



State of Alabama Disclosure Statement

(Required by Act 2001-955)

ENTITY COMPLETING FORM

Hewlett-Packard Company

ADDRESS

Corporate -- 3000 Hanover Street

CITY, STATE, ZIP

Palo Alto, CA 94304-1185

TELEPHONE NUMBER

(650) 857-1501

STATE AGENCY/DEPARTMENT THAT WILL RECEIVE GOODS, SERVICES, OR IS RESPONSIBLE FOR GRANT AWARD

Alabama Community College System

ADDRESS

135 South Union Street, Suite 520

CITY, STATE, ZIP

Montgomery, AL 36104

TELEPHONE NUMBER

(334) 293-4500

This form is provided with:

Contract Proposal Request for Proposal Invitation to Bid Grant Proposal

Have you or any of your partners, divisions, or any related business units previously performed work or provided goods to any State Agency/Department in the current or last fiscal year?

Yes No

If yes, identify below the State Agency/Department that received the goods or services, the type(s) of goods or services previously provided, and the amount received for the provision of such goods or services.

STATE AGENCY/DEPARTMENT	TYPE OF GOODS/SERVICES	AMOUNT RECEIVED
HP has provided goods and services to State Agencies/Departments under its Alabama Joint Purchasing Agreements with the Alabama Department of Education for computers, networking, and printers. If HP is the successful vendor, we will provide this information upon request.		

Have you or any of your partners, divisions, or any related business units previously applied and received any grants from any State Agency/Department in the current or last fiscal year?

Yes No

If yes, identify the State Agency/Department that awarded the grant, the date such grant was awarded, and the amount of the grant.

STATE AGENCY/DEPARTMENT	DATE GRANT AWARDED	AMOUNT OF GRANT

1. List below the name(s) and address(es) of all 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 State Department/Agency for which the public officials/public employees work. (Attach additional sheets if necessary.)

NAME OF PUBLIC OFFICIAL/EMPLOYEE	ADDRESS	STATE DEPARTMENT/AGENCY
To the best of HP's knowledge, information and belief, there are no public officials/public employees with whom HP or its employees have a family relationship and who may directly personally benefit financially from the proposed transaction.		

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	ADDRESS	NAME OF PUBLIC OFFICIAL/ PUBLIC EMPLOYEE	STATE DEPARTMENT/ AGENCY WHERE EMPLOYED
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To the best of HP's knowledge, information and belief, there are no family members of public officials/public employees with whom HP or its employees have a family relationship and who may directly personally benefit financially from the proposed transaction.

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.)

To the best of HP's knowledge, information and belief, there are no 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 request for proposal or resultant contract.

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:

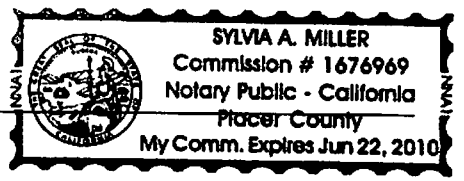
NAME OF PAID CONSULTANT/LOBBYIST	ADDRESS
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None

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.

Cynthia E. Paris
Signature

12-16-09
Date



Sylvia A. Miller
Notary's Signature

12-16-09
Date

Jun 22, 2010
Date Notary Expires

Act 2001-955 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.

My Comm. Expires Jun 22, 2010
Rice County
History Public Collection
Commission # 1078999
SIVIA A MILLER

