

Received  
OCT 28 2019  
WV ETHICS COMMISSION

West Virginia Ethics Commission  
**Disclosure of Interested Parties to Contracts**

(Required by W. Va. Code § 6D-1-2)

Name of Contracting Business Entity: Whitman, Requardt and Associates, LLP Address: 300 Summers St., Ste. 810 Charleston, WV 25301

Name of Authorized Agent: Cynthia Shamblin, PE Address: 300 Summers St., Ste. 810 Charleston, WV 25301

Contract Number: N/A Contract Description: 2019 Statewide Supplemental Agreement 1 District 9 Resurfacing Construction Inspection Services

Governmental agency awarding contract: WVDOT - Division of Highways

Check here if this is a Supplemental Disclosure

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 entities performing work or service under the Contract**

Check here if none, otherwise list entity/individual names below.

Triad Engineering, Inc.  
Martin Engineering, PLLC  
Terracon

**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.

Joseph Makar  
David McCormick  
Dennis Hasson  
Walt Miller

**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, otherwise list entity/individual names below.

Cynthia Shamblin

Signature: Cynthia S Date Signed: 9-20-19

**Notary Verification**

State of West Virginia, County of Kanawha:

I, Cynthia Shamblin, 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 20<sup>th</sup> day of September, 2019.

Janet D. Persinger  
Notary Public's Signature



**To be completed by State Agency:**  
Date Received by State Agency: \_\_\_\_\_  
Date submitted to Ethics Commission: \_\_\_\_\_  
Governmental agency submitting Disclosure: \_\_\_\_\_