

State of Alabama Disclosure Statement

(Required by Act 2001-955)

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EMITY COMPLETING FORM Cherbonnier, Mayer & Associates, Inc. dba CMA Technol	ogy Solutions
ADDRESS	
8180 YMCA Plaza Drive	TELEPHONE NUMBER
CITY, STATE, ZP Baton Rouge, LA, 70810	225-927-9200
STATE AGENCY/DEPARTMENT THAT WILL RECEIVE GOODS, SERVICES, OR IS RESPONS	IBLE FOR GRANT AWARD
Alabama Community College System	
2800 South Alabama Ave.	YELEPHONE NUMBER
Monroeville, AL., 36460	251-575-8224
This form is provided with:	
Contract Proposal Request for Proposa	Invitation to Bid Grant Proposal
Have you or any of your partners, divisions, or any related bus Agency/Department in the current or last fiscal year?	iness units previously performed work or provided goods to any State
☑ Yes ☐ No	
If yes, identify below the State Agency/Department that received vided, and the amount received for the provision of such goods	i the goods or services, the type(s) of goods or services previously pro- or services.
STATE AGENCY/DEPARTMENT COLUMN CONTROL TYPE OF	GOODS/SERVICES -AMOUNT RECEIVED
see attached	
Have you or any of your partners, divisions, or any related bus Agency/Department in the current or last fiscal year?	tiness units previously applied and received any grants from any State
Yes No	the analysis of the analysis o
If yes, identify the State Agency/Department that awarded the g	trant, the date such grant was awarded, and the amount of the grant.
STATE AGENCY/DEPARTMENTO'S STATE AGENCY/DEPARTMENTO'S STATE OF STA	RAIT AWARDED AMOUNT OF GRANT
any of your employees have a family relationship and who m	public employees with whom you, members of your immediate family, or any directly personally benefit financially from the proposed transaction. icials/public employees work. (Attach additional sheets if necessary.)
NAME OF PUBLIC OFFICIAL/EMPLOYEE	ADDRESS - STATE DEPARTMENT/AGENCY
N/A	

OVER

List below the name(s) and address(es) of all family mem immediate family, or any of your employees have a family proposed transaction. Identify the public officials/public em employees work. (Attach additional sheets if necessary.)	v relationship and who may directly persona	lly benefit financially from the
NAME OF FAMILY MEMBER ADDRESS	NAME OF PUBLIC OFFICIAL/ PUBLIC EMPLOYEE	STATE DEPARTMENT/ AGENCY WHERE EMPLOYED
N/A		
¥		

If you identified individuals in items one and/or two above, describe in detail below the direct financial benefit to be gained by the public officials, public employees, and/or their family members as the result of the contract, proposal, request for proposal, invitation to bid, or grant proposal. (Attach additional sheets if necessary.)

grant proposal. (Attach additional sheets if necessary.)					
N/A					

Describe in detail below any indirect financial benefits to be gained by any public official, public employee, and/or family members of the public official or public employee as the result of the contract, proposal, request for proposal, invitation to bid, or grant proposal. (Attach additional sheets if necessary.)

N/A		

List below the name(s) and address(es) of all paid consultants and/or lobbyists utilized to obtain the contract, proposal, request for proposal, invitation to bid, or grant proposal:

NAME OF PAID CONSULTANT/LOBBYIST	ADDRESS	
N/A		

By signing below, I certify under oath and penalty of perjury that all statements on or attached to this form are true and correct to the best of my knowledge. I further understand that a civil penalty of ten percent (10%) of the amount of the transaction, not to exceed \$10,000.00, is applied for knowingly providing incorrect or misleading information.

Med F. Hhmm

Date

Notary's Signature

Date

Date Notary Expi

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.

Leanna McGee, Notary Public #151313