

West Virginia Ethics Commission
Disclosure of Interested Parties to Contracts
(Required by W. Va. Code § 6D-1-2)

Received
FEB 20 2018
WV Ethics Commission

Contracting Business Entity: Oregon Health & Science Univ. Address: 3181 SW Sam Jackson Park Rd
Portland OR 97239-3098

Authorized Agent: _____ Address: _____

Contract Number: N/A Contract Description: Renew MED subscription for 2018

Governmental agency awarding contract: State of West Virginia Bureau for Medical Services

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. Lisa Fitzpatrick, Neil Unger

Signature: Lisa Fitzpatrick Date Signed: 2/2/18

Notary Verification

State of OREGON, County of MULTNOMAH:

I, Lisa Fitzpatrick, 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 2nd day of February, 2018.

Amy Lou Johnson
Notary (Public's Signature)

To be completed by State Agency:
Date Received by State Agency: 2/16/18
Date submitted to Ethics Commission: 2/15/18
Governmental agency submitting Disclosure: DHHR Purchasing

