

## State of Alabama

## Disclosure Statement

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

TELEPHONE NUMBER 334-271-4750  TELEPHONE NUMBER 334-293-4548  Grant Proposal  The work or provided goods to any State  Type(s) of goods or services previously pro-
TELEPHONE NUMBER 334-293-4548  Grant Proposal  med work or provided goods to any State  rpe(s) of goods or services previously pro-
TELEPHONE NUMBER 334-293-4548  Grant Proposal  med work or provided goods to any State rpe(s) of goods or services previously pro
TELEPHONE NUMBER 334-293-4548  Grant Proposal  med work or provided goods to any State rpe(s) of goods or services previously pro
TELEPHONE NUMBER 334-293-4548  Grant Proposal  med work or provided goods to any State  rpe(s) of goods or services previously pro
334-293-4548  Grant Proposal  med work or provided goods to any State  /pe(s) of goods or services previously pro
334-293-4548  Grant Proposal  med work or provided goods to any State  /pe(s) of goods or services previously pro
334-293-4548  Grant Proposal  med work or provided goods to any State  /pe(s) of goods or services previously pro
334-293-4548  Grant Proposal  med work or provided goods to any State  /pe(s) of goods or services previously pro
334-293-4548  Grant Proposal  med work or provided goods to any State  /pe(s) of goods or services previously pro
Grant Proposal  med work or provided goods to any State  rpe(s) of goods or services previously pro
med work or provided goods to any State  /pe(s) of goods or services previously pro  AMOUNT RECEIVED
med work or provided goods to any State  /pe(s) of goods or services previously pro  AMOUNT RECEIVED
rpe(s) of goods or services previously pro
In excess of \$1,000,000
d and received any grants from any State awarded, and the amount of the grant.  AMOUNT OF GRANT
you, members of your immediate family, o financially from the proposed transaction (Attach additional sheets if necessary.)  STATE DEPARTMENT/AGENCY

proposed transaction. Identify employees work. (Attach add		employees and State Departme	ent/Agency for wh	ich the public officials/public
NAME OF FAMILY MEMBER	ADDRESS	NAME OF PUB PUBLIC E		STATE DEPARTMENT/ AGENCY WHERE EMPLOYED
N/A (Not Applicable)		TODAGE.		AGENOT WHERE EMPEONED
If you identified individuals in ite	ems one and/or two above,	describe in detail below the din	ect financial bene	fit to be gained by the public
officials, public employees, and grant proposal. (Attach addition	or their family members as			
Describe in detail below any inc public official or public employe additional sheets if necessary)	e as the result of the contra			
1		1		
		,		
List below the name(s) and add posal, invitation to bid, or grant		ants and/or lobbyists utilized to	obtain the contra	ct, proposal, request for pro-
NAME OF PAID CONSULTANT/LOBE	BYIST	ADDRESS		
			- A A A Constitution of the Constitution of th	
By signing below, I certify un to the best of my knowledge to exceed \$10,000.00, is appl	. I further understand that	a civil penalty of ten percent	(10%) of the am	is form are true and correct ount of the transaction, not
Dank Web	Sh	2-13-19		
Signature Q	Saw	Date 2-13-19	(COMP)	TERESA J. LAW My Commission Expires February 1, 2021
Notary's Signature		Date	-	Date Notary 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 immediate family, or any of your employees have a family relationship and who may directly personally benefit financially from the

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.