



State of Alabama Disclosure Statement

(Required by Act 2001-955)

ENTITY COMPLETING FORM	Anixter		
ADDRESS	12854 Kenan Drive, Bldg 400, Suite 140		
CITY, STATE, ZIP	Jacksonville, Florida 32258	TELEPHONE NUMBER	(800) 445-8011

STATE AGENCY/DEPARTMENT THAT WILL RECEIVE GOODS, SERVICES, OR IS RESPONSIBLE FOR GRANT AWARD			
Alabama Community College System ACCS			
ADDRESS			
135 South Union Street			
CITY, STATE, ZIP		TELEPHONE NUMBER	
Montgomery, AL 36104		(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
Florida State Department of Corrections	Security and data products, logistic services	\$200,000
Tuscaloosa Dept of Transportation	Data communications equipment and supplies	\$125,000
Florida State University	State Bid/Data communications equipment and supplies	\$100,000

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

