

Received
SEP 17 2018
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: WVU Address: Business Ind + Dev Svcs

300 Campus Dr. Parkersburg
WV

Name of Authorized Agent: Judie Charlton Address: _____

Contract Number: AMA-0506 WSK 19*1 Contract Description: Medical Services

Governmental agency awarding contract: William R. Shaver Jr. Hospital

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: _____ Date Signed: _____

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.

Taken, sworn to and subscribed before me this _____ day of _____, 2018.

Notary Public's Signature

To be completed by State Agency:
Date Received by State Agency: 9/13/18
Date submitted to Ethics Commission: 9/17/18
Governmental agency submitting Disclosure: DHHR

