

State of Alabama

Disclosure Statement

(Required by Act 2001-955)

ENTITY COMPLETING FORM		
Konica Minolta Business Solutions U.S.A., Ir	nc.	
ADDRESS		
100 Williams Drive		
CITY, STATE, ZIP		TELEPHONE NUMBER
Ramsey, NJ 07446		201-825-4000
STATE AGENCY/DEPARTMENT THAT WILL RECEIVE GOODS, SERVICE	ES, OR IS RESPONSIBLE FOR GRANT AWARD	
The Alabama Community College System (A	(CCS) & Alabama Higher Education	
ADDRESS		
P.O. Box 302130		
CITY, STATE, ZIP		TELEPHONE NUMBER
Montgomery, AL 36130-2130		334-293-4507
This form is provided with:		
	est for Proposal Invitation to Bid	Grant Proposal
Have you or any of your partners, divisions, or an Agency/Department in the current or last fiscal year Yes No If yes, identify below the State Agency/Departmen vided, and the amount received for the provision of	ar?	
STATE AGENCY/DEPARTMENT	TYPE OF GOODS/SERVICES	AMOUNT RECEIVED
Have you or any of your partners, divisions, or ar	ny related husiness units praviously amili	ed and received any grants from any State
Agency/Department in the current or last fiscal year	•	or and received any grante from any cata
☐ Yes ☑ No		
If yes, identify the State Agency/Department that a	awarded the grant, the date such grant wa	is awarded, and the amount of the grant.
STATE AGENCY/DEPARTMENT	DATE GRANT AWARDED	AMOUNT OF GRANT
		
 List below the name(s) and address(es) of all put any of your employees have a family relationshit Identify the State Department/Agency for which 	ip and who may directly personally benefi	it financially from the proposed transaction.
NAME OF PUBLIC OFFICIAL/EMPLOYEE	ADDRESS	STATE DEPARTMENT/AGENCY
None		

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 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.) NAME OF FAMILY MEMBER None 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.) 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 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. Signature Notary's Signature ORDANTT BURKE 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 of an excess of \$5,000.

MY COMMISSION EXPIRES MARCH 1. 2021