

State of Alabama

Disclosure Statement

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

ENTITY COMPLETING FORM			
C Spire Business			
ADDRESS			
200 Summit Parkway			
CITY, STATE, ZIP		HONE NUMBER	
Birmingham, AL 35209		314-6600	
STATE AGENCY/DEPARTMENT THAT WILL RECEIVE GOODS,	SERVICES, OR IS RESPONSIBLE FOR GRANT AWARD		
Alabama Community College System			
135 South Union Street			
CITY, STATE, ZIP		TELEPHONE NUMBER	
Montgomery, AL 36104-4340	334-	334-293-4500	
This form is provided with:			
Contract Proposal 1	Request for Proposal Invitation to Bid Gra	nt Proposal	
Agency/Department in the current or last fis ✓ Yes	rtment that received the goods or services, the type(s) of goo		
vided, and the amount received for the prov	. <u></u>		
STATE AGENCY/DEPARTMENT	TYPE OF GOODS/SERVICES	AMOUNT RECEIVED	
Alabama Community College System	Information Technology Equipment and Services	\$4,000,000 per annum	
Alabama Department of Transportating	Telecom, networking, and technical professional ser	\$299,800.00	
Alabama Department of Finance	Telecom, networking, and technical professional sea	\$172,100.00	
Agency/Department in the current or last fis Yes No	, or any related business units previously applied and receiv cal year? It that awarded the grant, the date such grant was awarded, a		
List below the name(s) and address(es) or	of all public officials/public employees with whom you, membe	rs of your immediate family, or	
Identify the State Department/Agency for	tionship and who may directly personally benefit financially fi which the public officials/public employees work. (Attach add	itional sheets if necessary.)	
NAME OF PUBLIC OFFICIAL/EMPLOYEE N/A	ADDRESS	STATE DEPARTMENT/AGENCY	

immediate family, or any of your employees have a family relationship and who may directly personally benefit financially from the proposed transaction. Identify the public officials/public employees and State Department/Agency for which the public officials/public employees work. (Attach additional sheets if necessary.) ADDRESS 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.) 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 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. Notary's Signature

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.