

Received

APR 04 2022

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: PO Box 9190  
Morgantown, WV 26506

Name of Authorized Agent: \_\_\_\_\_ Address: \_\_\_\_\_

Contract Number: AMA WSH2200000007 Contract Description: To provide professional and related medical services

Governmental agency awarding contract: WVDHHR/OHF/William R. Sharpe, 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: *Lauren Price*

Date Signed: 2/10/22

### Notary Verification

State of West Virginia, County of Morganella:

I, Lauren Price, 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 10th day of February, 2022.

*Lauren Price*  
Notary Public's Signature

### To be completed by State Agency:

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

Date submitted to Ethics Commission: 2/10/22

Governmental agency submitting Disclosure: WVDHHR-OHF

