

WEH 24003 L

Received  
JUL 12 2024  
West Virginia 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: Health Advocates Network, Inc. DBA Staff Today Address: 100 N Barranca St. Suite 430 West Covina CA 91791

Name of Authorized Agent: Abigail Mamboleo Address: 100 N Barranca St. Suite 430 West Covina CA 91791

Contract Number: ARFQ WEH 2400000006 Contract Description: Radiologic Technicians

Governmental agency awarding contract: Welch Community 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.

Health Advocates Network Holdings Corp.

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: 6/17/24

### Notary Verification

State of California County of Los Angeles

Abigail Mamboleo

Abigail Mamboleo, 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.

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

Notary Public's Signature

Discipline Not Completed by State Agency:

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

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

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

Notary Public Signature  
Date: 06-17-2024

Notary Public Signature  
Date: \_\_\_\_\_