date such g	grant was awarded, and the amount of the grant.
STATE AGENCY/DEPARTMENT	DATE GRANT AWARDED	AMOUNT OF GRANT
any of your employees have a family relation	onship and who may directly personall	h whom you, members of your immediate family, or by benefit financially from the proposed transaction. ses work. (Attach additional sheets if necessary.)
NAME OF PUBLIC OFFICIAL/EMPLOYER	ADDRESS	STATE DEPARTMENT/AGENCY
None		
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immediate family, or any of your employees have proposed transaction. Identify the public officials/ employees work. (Attach additional sheets if necessity)	public employees and State Department	
NAME OF FAMILY MEMBER ADDRESS	NAME OF PUBLIC PUBLIC EMPL	OFFICIAL/ STATE DEPARTMENT/ LOYEE AGENCY WHERE EMPLOYED
None		
	All the control of th	CONTROL DE
If you identified individuals in items one and/or two a officials, public employees, and/or their family members grant proposal. (Attach additional sheets if necessary)	bers as the result of the contract, propos	
Describe in detail below any indirect financial benefit public official or public employee as the result of the additional sheets if necessary.)		
None		
List below the name(s) and address(es) of all paid of posal, invitation to bid, or grant proposal:	consultants and/or lobbyists utilized to ob	etain the contract, proposal, request for pro-
NAME OF PAID CONSULTANT/LOBBYIST	ADDRESS	
None	100 P	
	Assessment	
By signing below, I certify under oath and penalt to the best of my knowledge. I further understan	d that a civil penalty of ten percent (10	0%) of the amount of the transaction, not
to exceed \$10,000.00, is applied for knowingly pr	, ,	iauvi.
Signature	3/12/2019 3/12/2019	ROBERT LEBAS Notary Public, State of Texas
Notary's Signature	5/12/2019 Date	Comm. Expires 08-07-2022 Notary ID 131673232 Date Nebery Expires

2. List below the name(s) and address(es) of all family members of public officials/public employees with whom you, members of your

Article 3B of Title 41, Code of Alabama 1975 requires the disclosure statement to be completed and filed with all proposals, bids, contracts, or grant proposals to the State of Alabama in excess of \$5,000.