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WVH24003P

JUL 11 2024

# West Virginia Ethics Commission Disclosure of Interested Parties to Contracts

WV Ethics Commission

(Required by W. Va. Code § 6D-1-2)

Name of Contracting Business Entity: ShareSTAFF LLC Address: 445 W. Weber Ave, Stockton, CA 95203

Name of Authorized Agent: Claudia Reynoso, COO Address: 445 W. Weber Ave, Stockton, CA 95203

Contract Number: \_\_\_\_\_ Contract Description: Temporary Staffing-Radiologic Technicians

Governmental agency awarding contract: Dept of Health Facilities, 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.

Devon Dean, Founder/President    Claudia Reynoso, COO

**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.

Johnny Martin, Account Manager

Signature: *Claudia Reynoso*

Date Signed: 06/18/2024

**Notary Verification**

State of California, County of Stanislaus:

I, Claudia Reynoso, 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 18<sup>th</sup> day of June, 2024

*Armando Raya*  
Notary Public's Signature

**To be completed by State Agency:**

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

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

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

