

State of Alabama

Disclosure Statement

(Required by Act 2001-955)
Required by Article 3B of Title 41, Code of Alabama 1975

ENTITY COMPLETING FORM	0 11, 0000 017110001110 1010
Arey Jones Educational Solutions	
ADDRESS	
Corporate HQ: 1055 6th Ave. #101	800-998-9199
CITY, STATE, ZIP	TELEPHONE NUMBER
San Diego, CA 92101	
STATE AGENCY/DEPARTMENT THAT WILL RECEIVE GOODS, SERVICES, OR IS RESPONSIBLE F	OR GRANT AWARD
Alabama Community College System	
ADDRESS	
135 South Union Street (36104) P.O. Box 302130	TELEPHONE AN MODEO
CITY, STATE, ZIP	TELEPHONE NUMBER
Montgomery, Al 36130-2130	(334) 293-4507
This form is provided with:	
Contract Proposal Request for Proposal	Invitation to Bid Grant Proposal
Have you or any of your partners, divisions, or any related business Agency/Department in the current or last fiscal year? Yes No	
If yes, identify below the State Agency/Department that received the vided, and the amount received for the provision of such goods or se	goods or services, the type(s) of goods or services previously pro- rivices.
STATE AGENCY/DEPARTMENT TYPE OF GOOD	os/services Amount received
See attachment.	
Have you or any of your partners, divisions, or any related business Agency/Department in the current or last fiscal year?	units previously applied and received any grants from any State
└ Yes ✓ No	
If yes, identify the State Agency/Department that awarded the grant,	the date such grant was awarded, and the amount of the grant.
STATE AGENCY/DEPARTMENT DATE GRANT	AWARDED AMOUNT OF GRANT
OTALE AGENOME ANTI-	
N/A	
 List below the name(s) and address(es) of all public officials/public any of your employees have a family relationship and who may di Identify the State Department/Agency for which the public officials 	rectly personally benefit financially from the proposed transaction.
NAME OF PUBLIC OFFICIAL/EMPLOYEE ADDR	ESS STATE DEPARTMENT/AGENCY
N/A	

immediate family, or any of your employees have proposed transaction. Identify the public officials/g employees work. (Attach additional sheets if necessity)	e a family relation public employee	onship and who r	may directly personartment/Agency for	onally benefit fina or which the publi	ncially from the c officials/public
NAME OF FAMILY MEMBER ADDRESS			PUBLIC OFFICIAL/ LIC EMPLOYEE		EPARTMENT/ HERE EMPLOYED
N/A	-				
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 necessar	bers as the resu	in detail below th	e direct financial proposal, reques	benefit to be gain at for proposal, inv	ed by the public ritation to bid, or
N/A					
Describe in detail below any indirect financial benefit public official or public employee as the result of the additional sheets if necessary.)	its to be gained le contract, propo	by any public offic sal, request for p	cial, public emplo roposal, invitation	yee, and/or family n to bid, or grant p	members of the proposal. (Attach
N/A					
List below the name(s) and address(es) of all paid of posal, invitation to bid, or grant proposal:	consultants and/	or lobbyists utiliz	ed to obtain the c	ontract, proposal,	request for pro-
NAME OF PAID CONSULTANT/LOBBYIST	ADD	RESS			
N/A					
By signing below, I certify under oath and penalto the best of my knowledge. I further understanto exceed \$10,000.00, is applied for knowingly p	nd that a civil p	enalty of ten per	rcent (10%) of th	to this form are t e amount of the	true and correct transaction, not
Sighiature	<u> </u>	3/12	/19		
Please see attached Call	fornia Ah	l-Purpose	Ack nawles	dgment	
Notary's Signature		ate	-	Date Nota	ry 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.