

# West Virginia Ethics Commission Disclosure of Interested Parties to Contracts

(Required by W. Va. Code § 6D-1-2)

Name of Contracting Business Entity: Health Advocates Network, Inc.  
DBA Staff Today Address: 1875 NW Corporate Blvd, Suite 120  
Boca Raton, Fl 33431

Name of Authorized Agent: FRANCISCO GOMEZ Address: 750 Terrado Plaza Connet

Contract Number: ARFQ-0506-BHH2300000005-1 Contract Description: Direct Care Staffing Services

Governmental agency awarding contract: West Virginia Department of Health and Human Resources

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.

**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, otherwise list entity/individual names below.

Signature: [Handwritten Signature]

Date Signed: 5/5/23

**Notary Verification**

State of \_\_\_\_\_, County of \_\_\_\_\_

I, \_\_\_\_\_, 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.

**see Attached Certificate**

Taken, sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_.

\_\_\_\_\_  
Notary Public's Signature

**To be completed by State Agency:**

Date Received by State Agency: \_\_\_\_\_

Date submitted to Ethics Commission: \_\_\_\_\_

Governmental agency submitting Disclosure: \_\_\_\_\_

**CALIFORNIA JURAT**

**GOVERNMENT CODE § 8202**

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

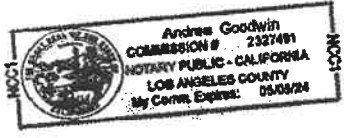
State of California

County of LOS ANGELES

Subscribed and sworn to (or affirmed) before me on this 5 day of MAY, 2023, by  
*Date Month Year*

(1) Francisco Gomez

(and (2) \_\_\_\_\_),  
*Name(s) of Signer(s)*



proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.

Signature A. Goodwin Notary Public  
*Signature of Notary Public*

Place Notary Seal and/or Stamp Above

**OPTIONAL**

Completing this information can deter alteration of the document or fraudulent reattachment of this form to an unintended document.

**Description of Attached Document**

Title or Type of Document: West Virginia Ethics Commission

Document Date: 05/05/2023 Number of Pages: 2

Signer(s) Other Than Named Above: \_\_\_\_\_