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## Response for survey 'Maryland Health Services Cost Review Commission Trustee Disclosure of Interest Statement'

1 message

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**hscrc.trustees@maryland.gov** <hscrc.trustees@maryland.gov>  
Reply-To: hscrc.trustees@maryland.gov  
To: hscrc.trustees@maryland.gov

Mon, Oct 21, 2019 at 11:49 AM

**DATE OF STATEMENT:** 10/22/2019

**PERIOD COVERED: FROM:** 07/01/2018 **TO:** 03/31/2019

**TRUSTEE, DIRECTOR, OR OFFICER NAME:** ROBERT L PEVENSTEIN

**TRUSTEE, DIRECTOR, OR OFFICER BUSINESS ADDRESS:** 14 CHILHOWIE COURT, HUNT VALLEY, MD 21030

**HOSPITAL NAME:** University of Maryland Health System

**HOSPITAL ADDRESS:** 250 W. PRATT STREET, BALTIMORE, MD 21201

**TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY NAME:** PRINCEVILLE PARTNERS LLC

**TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY ADDRESS:** 14 CHILHOWIE COURT, HUNT VALLEY, MD 21030

**MAJOR BUSINESS, PROFESSIONAL, OR ACADEMIC ACTIVITY OF TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY:** CONSULTING

**TITLE, RELATIONSHIP, OR POSITION OF TRUSTEE, DIRECTOR, OR OFFICER IN THE BUSINESS ENTITY:** PRESIDENT

**TYPE OR NATURE OF BUSINESS TRANSACTIONS, DEALINGS, OR SERVICES BY AND BETWEEN THE HOSPITAL TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY HAVING AN ACTUAL OR IMPUTED VALUE OR WORTH OF \$10,000 OR MORE TO THE TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY:** REPRESENTATION AGREEMENTS AND CONSULTING AGREEMENT

**MONETARY VALUE OF THE BUSINESS TRANSACTION(S) TO THE TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY:** \$178,615

**DECLARATION OF TRUSTEE, DIRECTOR, OR OFFICER THAT THE STATEMENT IS TRUE TO THE BEST OF HIS/HER KNOWLEDGE, INFORMATION, AND BELIEF THAT THIS STATEMENT IS TRUE AND CORRECT UNDER PENALTIES OF PERJURY:**

**PRINTED NAME OF TRUSTEE, DIRECTOR, OR OFFICER:** ROBERT L PEVENSTEIN

**COMPLETED BY:** ROBERT L PEVENSTEIN, [princevillepartners@yahoo.com](mailto:princevillepartners@yahoo.com), 410-404-4267



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## Response for survey 'Maryland Health Services Cost Review Commission Trustee Disclosure of Interest Statement'

1 message

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**hscrc.trustees@maryland.gov** <hscrc.trustees@maryland.gov>  
Reply-To: hscrc.trustees@maryland.gov  
To: hscrc.trustees@maryland.gov

Tue, Oct 29, 2019 at 1:34 PM

**DATE OF STATEMENT:** 10/29/2019

**PERIOD COVERED: FROM:** 7/1/2018 **TO:** 6/30/2019

**TRUSTEE, DIRECTOR, OR OFFICER NAME:** Walter Tilley

**TRUSTEE, DIRECTOR, OR OFFICER BUSINESS ADDRESS:** P.O. BOX [850, 2011 Rock Spring Road, Forest Hill, MD 21050](#)

**HOSPITAL NAME:** University of Maryland Health System

**HOSPITAL ADDRESS:** [250 West Pratt Street, 24th Floor Baltimore, MD 21201](#)

**TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY NAME:** Home Paramount Pest Control Company

**TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY ADDRESS:** P.O. BOX [850, 2011 Rock Spring Road, Forest Hill, MD 21050](#)

**MAJOR BUSINESS, PROFESSIONAL, OR ACADEMIC ACTIVITY OF TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY:** Major Business - Pest Control

**TITLE, RELATIONSHIP, OR POSITION OF TRUSTEE, DIRECTOR, OR OFFICER IN THE BUSINESS ENTITY:** Owner

**TYPE OR NATURE OF BUSINESS TRANSACTIONS, DEALINGS, OR SERVICES BY AND BETWEEN THE HOSPITAL TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY HAVING AN ACTUAL OR IMPUTED VALUE OR WORTH OF \$10,000 OR MORE TO THE TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY:** Pest Control Services

**MONETARY VALUE OF THE BUSINESS TRANSACTION(S) TO THE TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY:** \$200,421

**DECLARATION OF TRUSTEE, DIRECTOR, OR OFFICER THAT THE STATEMENT IS TRUE TO THE BEST OF HIS/HER KNOWLEDGE, INFORMATION, AND BELIEF THAT THIS STATEMENT IS TRUE AND CORRECT UNDER PENALTIES OF PERJURY:**

**PRINTED NAME OF TRUSTEE, DIRECTOR, OR OFFICER:** Walter Tilley

**COMPLETED BY:** Jeffrey Stavelly, [jstavelly@umm.edu](mailto:jstavelly@umm.edu), 410-328-6031



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## Response for survey 'Maryland Health Services Cost Review Commission Trustee Disclosure of Interest Statement'

1 message

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**hscrc.trustees@maryland.gov** <hscrc.trustees@maryland.gov>  
Reply-To: hscrc.trustees@maryland.gov  
To: hscrc.trustees@maryland.gov

Tue, Oct 29, 2019 at 1:29 PM

**DATE OF STATEMENT:** 10/29/2019

**PERIOD COVERED: FROM:** 7/1/2018 **TO:** 6/30/2019

**TRUSTEE, DIRECTOR, OR OFFICER NAME:** James Soltesz

**TRUSTEE, DIRECTOR, OR OFFICER BUSINESS ADDRESS:** [2 Research Place, Suite 100, Rockville, MD 20850](#)

**HOSPITAL NAME:** University of Maryland Health System

**HOSPITAL ADDRESS:** [250 West Pratt Street, 24th Floor Baltimore, MD 21201](#)

**TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY NAME:** Soltesz, Inc.

**TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY ADDRESS:** [2 Research Place, Suite 100, Rockville, MD 20850](#)

**MAJOR BUSINESS, PROFESSIONAL, OR ACADEMIC ACTIVITY OF TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY:** Major Business - Engineering

**TITLE, RELATIONSHIP, OR POSITION OF TRUSTEE, DIRECTOR, OR OFFICER IN THE BUSINESS ENTITY:**  
President

**TYPE OR NATURE OF BUSINESS TRANSACTIONS, DEALINGS, OR SERVICES BY AND BETWEEN THE HOSPITAL TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY HAVING AN ACTUAL OR IMPUTED VALUE OR WORTH OF \$10,000 OR MORE TO THE TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY:** Engineering Services

**MONETARY VALUE OF THE BUSINESS TRANSACTION(S) TO THE TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY:** \$158,462

**DECLARATION OF TRUSTEE, DIRECTOR, OR OFFICER THAT THE STATEMENT IS TRUE TO THE BEST OF HIS/HER KNOWLEDGE, INFORMATION, AND BELIEF THAT THIS STATEMENT IS TRUE AND CORRECT UNDER PENALTIES OF PERJURY:**

**PRINTED NAME OF TRUSTEE, DIRECTOR, OR OFFICER:** James Soltesz

**COMPLETED BY:** Jeffrey Stavely, [Jstavely@umm.edu](mailto:Jstavely@umm.edu), 410-328-6031



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## Response for survey 'Maryland Health Services Cost Review Commission Trustee Disclosure of Interest Statement'

1 message

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**hscrc.trustees@maryland.gov** <hscrc.trustees@maryland.gov>  
Reply-To: hscrc.trustees@maryland.gov  
To: hscrc.trustees@maryland.gov

Tue, Oct 29, 2019 at 1:29 PM

**DATE OF STATEMENT:** 10/29/2019

**PERIOD COVERED: FROM:** 07/01/2018 **TO:** 06/30/2019

**TRUSTEE, DIRECTOR, OR OFFICER NAME:** Jay A. Perman, MD

**TRUSTEE, DIRECTOR, OR OFFICER BUSINESS ADDRESS:** [222 North Arch Street, 14th Floor, Baltimore, MD 21201](#)

**HOSPITAL NAME:** University of Maryland Health System

**HOSPITAL ADDRESS:** [250 West Pratt Street, 24th Floor, Baltimore, MD 21201](#)

**TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY NAME:** Greater Baltimore Committee

**TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY ADDRESS:** [111 South Calvert Street, Suite 1700, Baltimore, MD 21201](#)

**MAJOR BUSINESS, PROFESSIONAL, OR ACADEMIC ACTIVITY OF TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY:** Major Business - Business Advocacy

**TITLE, RELATIONSHIP, OR POSITION OF TRUSTEE, DIRECTOR, OR OFFICER IN THE BUSINESS ENTITY:** Board Member

**TYPE OR NATURE OF BUSINESS TRANSACTIONS, DEALINGS, OR SERVICES BY AND BETWEEN THE HOSPITAL TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY HAVING AN ACTUAL OR IMPUTED VALUE OR WORTH OF \$10,000 OR MORE TO THE TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY:**  
Sponsorship, Membership Directory, Membership Dues

**MONETARY VALUE OF THE BUSINESS TRANSACTION(S) TO THE TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY:** \$56,615

**DECLARATION OF TRUSTEE, DIRECTOR, OR OFFICER THAT THE STATEMENT IS TRUE TO THE BEST OF HIS/HER KNOWLEDGE, INFORMATION, AND BELIEF THAT THIS STATEMENT IS TRUE AND CORRECT UNDER PENALTIES OF PERJURY:**

**PRINTED NAME OF TRUSTEE, DIRECTOR, OR OFFICER:** Jay A Perman, MD

**COMPLETED BY:** Jeffrey Stavely, [jstavely@umm.edu](mailto:jstavely@umm.edu), 410-328-6031



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## Response for survey 'Maryland Health Services Cost Review Commission Trustee Disclosure of Interest Statement'

1 message

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**hscrc.trustees@maryland.gov** <hscrc.trustees@maryland.gov>  
Reply-To: hscrc.trustees@maryland.gov  
To: hscrc.trustees@maryland.gov

Tue, Oct 29, 2019 at 1:25 PM

**DATE OF STATEMENT:** 10/29/2019

**PERIOD COVERED: FROM:** 7/1/2018 **TO:** 6/30/2019

**TRUSTEE, DIRECTOR, OR OFFICER NAME:** E. Albert Reece, M.D., PhD, MBA

**TRUSTEE, DIRECTOR, OR OFFICER BUSINESS ADDRESS:** Bressler Research Building 14-029, [655 West Baltimore Street, Baltimore, MD 21201](#)

**HOSPITAL NAME:** University of Maryland Health System

**HOSPITAL ADDRESS:** [250 West Pratt Street, 24th Floor Baltimore, MD 21201](#)

**TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY NAME:** Mercy Medical Center

**TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY ADDRESS:** [345 St. Paul Place, Baltimore, MD 21202](#)

**MAJOR BUSINESS, PROFESSIONAL, OR ACADEMIC ACTIVITY OF TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY:** Professional - Clinical

**TITLE, RELATIONSHIP, OR POSITION OF TRUSTEE, DIRECTOR, OR OFFICER IN THE BUSINESS ENTITY:** Board Member

**TYPE OR NATURE OF BUSINESS TRANSACTIONS, DEALINGS, OR SERVICES BY AND BETWEEN THE HOSPITAL TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY HAVING AN ACTUAL OR IMPUTED VALUE OR WORTH OF \$10,000 OR MORE TO THE TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY:** Clinical Services

**MONETARY VALUE OF THE BUSINESS TRANSACTION(S) TO THE TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY:** \$82,544

**DECLARATION OF TRUSTEE, DIRECTOR, OR OFFICER THAT THE STATEMENT IS TRUE TO THE BEST OF HIS/HER KNOWLEDGE, INFORMATION, AND BELIEF THAT THIS STATEMENT IS TRUE AND CORRECT UNDER PENALTIES OF PERJURY:**

**PRINTED NAME OF TRUSTEE, DIRECTOR, OR OFFICER:** E. Albert Reece, M.D., PhD, MBA

**COMPLETED BY:** Jeffrey Stavelly, [Jstavelly@umm.edu](mailto:Jstavelly@umm.edu), 410-328-6031



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## Response for survey 'Maryland Health Services Cost Review Commission Trustee Disclosure of Interest Statement'

1 message

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**hscrc.trustees@maryland.gov** <hscrc.trustees@maryland.gov>  
Reply-To: hscrc.trustees@maryland.gov  
To: hscrc.trustees@maryland.gov

Tue, Oct 29, 2019 at 1:24 PM

**DATE OF STATEMENT:** 10/29/2019

**PERIOD COVERED: FROM:** 07/01/2018 **TO:** 06/30/2019

**TRUSTEE, DIRECTOR, OR OFFICER NAME:** Jay A. Perman, MD

**TRUSTEE, DIRECTOR, OR OFFICER BUSINESS ADDRESS:** [222 North Arch Street, 14th Floor, Baltimore, MD 21201](#)

**HOSPITAL NAME:** University of Maryland Health System

**HOSPITAL ADDRESS:** [250 West Pratt Street, 24th Floor, Baltimore, MD 21201](#)

**TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY NAME:** Downtown Management Authority

**TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY ADDRESS:** [20 South Charles Street, Baltimore, MD 21201](#)

**MAJOR BUSINESS, PROFESSIONAL, OR ACADEMIC ACTIVITY OF TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY:** Major Business - Community Development

**TITLE, RELATIONSHIP, OR POSITION OF TRUSTEE, DIRECTOR, OR OFFICER IN THE BUSINESS ENTITY:** Board Member

**TYPE OR NATURE OF BUSINESS TRANSACTIONS, DEALINGS, OR SERVICES BY AND BETWEEN THE HOSPITAL TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY HAVING AN ACTUAL OR IMPUTED VALUE OR WORTH OF \$10,000 OR MORE TO THE TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY:** Community Support Services

**MONETARY VALUE OF THE BUSINESS TRANSACTION(S) TO THE TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY:** \$121,240

**DECLARATION OF TRUSTEE, DIRECTOR, OR OFFICER THAT THE STATEMENT IS TRUE TO THE BEST OF HIS/HER KNOWLEDGE, INFORMATION, AND BELIEF THAT THIS STATEMENT IS TRUE AND CORRECT UNDER PENALTIES OF PERJURY:**

**PRINTED NAME OF TRUSTEE, DIRECTOR, OR OFFICER:** Jay A. Perman, MD

**COMPLETED BY:** Jeffrey Stavely, [jstavely@umm.edu](mailto:jstavely@umm.edu), 410-328-6031



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## Response for survey 'Maryland Health Services Cost Review Commission Trustee Disclosure of Interest Statement'

1 message

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**hscrc.trustees@maryland.gov** <hscrc.trustees@maryland.gov>  
Reply-To: hscrc.trustees@maryland.gov  
To: hscrc.trustees@maryland.gov

Tue, Oct 29, 2019 at 1:17 PM

**DATE OF STATEMENT:** 10/29/2019

**PERIOD COVERED: FROM:** 07/01/2018 **TO:** 6/30/2019

**TRUSTEE, DIRECTOR, OR OFFICER NAME:** Korkut Onal

**TRUSTEE, DIRECTOR, OR OFFICER BUSINESS ADDRESS:** [517 Benfield Road, Suite 302, Severna Park, MD 21146](#)

**HOSPITAL NAME:** University of Maryland Health System

**HOSPITAL ADDRESS:** [250 West Pratt Street, 24th Floor, Baltimore, MD 21201](#)

**TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY NAME:** Jones Birdsong, LLP

**TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY ADDRESS:** [517 Benfield Road, Suite 302, Severna Park, MD 21146](#)

**MAJOR BUSINESS, PROFESSIONAL, OR ACADEMIC ACTIVITY OF TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY:** Major Business - Insurance

**TITLE, RELATIONSHIP, OR POSITION OF TRUSTEE, DIRECTOR, OR OFFICER IN THE BUSINESS ENTITY:**  
Managing Partner

**TYPE OR NATURE OF BUSINESS TRANSACTIONS, DEALINGS, OR SERVICES BY AND BETWEEN THE HOSPITAL TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY HAVING AN ACTUAL OR IMPUTED VALUE OR WORTH OF \$10,000 OR MORE TO THE TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY:** Malpractice Premium Insurance Services for University of Maryland Baltimore Washington Medical Center

**MONETARY VALUE OF THE BUSINESS TRANSACTION(S) TO THE TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY:** \$213,460 total payment. Commission of 10% earned on \$207,000 pure premium

**DECLARATION OF TRUSTEE, DIRECTOR, OR OFFICER THAT THE STATEMENT IS TRUE TO THE BEST OF HIS/HER KNOWLEDGE, INFORMATION, AND BELIEF THAT THIS STATEMENT IS TRUE AND CORRECT UNDER PENALTIES OF PERJURY:**

**PRINTED NAME OF TRUSTEE, DIRECTOR, OR OFFICER:** Korkut Onal

**COMPLETED BY:** Jeffrey Stavely, [jstavely@umm.edu](mailto:jstavely@umm.edu), 410-328-6031



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## Response for survey 'Maryland Health Services Cost Review Commission Trustee Disclosure of Interest Statement'

1 message

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**hscrc.trustees@maryland.gov** <hscrc.trustees@maryland.gov>  
Reply-To: hscrc.trustees@maryland.gov  
To: hscrc.trustees@maryland.gov

Tue, Oct 29, 2019 at 1:10 PM

**DATE OF STATEMENT:** 10/29/2019

**PERIOD COVERED: FROM:** 7/1/2018 **TO:** 6/30/2019

**TRUSTEE, DIRECTOR, OR OFFICER NAME:** Robert A. Chrencik

**TRUSTEE, DIRECTOR, OR OFFICER BUSINESS ADDRESS:** [250 West Pratt Street, 24th Floor Baltimore, MD 21201](#)

**HOSPITAL NAME:** University of Maryland Health System

**HOSPITAL ADDRESS:** [250 West Pratt Street, 24th Floor Baltimore, MD 21201](#)

**TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY NAME:** Maryland Hospital Association

**TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY ADDRESS:** [6820 Deerpath Road, Elkridge, MD 21075](#)

**MAJOR BUSINESS, PROFESSIONAL, OR ACADEMIC ACTIVITY OF TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY:** Major Business - Hospital Advocacy

**TITLE, RELATIONSHIP, OR POSITION OF TRUSTEE, DIRECTOR, OR OFFICER IN THE BUSINESS ENTITY:** Board Member

**TYPE OR NATURE OF BUSINESS TRANSACTIONS, DEALINGS, OR SERVICES BY AND BETWEEN THE HOSPITAL TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY HAVING AN ACTUAL OR IMPUTED VALUE OR WORTH OF \$10,000 OR MORE TO THE TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY:** Membership Dues

**MONETARY VALUE OF THE BUSINESS TRANSACTION(S) TO THE TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY:** \$1,444,555

**DECLARATION OF TRUSTEE, DIRECTOR, OR OFFICER THAT THE STATEMENT IS TRUE TO THE BEST OF HIS/HER KNOWLEDGE, INFORMATION, AND BELIEF THAT THIS STATEMENT IS TRUE AND CORRECT UNDER PENALTIES OF PERJURY:**

**PRINTED NAME OF TRUSTEE, DIRECTOR, OR OFFICER:** Robert A. Chrencik

**COMPLETED BY:** Jeffrey Stavely, [Jstavely@umm.edu](mailto:Jstavely@umm.edu), 410-328-6031



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## Response for survey 'Maryland Health Services Cost Review Commission Trustee Disclosure of Interest Statement'

1 message

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**hscrc.trustees@maryland.gov** <hscrc.trustees@maryland.gov>  
Reply-To: hscrc.trustees@maryland.gov  
To: hscrc.trustees@maryland.gov

Tue, Oct 29, 2019 at 1:10 PM

**DATE OF STATEMENT:** 10/29/2019

**PERIOD COVERED: FROM:** 07/01/2018 **TO:** 06/30/2019

**TRUSTEE, DIRECTOR, OR OFFICER NAME:** Louis P. Jenkins, Jr.

**TRUSTEE, DIRECTOR, OR OFFICER BUSINESS ADDRESS:** [103 Centennial Street, Suite K, La Plata, MD 20646](#)

**HOSPITAL NAME:** University of Maryland Health System

**HOSPITAL ADDRESS:** [250 West Pratt Street, 24th Floor, Baltimore, MD 21201](#)

**TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY NAME:** Community Bank of the Chesapeake

**TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY ADDRESS:** [3035 Leonardtown Road](#), PO Box 38, Waldorf, MD 20601

**MAJOR BUSINESS, PROFESSIONAL, OR ACADEMIC ACTIVITY OF TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY:** Major Business - Financial Services

**TITLE, RELATIONSHIP, OR POSITION OF TRUSTEE, DIRECTOR, OR OFFICER IN THE BUSINESS ENTITY:** Board Member

**TYPE OR NATURE OF BUSINESS TRANSACTIONS, DEALINGS, OR SERVICES BY AND BETWEEN THE HOSPITAL TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY HAVING AN ACTUAL OR IMPUTED VALUE OR WORTH OF \$10,000 OR MORE TO THE TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY:** Financial Services

**MONETARY VALUE OF THE BUSINESS TRANSACTION(S) TO THE TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY:** \$812,852

**DECLARATION OF TRUSTEE, DIRECTOR, OR OFFICER THAT THE STATEMENT IS TRUE TO THE BEST OF HIS/HER KNOWLEDGE, INFORMATION, AND BELIEF THAT THIS STATEMENT IS TRUE AND CORRECT UNDER PENALTIES OF PERJURY:**

**PRINTED NAME OF TRUSTEE, DIRECTOR, OR OFFICER:** Louis P. Jenkins, Jr.

**COMPLETED BY:** Jeffrey Stavelly, [jstavelly@umm.edu](mailto:jstavelly@umm.edu), 410-328-6031



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## Response for survey 'Maryland Health Services Cost Review Commission Trustee Disclosure of Interest Statement'

1 message

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**hscrc.trustees@maryland.gov** <hscrc.trustees@maryland.gov>  
Reply-To: hscrc.trustees@maryland.gov  
To: hscrc.trustees@maryland.gov

Tue, Oct 29, 2019 at 1:04 PM

**DATE OF STATEMENT:** 10/29/2019

**PERIOD COVERED: FROM:** 07/01/2018 **TO:** 6/30/2019

**TRUSTEE, DIRECTOR, OR OFFICER NAME:** Barry Gossett

**TRUSTEE, DIRECTOR, OR OFFICER BUSINESS ADDRESS:** Retired - No Business Address

**HOSPITAL NAME:** University of Maryland Health System

**HOSPITAL ADDRESS:** [250 West Pratt Street, 24th Floor, Baltimore, MD 21201](#)

**TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY NAME:** Boy Scouts of America, Baltimore Area Council

**TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY ADDRESS:** Baltimore Area Council, 701 Wyman Park, Baltimore, MD 21211

**MAJOR BUSINESS, PROFESSIONAL, OR ACADEMIC ACTIVITY OF TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY:** Major Business - Scouting Organization

**TITLE, RELATIONSHIP, OR POSITION OF TRUSTEE, DIRECTOR, OR OFFICER IN THE BUSINESS ENTITY:** Board Member

**TYPE OR NATURE OF BUSINESS TRANSACTIONS, DEALINGS, OR SERVICES BY AND BETWEEN THE HOSPITAL TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY HAVING AN ACTUAL OR IMPUTED VALUE OR WORTH OF \$10,000 OR MORE TO THE TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY:** Sponsorship for two events.

**MONETARY VALUE OF THE BUSINESS TRANSACTION(S) TO THE TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY:** \$14,250

**DECLARATION OF TRUSTEE, DIRECTOR, OR OFFICER THAT THE STATEMENT IS TRUE TO THE BEST OF HIS/HER KNOWLEDGE, INFORMATION, AND BELIEF THAT THIS STATEMENT IS TRUE AND CORRECT UNDER PENALTIES OF PERJURY:**

**PRINTED NAME OF TRUSTEE, DIRECTOR, OR OFFICER:** Barry Gossett

**COMPLETED BY:** Jeffrey Stavelly, [jstavelly@umm.edu](mailto:jstavelly@umm.edu), 410-328-6031



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## Response for survey 'Maryland Health Services Cost Review Commission Trustee Disclosure of Interest Statement'

1 message

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**hscrc.trustees@maryland.gov** <hscrc.trustees@maryland.gov>  
Reply-To: hscrc.trustees@maryland.gov  
To: hscrc.trustees@maryland.gov

Tue, Oct 29, 2019 at 12:56 PM

**DATE OF STATEMENT:** 10/29/2019

**PERIOD COVERED: FROM:** 07/01/2018 **TO:** 06/30/2018

**TRUSTEE, DIRECTOR, OR OFFICER NAME:** Henry Franey

**TRUSTEE, DIRECTOR, OR OFFICER BUSINESS ADDRESS:** [250 West Pratt Street, 24th Floor, Baltimore, MD 21201](#)

**HOSPITAL NAME:** University of Maryland Health System

**HOSPITAL ADDRESS:** [250 West Pratt Street, 24th Floor, Baltimore, MD 21201](#)

**TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY NAME:** Living Legacy Foundation

**TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY ADDRESS:** [1730 Twin Springs Road, #200, Halethorpe, MD 21227](#)

**MAJOR BUSINESS, PROFESSIONAL, OR ACADEMIC ACTIVITY OF TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY:** Major Business - Organ Procurement

**TITLE, RELATIONSHIP, OR POSITION OF TRUSTEE, DIRECTOR, OR OFFICER IN THE BUSINESS ENTITY:** Board Member

**TYPE OR NATURE OF BUSINESS TRANSACTIONS, DEALINGS, OR SERVICES BY AND BETWEEN THE HOSPITAL TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY HAVING AN ACTUAL OR IMPUTED VALUE OR WORTH OF \$10,000 OR MORE TO THE TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY:** Organ Procurement Services

**MONETARY VALUE OF THE BUSINESS TRANSACTION(S) TO THE TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY:** \$17,083,862

**DECLARATION OF TRUSTEE, DIRECTOR, OR OFFICER THAT THE STATEMENT IS TRUE TO THE BEST OF HIS/HER KNOWLEDGE, INFORMATION, AND BELIEF THAT THIS STATEMENT IS TRUE AND CORRECT UNDER PENALTIES OF PERJURY:**

**PRINTED NAME OF TRUSTEE, DIRECTOR, OR OFFICER:** Henry Franey

**COMPLETED BY:** Jeffrey Stavelly, [jstavelly@umm.edu](mailto:jstavelly@umm.edu), 410-328-6031



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## Response for survey 'Maryland Health Services Cost Review Commission Trustee Disclosure of Interest Statement'

1 message

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**hscrc.trustees@maryland.gov** <hscrc.trustees@maryland.gov>  
Reply-To: hscrc.trustees@maryland.gov  
To: hscrc.trustees@maryland.gov

Tue, Oct 29, 2019 at 12:50 PM

**DATE OF STATEMENT:** 10/29/2019

**PERIOD COVERED: FROM:** 07/01/2018 **TO:** 06/30/2019

**TRUSTEE, DIRECTOR, OR OFFICER NAME:** Wayne L. Gardner, Sr.

**TRUSTEE, DIRECTOR, OR OFFICER BUSINESS ADDRESS:** [100 Friels Place](#) PO Box 10, Queenstown, MD 21658

**HOSPITAL NAME:** University of Maryland Health System

**HOSPITAL ADDRESS:** [250 West Pratt Street, 24th Floor, Baltimore, MD 21201](#)

**TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY NAME:** Best Care Ambulance

**TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY ADDRESS:** [29468 Laurwayn Drive, Unit 11, Trappe, MD 21673](#)

**MAJOR BUSINESS, PROFESSIONAL, OR ACADEMIC ACTIVITY OF TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY:** Major Business - Transportation

**TITLE, RELATIONSHIP, OR POSITION OF TRUSTEE, DIRECTOR, OR OFFICER IN THE BUSINESS ENTITY:** Owner

**TYPE OR NATURE OF BUSINESS TRANSACTIONS, DEALINGS, OR SERVICES BY AND BETWEEN THE HOSPITAL TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY HAVING AN ACTUAL OR IMPUTED VALUE OR WORTH OF \$10,000 OR MORE TO THE TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY:** Ambulance Transportation Services

**MONETARY VALUE OF THE BUSINESS TRANSACTION(S) TO THE TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY:** \$499,189

**DECLARATION OF TRUSTEE, DIRECTOR, OR OFFICER THAT THE STATEMENT IS TRUE TO THE BEST OF HIS/HER KNOWLEDGE, INFORMATION, AND BELIEF THAT THIS STATEMENT IS TRUE AND CORRECT UNDER PENALTIES OF PERJURY:**

**PRINTED NAME OF TRUSTEE, DIRECTOR, OR OFFICER:** Wayne L. Gardner, Sr.

**COMPLETED BY:** Jeffrey Stavelly, [jstavelly@umm.edu](mailto:jstavelly@umm.edu), 410-328-6031



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## Response for survey 'Maryland Health Services Cost Review Commission Trustee Disclosure of Interest Statement'

1 message

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**hscrc.trustees@maryland.gov** <hscrc.trustees@maryland.gov>  
Reply-To: hscrc.trustees@maryland.gov  
To: hscrc.trustees@maryland.gov

Tue, Oct 29, 2019 at 12:45 PM

**DATE OF STATEMENT:** 10/29/2019

**PERIOD COVERED: FROM:** 07/01/2018 **TO:** 06/30/2019

**TRUSTEE, DIRECTOR, OR OFFICER NAME:** John Dillon

**TRUSTEE, DIRECTOR, OR OFFICER BUSINESS ADDRESS:** Home Address

**HOSPITAL NAME:** University of Maryland Health System

**HOSPITAL ADDRESS:** [250 West Pratt Street, 24th Floor, Baltimore, MD 21201](#)

**TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY NAME:** John Dillon Consulting

**TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY ADDRESS:** Home Address

**MAJOR BUSINESS, PROFESSIONAL, OR ACADEMIC ACTIVITY OF TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY:** Professional - Consulting

**TITLE, RELATIONSHIP, OR POSITION OF TRUSTEE, DIRECTOR, OR OFFICER IN THE BUSINESS ENTITY:** Owner

**TYPE OR NATURE OF BUSINESS TRANSACTIONS, DEALINGS, OR SERVICES BY AND BETWEEN THE HOSPITAL TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY HAVING AN ACTUAL OR IMPUTED VALUE OR WORTH OF \$10,000 OR MORE TO THE TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY:** Consulting Services

**MONETARY VALUE OF THE BUSINESS TRANSACTION(S) TO THE TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY:** \$104,585

**DECLARATION OF TRUSTEE, DIRECTOR, OR OFFICER THAT THE STATEMENT IS TRUE TO THE BEST OF HIS/HER KNOWLEDGE, INFORMATION, AND BELIEF THAT THIS STATEMENT IS TRUE AND CORRECT UNDER PENALTIES OF PERJURY:**

**PRINTED NAME OF TRUSTEE, DIRECTOR, OR OFFICER:** John Dillon

**COMPLETED BY:** Jeffrey Stavelly, [jstavelly@umm.edu](mailto:jstavelly@umm.edu), 410-328-6031



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## Response for survey 'Maryland Health Services Cost Review Commission Trustee Disclosure of Interest Statement'

1 message

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**hscrc.trustees@maryland.gov** <hscrc.trustees@maryland.gov>  
Reply-To: hscrc.trustees@maryland.gov  
To: hscrc.trustees@maryland.gov

Tue, Oct 29, 2019 at 12:34 PM

**DATE OF STATEMENT:** 10/29/2019

**PERIOD COVERED: FROM:** 07/01/2018 **TO:** 06/30/2019

**TRUSTEE, DIRECTOR, OR OFFICER NAME:** August J. Chiasera

**TRUSTEE, DIRECTOR, OR OFFICER BUSINESS ADDRESS:** One [Light Street, Floor 16, Baltimore, MD 21202](#)

**HOSPITAL NAME:** University of Maryland Health System

**HOSPITAL ADDRESS:** [250 West Pratt Street, 24th Floor, Baltimore, MD 20201](#)

**TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY NAME:** M & T Bank

**TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY ADDRESS:** One [Light Street, Floor 16, Baltimore, MD 21202](#)

**MAJOR BUSINESS, PROFESSIONAL, OR ACADEMIC ACTIVITY OF TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY:** Major Business - Financial Services

**TITLE, RELATIONSHIP, OR POSITION OF TRUSTEE, DIRECTOR, OR OFFICER IN THE BUSINESS ENTITY:** Senior Vice President

**TYPE OR NATURE OF BUSINESS TRANSACTIONS, DEALINGS, OR SERVICES BY AND BETWEEN THE HOSPITAL TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY HAVING AN ACTUAL OR IMPUTED VALUE OR WORTH OF \$10,000 OR MORE TO THE TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY:** Financial Services

**MONETARY VALUE OF THE BUSINESS TRANSACTION(S) TO THE TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY:** \$4,440,000

**DECLARATION OF TRUSTEE, DIRECTOR, OR OFFICER THAT THE STATEMENT IS TRUE TO THE BEST OF HIS/HER KNOWLEDGE, INFORMATION, AND BELIEF THAT THIS STATEMENT IS TRUE AND CORRECT UNDER PENALTIES OF PERJURY:**

**PRINTED NAME OF TRUSTEE, DIRECTOR, OR OFFICER:** August J. Chiasera

**COMPLETED BY:** Jeffrey Stavelly, [jstavelly@umm.edu](mailto:jstavelly@umm.edu), 410-328-6031



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## Response for survey 'Maryland Health Services Cost Review Commission Trustee Disclosure of Interest Statement'

1 message

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**hscrc.trustees@maryland.gov** <hscrc.trustees@maryland.gov>  
Reply-To: hscrc.trustees@maryland.gov  
To: hscrc.trustees@maryland.gov

Tue, Oct 29, 2019 at 12:28 PM

**DATE OF STATEMENT:** 10/29/2019

**PERIOD COVERED: FROM:** 7/1/2018 **TO:** 6/30/2019

**TRUSTEE, DIRECTOR, OR OFFICER NAME:** Robert L. Caret

**TRUSTEE, DIRECTOR, OR OFFICER BUSINESS ADDRESS:** [701 East Pratt Street, Baltimore, MD 21202](#)

**HOSPITAL NAME:** University of Maryland Health System

**HOSPITAL ADDRESS:** [250 West Pratt Street, 24th Floor Baltimore, MD 21201](#)

**TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY NAME:** Greater Baltimore Committee

**TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY ADDRESS:** [111 South Calvert Street Suite 1700 Baltimore, MD 21202](#)

**MAJOR BUSINESS, PROFESSIONAL, OR ACADEMIC ACTIVITY OF TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY:** Major Business - Business Advocacy

**TITLE, RELATIONSHIP, OR POSITION OF TRUSTEE, DIRECTOR, OR OFFICER IN THE BUSINESS ENTITY:** Board Member

**TYPE OR NATURE OF BUSINESS TRANSACTIONS, DEALINGS, OR SERVICES BY AND BETWEEN THE HOSPITAL TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY HAVING AN ACTUAL OR IMPUTED VALUE OR WORTH OF \$10,000 OR MORE TO THE TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY:**  
Sponsorship, Membership Directory, Membership Dues

**MONETARY VALUE OF THE BUSINESS TRANSACTION(S) TO THE TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY:** \$56,615

**DECLARATION OF TRUSTEE, DIRECTOR, OR OFFICER THAT THE STATEMENT IS TRUE TO THE BEST OF HIS/HER KNOWLEDGE, INFORMATION, AND BELIEF THAT THIS STATEMENT IS TRUE AND CORRECT UNDER PENALTIES OF PERJURY:**

**PRINTED NAME OF TRUSTEE, DIRECTOR, OR OFFICER:** Robert L. Caret

**COMPLETED BY:** Jeffrey Stavely, [jstavely@umm.edu](mailto:jstavely@umm.edu), 410-328-6031



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## Response for survey 'Maryland Health Services Cost Review Commission Trustee Disclosure of Interest Statement'

1 message

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**hscrc.trustees@maryland.gov** <hscrc.trustees@maryland.gov>  
Reply-To: hscrc.trustees@maryland.gov  
To: hscrc.trustees@maryland.gov

Tue, Oct 29, 2019 at 7:20 PM

**DATE OF STATEMENT:** 10/29/2019

**PERIOD COVERED: FROM:** 07/01/2018 **TO:** 06/30/2019

**TRUSTEE, DIRECTOR, OR OFFICER NAME:** Francis X. Kelly, Jr.

**TRUSTEE, DIRECTOR, OR OFFICER BUSINESS ADDRESS:** [1 Kelly Way, Sparks, MD 21152](#)

**HOSPITAL NAME:** University of Maryland Health System

**HOSPITAL ADDRESS:** [250 West Pratt Street, 24th Floor, Baltimore, MD 21201](#)

**TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY NAME:** Kelly & Associates Insurance Group, Inc

**TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY ADDRESS:** [1 Kelly Way, Sparks, MD 21152](#)

**MAJOR BUSINESS, PROFESSIONAL, OR ACADEMIC ACTIVITY OF TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY:** Major Business - Employee Benefits

**TITLE, RELATIONSHIP, OR POSITION OF TRUSTEE, DIRECTOR, OR OFFICER IN THE BUSINESS ENTITY:**  
Chairman

**TYPE OR NATURE OF BUSINESS TRANSACTIONS, DEALINGS, OR SERVICES BY AND BETWEEN THE HOSPITAL TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY HAVING AN ACTUAL OR IMPUTED VALUE OR WORTH OF \$10,000 OR MORE TO THE TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY:** Employee Benefit Services - The amount disclosed is the amount of fees earned by Kelly & Associates Insurance Group, Inc. for the provision of insurance brokerage, consulting, and administrative services to UMMS Corporation only and does not include all other UMMS Affiliated entities, even if Kelly & Associates Insurance Group, Inc.'s officers are on the Board of Directors of the Affiliated entity.

**MONETARY VALUE OF THE BUSINESS TRANSACTION(S) TO THE TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY:** \$292,287

**DECLARATION OF TRUSTEE, DIRECTOR, OR OFFICER THAT THE STATEMENT IS TRUE TO THE BEST OF HIS/HER KNOWLEDGE, INFORMATION, AND BELIEF THAT THIS STATEMENT IS TRUE AND CORRECT UNDER PENALTIES OF PERJURY:**

**PRINTED NAME OF TRUSTEE, DIRECTOR, OR OFFICER:** Francis X. Kelly, Jr.

**COMPLETED BY:** Jeffrey Stavely, [Jstavely@umm.edu](mailto:Jstavely@umm.edu), 410-328-6031