

State of Alabama

Disclosure Statement

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

ENTITY COMPLETING FORM		
Pinnacle Networx, LLC		
ADDRESS		4 44 4
73888 Tallassee Highway		
CITY, STATE, ZIP		TELEPHONE NUMBER
Wetumpka, AL 36092		334-472-2007
	TE GOODS, SERVICES, OR IS RESPONSIBLE FOR GRANT AWARD	
Alabama Community College S	ystem	
ADDRESS	0.5	
135 South Union Street, Suite 1	35	TELEPHONE NUMBER
		334-293-4507
Montgomery, AL 36104 This form is provided with:		
Contract Proposal	Request for Proposal Invitation	to Bid Grant Proposal
Agency/Department in the current of Yes No If yes, identify below the State Agen	or last fiscal year?	y performed work or provided goods to any State
STATE AGENCY/DEPARTMENT	TYPE OF GOODS/SERVICES	AMOUNT RECEIVED
ADEM	Various IT Products	\$235,000.00
Alabama ABC Board	IT and Security Products	\$420,000.00
Alabma State Employees Insura	ance Various IT Products	\$160,000.00
Agency/Department in the current of Yes		y applied and received any grants from any State rant was awarded, and the amount of the grant. AMOUNT OF GRANT
	pes(es) of all public officials/public employees with	n whom you, members of your immediate family, or
any of your employees have a fa	mily relationship and who may directly personally ency for which the public officials/public employee	benefit financially from the proposed transaction. es work. (Attach additional sheets if necessary.) STATE DEPARTMENT/AGENCY

List below the name(s) ar immediate family, or any proposed transaction. Ide employees work. (Attach a	of your employees have a ntify the public officials/pul	family relationship a blic employees and S	nd who may directly pe	rsonally benefit financia	ally from the ficials/public
NAME OF FAMILY MEMBER	ADDRESS		NAME OF PUBLIC OFFICIA PUBLIC EMPLOYEE	L/ STATE DEPA AGENCY WHERI	RTMENT/ E EMPLOYED
If you identified individuals in officials, public employees, a grant proposal. (Attach additionals)	and/or their family member	s as the result of the	below the direct financi contract, proposal, requ	al benefit to be gained est for proposal, invitat	by the public
N/A					
Describe in detail below any public official or public emploadditional sheets if necessar	oyee as the result of the o	to be gained by any p ontract, proposal, requ	ublic official, public emp uest for proposal, invitat	loyee, and/or family me on to bid, or grant prop	mbers of the osal. (Attach
N/A					
				3	
List below the name(s) and posal, invitation to bid, or gr		nsultants and/or lobby	ists utilized to obtain the	contract, proposal, rec	uest for pro-
NAME OF PAID CONSULTANT/L	OBBYIST	ADDRESS			
By signing below, I certify to the best of my knowled to exceed \$10,000.00, is as	ge. I further understand	that a civil penalty of	f ten percent (10%) of	d to this form are true the amount of the tran	and correct saction, not
At An		3-14-20,	19		
Signature /		3-14- H	S((A)) MY COMMI	E. GARCIA \$ 1510N # GG106405 \$ 1310N # GG106400 \$ 1	-21
Notary's Signature		Date	· / 6	Date Notary E	xpires

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.