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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

Sun, Oct 13, 2019 at 8:27 PM

**DATE OF STATEMENT:** 10/13/2019

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

**TRUSTEE, DIRECTOR, OR OFFICER NAME:** Keith Attman

**TRUSTEE, DIRECTOR, OR OFFICER BUSINESS ADDRESS:** 8229 SANDY COURT

**HOSPITAL NAME:** Lifebridge Levindale Geriatric Center & Hospital

**HOSPITAL ADDRESS:** [2434 West Belvedere Avenue Baltimore MD 21215](#)

**TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY NAME:** Acme Paper and Supply Company

**TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY ADDRESS:** 8229 Sandy Court Savage MD 20763

**MAJOR BUSINESS, PROFESSIONAL, OR ACADEMIC ACTIVITY OF TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY:** Wholesale distributor of paper products, restaurant equipment and janitorial supplies

**TITLE, RELATIONSHIP, OR POSITION OF TRUSTEE, DIRECTOR, OR OFFICER IN THE BUSINESS ENTITY:** VP Supply Chain

**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:** Sale of Janitorial and food service supplies

**MONETARY VALUE OF THE BUSINESS TRANSACTION(S) TO THE TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY:** \$2,548,698.85

**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:** Keith Attman

**COMPLETED BY:** Keith Attman, [kattman@acmepaper.com](mailto:kattman@acmepaper.com), 410-792-2333x1252



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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

Thu, Oct 24, 2019 at 2:59 PM

**DATE OF STATEMENT:** 10/24/2019

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

**TRUSTEE, DIRECTOR, OR OFFICER NAME:** Ethan Seidel

**TRUSTEE, DIRECTOR, OR OFFICER BUSINESS ADDRESS:** [2 College Hill, Westminster, MD](#)

**HOSPITAL NAME:** Lifebridge Levindale Geriatric Center & Hospital

**HOSPITAL ADDRESS:** [2401 W Belvedere Ave, Baltimore, MD](#)

**TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY NAME:** McDaniel College

**TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY ADDRESS:** [2 College Hill, Westminster, MD](#)

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

**TITLE, RELATIONSHIP, OR POSITION OF TRUSTEE, DIRECTOR, OR OFFICER IN THE BUSINESS ENTITY:**  
Chairman, Economics and Business Administration Department

**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:** Tuition Reimbursement and Scholarships

**MONETARY VALUE OF THE BUSINESS TRANSACTION(S) TO THE TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY:** \$10,050

**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:** Ethan Seidel

**COMPLETED BY:** Ethan Seidel, [eseidel@mcdaniel.edu](mailto:eseidel@mcdaniel.edu), 4103864801



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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

Thu, Oct 24, 2019 at 1:15 PM

**DATE OF STATEMENT:** 10/24/2019

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

**TRUSTEE, DIRECTOR, OR OFFICER NAME:** Richard Shatzkin

**TRUSTEE, DIRECTOR, OR OFFICER BUSINESS ADDRESS:** One [Light Street, 13th Floor, Baltimore, MD 21202](#)

**HOSPITAL NAME:** Lifebridge Levindale Geriatric Center & Hospital

**HOSPITAL ADDRESS:** [2434 W. Belvedere Avenue, Baltimore, MD 21215](#)

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

**TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY ADDRESS:** See above

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

**TITLE, RELATIONSHIP, OR POSITION OF TRUSTEE, DIRECTOR, OR OFFICER IN THE BUSINESS ENTITY:** Director of Fixed Income Sales and Trading

**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:** M&T Bank does business with LBH

**MONETARY VALUE OF THE BUSINESS TRANSACTION(S) TO THE TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY:** \$1,064,431.07

**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:** Richard Shatzkin

**COMPLETED BY:** Richard Shatzkin, [rshatzkin@mtb.com](mailto:rshatzkin@mtb.com), (410) 545 - 2051



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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

Thu, Oct 3, 2019 at 8:57 AM

**DATE OF STATEMENT:** 10/3/2019

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

**TRUSTEE, DIRECTOR, OR OFFICER NAME:** Scott London

**TRUSTEE, DIRECTOR, OR OFFICER BUSINESS ADDRESS:** [400 E. Pratt St. Suite 510 Baltimore, MD 21202](#)

**HOSPITAL NAME:** Lifebridge Levindale Geriatric Center & Hospital

**HOSPITAL ADDRESS:** [2434 W. Belvedere Ave. Baltimore, MD 21215](#)

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

**TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY ADDRESS:** [400 E. Pratt St. Suite 510 Baltimore, MD 21202](#)

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

**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:** Revenue Eligibility Services

**MONETARY VALUE OF THE BUSINESS TRANSACTION(S) TO THE TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY:** \$ 805,110.51

**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:** Scott London

**COMPLETED BY:** Scott London, [slondon@londoneligibility.com](mailto:slondon@londoneligibility.com), 4433278-9020



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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

Thu, Oct 3, 2019 at 1:12 PM

**DATE OF STATEMENT:** 10/3/2019

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

**TRUSTEE, DIRECTOR, OR OFFICER NAME:** Abba David Poliakoff

**TRUSTEE, DIRECTOR, OR OFFICER BUSINESS ADDRESS:** [233 E Redwood Street Baltimore MD 21202](#)

**HOSPITAL NAME:** Lifebridge Levindale Geriatric Center & Hospital

**HOSPITAL ADDRESS:** [2434 West Belvedere Avenue, Baltimore, MD 21215](#)

**TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY NAME:** Gordon Feinblatt LLC

**TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY ADDRESS:** [233 E Redwood Street Baltimore MD 21202](#)

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

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

**MONETARY VALUE OF THE BUSINESS TRANSACTION(S) TO THE TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY:** \$30,655.26

**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:** Abba David Poliakoff

**COMPLETED BY:** Abba David Poliakoff, [apoliakoff@gfirlaw.com](mailto:apoliakoff@gfirlaw.com), 410-576-4067



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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 8, 2019 at 12:11 PM

**DATE OF STATEMENT:** 10/8/2019

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

**TRUSTEE, DIRECTOR, OR OFFICER NAME:** Lynn B. Sassin

**TRUSTEE, DIRECTOR, OR OFFICER BUSINESS ADDRESS:** [233 E. Redwood Street, Baltimore MD 21202](#)

**HOSPITAL NAME:** Lifebridge Levindale Geriatric Center & Hospital

**HOSPITAL ADDRESS:** [2434 West Belvedere Avenue, Baltimore MD 21215](#)

**TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY NAME:** Gordon Feinblatt LLC

**TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY ADDRESS:** [233 E. Redwood Street, Baltimore, MD 21202](#)

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

**TITLE, RELATIONSHIP, OR POSITION OF TRUSTEE, DIRECTOR, OR OFFICER IN THE BUSINESS ENTITY:** Partner, chair of Trusts and Estates Practice

**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:** Legal Services

**MONETARY VALUE OF THE BUSINESS TRANSACTION(S) TO THE TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY:** \$30,665.26

**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:** Lynn B. Sassin

**COMPLETED BY:** Lynn B. Sassin, [lsassin@gflaw.com](mailto:lsassin@gflaw.com), 410-576-4151



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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

Wed, Oct 9, 2019 at 1:03 PM

**DATE OF STATEMENT:** 10/9/2019

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

**TRUSTEE, DIRECTOR, OR OFFICER NAME:** Deborah Graves

**TRUSTEE, DIRECTOR, OR OFFICER BUSINESS ADDRESS:** [2434 W Belvedere Ave, Baltimore, MD 21215](#)

**HOSPITAL NAME:** Lifebridge Levindale Geriatric Center & Hospital

**HOSPITAL ADDRESS:** [2434 W Belvedere Ave, Baltimore, MD 21215](#)

**TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY NAME:** Levindale Hebrew Geriacttic Center and Hospital

**TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY ADDRESS:** [2434 W Belvedere Ave, Baltimore, MD 21215](#)

**MAJOR BUSINESS, PROFESSIONAL, OR ACADEMIC ACTIVITY OF TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY:** Hospital and Long Term Care Facility

**TITLE, RELATIONSHIP, OR POSITION OF TRUSTEE, DIRECTOR, OR OFFICER IN THE BUSINESS ENTITY:**  
President, Levindale Hospital, SVP LifeBridge Health

**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

**MONETARY VALUE OF THE BUSINESS TRANSACTION(S) TO THE TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY:** \$331,603.60

**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:** Deborah Graves

**COMPLETED BY:** Deborah Graves, [dgraves@lifebridgehealth.org](mailto:dgraves@lifebridgehealth.org), 410.601.2211



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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

Fri, Oct 11, 2019 at 11:53 AM

**DATE OF STATEMENT:** MD

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

**TRUSTEE, DIRECTOR, OR OFFICER NAME:** Marc B. Terrill

**TRUSTEE, DIRECTOR, OR OFFICER BUSINESS ADDRESS:** [101 W. Mt. Royal Avenue, Baltimore, MD 21201](#)

**HOSPITAL NAME:** Lifebridge Levindale Geriatric Center & Hospital

**HOSPITAL ADDRESS:** [2434 West Belvedere Avenue, Baltimore, MD 21215](#)

**TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY NAME:** The Associated: Jewish Community Federation of Baltimore, Inc.

**TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY ADDRESS:** [101 W. Mt. Royal Avenue, Baltimore, MD 21201](#)

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

**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:** Donation

**MONETARY VALUE OF THE BUSINESS TRANSACTION(S) TO THE TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY:** \$25,900

**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:** Marc Terrill

**COMPLETED BY:** Marc Terrill, [mterrill@associated.org](mailto:mterrill@associated.org), 410-369-9254





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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

Fri, Nov 1, 2019 at 1:32 PM

**DATE OF STATEMENT:** 11/1/2019

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

**TRUSTEE, DIRECTOR, OR OFFICER NAME:** Kevin Keane

**TRUSTEE, DIRECTOR, OR OFFICER BUSINESS ADDRESS:** [100 Painters Mill Road, Owings Mills MD 21117](#)

**HOSPITAL NAME:** Lifebridge Levindale Geriatric Center & Hospital

**HOSPITAL ADDRESS:** [2434 W. Belvedere Avenue Baltimore MD 21215](#)

**TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY NAME:** David S Brown Enterprises LTD

**TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY ADDRESS:** [100 Painters Mill Road, Owings Mills MD 21117](#)

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

**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:** David S Brown provides property management services to LifeBridge Health.

**MONETARY VALUE OF THE BUSINESS TRANSACTION(S) TO THE TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY:** \$74,450.94

**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:** Kevin Keane

**COMPLETED BY:** Kate Kennedy, [ckennedy@lifebridgehealth.org](mailto:ckennedy@lifebridgehealth.org), 410-601-9457