

State of Alabama

Disclosure Statement

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

ENTITY COMPLETING FORM			
Wescott Technologies, LLC dba Loc	kstep Technology Group		
ADDRESS			
4550 River Green Pkwy Ste 120			
CITY, STATE, ZIP			TELEPHONE NUMBER
Duluth GA 30096			678-444-4590
STATE AGENCY/DEPARTMENT THAT WILL RECEIVE GOO	IDS, SERVICES, OR IS RESPONSIBLE F	OR GRANT AWARD	
Alabama Community College System	n		
PO Box 302130			
CITY, STATE, ZIP			TELEPHONE NUMBER
Montgomery AL 36130			334-293-4500
This form is provided with:			007-230-4000
☐ Contract Proposal ☐	Request for Proposal	Invitation to Bid	Grant Proposal
Have you or any of your partners, division Agency/Department in the current or last Yes No If yes, identify below the State Agency/Devided, and the amount received for the process.	nscal year? Population of the control of the contr	ones or services the tw	
STATE AGENCY/DEPARTMENT	TYPE OF GOOD		
GA Secretary of State		SISERVICES	AMOUNT RECEIVED
	HW Support		\$31,726
GA Office of the State Treasurer	HW Support and Profe	essional Services	\$4,137
Have you or any of your partners, division Agency/Department in the current or last. Yes V No If yes, identify the State Agency/Department	riscal year?	the date such grant was a	
List below the name(s) and address(es) any of your employees have a family re Identify the State Department/Agency for NAME OF PUBLIC OFFICIAL/EMPLOYEE	plationship and who may din or which the public officials/i	ectly personally benefit fl public employees work. (A	ou, members of your immediate family, or nancially from the proposed transaction. Attach additional sheets if necessary.) STATE DEPARTMENT/AGENCY
	NOT APPLICABLE		

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 NAME OF PUBLIC OFFICIAL! **FAMILY MEMBER** ADDRESS NOT APPLICABLE 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.) NOT APPLICABLE 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.) NOT APPLICABLE 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 NOT APPLICABLE 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 to exceed \$10,000.00, is applied for knowingly providing incorrect or misleading information. ionature Date Notary Expires

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.