

West Virginia Ethics Commission  
**Disclosure of Interested Parties to Contracts**

(Required by W. Va. Code § 6D-1-2)

Name of Contracting Business Entity: Sterling Medical Associates, Inc. Address: 411 Oak Street  
Cincinnati, OH 45219

Name of Authorized Agent: Richard S. Blatt Address: 411 Oak Street, Cincinnati, OH 45219

Contract Number: ARFQ-0506-BHH2300000005 Contract Description: Direct Care Staffing Services

Governmental agency awarding contract: The West Virginia Department of Health and Human Resources Purchasing  
Division

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.

Sterling Medical Corporation owns 100% of Sterling Medical Associates, Inc.  
50% of Sterling Medical Corporation is owned by Richard S. Blatt  
50% of Sterling Medical Corporation is owned by Brandon A. Blatt

**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: 6/7/2023

**Notary Verification**

State of Ohio, County of Hamilton:

I, Richard Blatt, 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 7 day of June, 2023

[Handwritten Signature]  
Notary Public Signature

**To be completed by State Agency:**

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

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

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



**KRYSTLE YOUNG**  
Notary Public, State of Ohio  
My Commission Expires 08-19-2022