	West Virginia Ethics Disclosure of Interested (Required by W. Va. Co	Commiss d Partie	Received sion es to Contracts VVV Etnice Commission
Contracting Busine	ess Entity: West Virginia School of Osteopathic Medicine	Address:	400 Lee St. North
			Lewisburg, WV 24901
Authorized Agent:	Larry Ware, VP Finance and Facilities	Address:	400 Lee St. North, Lewisburg, WV 24901
Contract Number	Contr	act Descrip	tion- WVBBH State Opioid Response Grant

☐ Check here if this is a Supplemental Disclosure

Governmental agency awarding contract: DHHR

List the Names of Interested Parties to the contract which are known or reasonably anticipated by the contracting business entity for each category below (attach additional pages if necessary):

1.	Subcontractors or other entitles performing work or service under the Contract Check here if none, otherwise list entity/individual names below.
2.	Any person or entity who owns 25% or more of contracting entity (not applicable to publicly traded entities Check here if none, otherwise list entity/individual names below.

3. Any person or entity that facilitated, or negotiated the terms of, the applicable contract (excluding legal services related to the negotiation or drafting of the applicable contract)

Check here if none, otherw	rise list entity/individual names below.
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Notary Verification

Contract Number:

, the authorized agent of the contracting business

entity listed above, being duly sworn, acknowledge that the Disclosure herein is being made under oath and under the penalty of perjury.

Taken, sworn to and subscribed before me this

Notary Public's Signature

To be completed by State Agency:

Date Received by State Agency: _

Date submitted to Ethics Commission:

Governmental agency submitting Disclosure:

