



HSCRC Trustees -MDH- <hscrc.trustees@maryland.gov>

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

1 message

hscrc.trustees@maryland.gov <hscrc.trustees@maryland.gov>

Tue, Sep 21, 2021 at 12:09 PM

Reply-To: hscrc.trustees@maryland.gov

To: hscrc.trustees@maryland.gov

DATE OF STATEMENT: 9/21/2021

PERIOD COVERED: FROM: 07/01/2020 **TO:** 06/30/2021

TRUSTEE, DIRECTOR, OR OFFICER NAME: Tevis, Jack

TRUSTEE, DIRECTOR, OR OFFICER BUSINESS ADDRESS: 82 John St, P O Box 26 Westminster, MD 21158

HOSPITAL NAME: Lifebridge Carroll Hospital

HOSPITAL ADDRESS: [200 Memorial Avenue Westminster, MD 21157](#)

TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY NAME: S H Tevis & Son, Inc

TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY ADDRESS: 82 John St, P O Box 26 Westminster, MD 21158

MAJOR BUSINESS, PROFESSIONAL, OR ACADEMIC ACTIVITY OF TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY: Heating oil & Propane retail business, Residential HVAC business

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: The monetary value reported includes payments made from any LifeBridge Health entity for HVAC services or fuel purchases.

MONETARY VALUE OF THE BUSINESS TRANSACTION(S) TO THE TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY: \$34,126.64

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: Jack Tevis



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

1 message

hscrc.trustees@maryland.gov <hscrc.trustees@maryland.gov>

Tue, Sep 21, 2021 at 12:22 PM

Reply-To: hscrc.trustees@maryland.gov

To: hscrc.trustees@maryland.gov

DATE OF STATEMENT: 9/21/2021**PERIOD COVERED: FROM:** 7/1/2020 **TO:** 6/30/2021**TRUSTEE, DIRECTOR, OR OFFICER NAME:** White, Drewy**TRUSTEE, DIRECTOR, OR OFFICER BUSINESS ADDRESS:** [12420 Milestone Center Drive, Suite 200 Germantown, MD 20876](#)**HOSPITAL NAME:** Lifebridge Carroll Hospital**HOSPITAL ADDRESS:** [200 Memorial Avenue Westminster, MD 21157](#)**TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY NAME:** Alteon Health**TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY ADDRESS:** [12420 Milestone Center Drive, Suite 200 Germantown, MD 20876](#)**MAJOR BUSINESS, PROFESSIONAL, OR ACADEMIC ACTIVITY OF TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY:** Emergency Medicine**TITLE, RELATIONSHIP, OR POSITION OF TRUSTEE, DIRECTOR, OR OFFICER IN THE BUSINESS ENTITY:** Regional Medical Director**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:** Alteon Health provides Emergency Medicine, Hospitalist and Intensivist coverage for Carroll Hospital Center.**MONETARY VALUE OF THE BUSINESS TRANSACTION(S) TO THE TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY:** \$4,126,723.89**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:** Drewy White



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

1 message

hscrc.trustees@maryland.gov <hscrc.trustees@maryland.gov>

Tue, Sep 21, 2021 at 11:18 AM

Reply-To: hscrc.trustees@maryland.gov

To: hscrc.trustees@maryland.gov

DATE OF STATEMENT: 9/21/2021**PERIOD COVERED: FROM:** 07/01/2020 **TO:** 06/30/2021**TRUSTEE, DIRECTOR, OR OFFICER NAME:** Herring, Todd**TRUSTEE, DIRECTOR, OR OFFICER BUSINESS ADDRESS:** [501 Fairmount Ave, Suite 302 Towson, Md 21286](#)**HOSPITAL NAME:** Lifebridge Carroll Hospital**HOSPITAL ADDRESS:** 201 Memorial Avenue Westminster, MD 21157**TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY NAME:** Pivot Health Services**TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY ADDRESS:** [501 Fairmount Ave, Suite 302 Towson, MD 21286](#)**MAJOR BUSINESS, PROFESSIONAL, OR ACADEMIC ACTIVITY OF TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY:** Physical Rehabilitation Services**TITLE, RELATIONSHIP, OR POSITION OF TRUSTEE, DIRECTOR, OR OFFICER IN THE BUSINESS ENTITY:** Market Director**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:** Mr. Herring is an employee of Pivot Physical Therapy. Mr. Herring receives no direct compensation from this arrangement.**MONETARY VALUE OF THE BUSINESS TRANSACTION(S) TO THE TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY:** \$2,256,824.40**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:** Todd Herring



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

1 message

hscrc.trustees@maryland.gov <hscrc.trustees@maryland.gov>

Tue, Sep 21, 2021 at 11:04 AM

Reply-To: hscrc.trustees@maryland.gov

To: hscrc.trustees@maryland.gov

DATE OF STATEMENT: 9/21/2021**PERIOD COVERED: FROM:** 07/01/2020 **TO:** 06/30/2021**TRUSTEE, DIRECTOR, OR OFFICER NAME:** Goldstein, Mark**TRUSTEE, DIRECTOR, OR OFFICER BUSINESS ADDRESS:** 12420 Milestone Dr, Suite 200 Germantown, MD 20874**HOSPITAL NAME:** Lifebridge Carroll Hospital**HOSPITAL ADDRESS:** [200 Memorial Avenue Westminster, MD 21157](#)**TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY NAME:** Alteon Health**TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY ADDRESS:** 12420 Milestone Dr, Suite 200 Germantown, MD 20874**MAJOR BUSINESS, PROFESSIONAL, OR ACADEMIC ACTIVITY OF TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY:** Emergency Medicine Physician (Healthcare)**TITLE, RELATIONSHIP, OR POSITION OF TRUSTEE, DIRECTOR, OR OFFICER IN THE BUSINESS ENTITY:** Chief of Emergency Medicine**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:** Alteon Health provides Emergency Medicine, Hospitalist and Intensivist coverage for Carroll Hospital Center.**MONETARY VALUE OF THE BUSINESS TRANSACTION(S) TO THE TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY:** \$4,126,723.89**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:** Mark Goldstein



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Reply-To: hscrc.trustees@maryland.gov
To: hscrc.trustees@maryland.gov

Tue, Sep 21, 2021 at 11:32 AM

DATE OF STATEMENT: 9/21/2021

PERIOD COVERED: FROM: 07/01/2020 **TO:** 06/30/2021

TRUSTEE, DIRECTOR, OR OFFICER NAME: Kuna, Kiran

TRUSTEE, DIRECTOR, OR OFFICER BUSINESS ADDRESS: [332 - 140 Village Road, #188 Westminster, MD 21157](#)

HOSPITAL NAME: Lifebridge Carroll Hospital

HOSPITAL ADDRESS: [200 Memorial Avenue Westminster, MD 21157](#)

TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY NAME: Carroll County Anesthesia Associates

TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY ADDRESS: [332 - 140 Village Road, #188 Westminster, MD 21157](#)

MAJOR BUSINESS, PROFESSIONAL, OR ACADEMIC ACTIVITY OF TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY: Medical Services (Anesthesiology)

TITLE, RELATIONSHIP, OR POSITION OF TRUSTEE, DIRECTOR, OR OFFICER IN THE BUSINESS ENTITY: Chief of Anesthesiology, Carroll Hospital

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: Carroll County Anesthesia Associates is the primary anesthesia provider for Carroll Hospital Center.

MONETARY VALUE OF THE BUSINESS TRANSACTION(S) TO THE TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY: \$2,700,000.00

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: Kiran Kuna



HSCRC Trustees -MDH- <hscrc.trustees@maryland.gov>

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

1 message

hscrc.trustees@maryland.gov <hscrc.trustees@maryland.gov>

Tue, Sep 21, 2021 at 11:27 AM

Reply-To: hscrc.trustees@maryland.gov

To: hscrc.trustees@maryland.gov

DATE OF STATEMENT: 9/21/2021

PERIOD COVERED: FROM: 07/01/2020 **TO:** 06/30/2021

TRUSTEE, DIRECTOR, OR OFFICER NAME: Hoover, Garrett

TRUSTEE, DIRECTOR, OR OFFICER BUSINESS ADDRESS: [200 Memorial Drive Westminster, MD 21157](#)

HOSPITAL NAME: Lifebridge Carroll Hospital

HOSPITAL ADDRESS: [200 Memorial Avenue Westminster, MD 21157](#)

TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY NAME: Carroll Hospital Center, Inc.

TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY ADDRESS: [200 Memorial Drive Westminster, MD 21157](#)

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

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

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: Mr. Hoover is an employee of Carroll Hospital Center, Inc. The monetary value reported reflects Mr. Hoover's compensation.

MONETARY VALUE OF THE BUSINESS TRANSACTION(S) TO THE TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY: \$416,401.77

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: Garrett Hoover



HSCRC Trustees -MDH- <hscrc.trustees@maryland.gov>

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

1 message

hscrc.trustees@maryland.gov <hscrc.trustees@maryland.gov>

Tue, Sep 21, 2021 at 12:06 PM

Reply-To: hscrc.trustees@maryland.gov

To: hscrc.trustees@maryland.gov

DATE OF STATEMENT: 9/21/2021

PERIOD COVERED: FROM: 07/01/2020 **TO:** 06/30/2021

TRUSTEE, DIRECTOR, OR OFFICER NAME: Myers, Michael

TRUSTEE, DIRECTOR, OR OFFICER BUSINESS ADDRESS: [2401 W. Belvedere Avenue Baltimore, MD 21215](#)

HOSPITAL NAME: Lifebridge Carroll Hospital

HOSPITAL ADDRESS: [200 Memorial Avenue Westminster, MD 21157](#)

TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY NAME: Sinai Hospital of Baltimore, Inc.

TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY ADDRESS: [2401 W. Belvedere Avenue Baltimore, MD 21215](#)

MAJOR BUSINESS, PROFESSIONAL, OR ACADEMIC ACTIVITY OF TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY: Health Services

TITLE, RELATIONSHIP, OR POSITION OF TRUSTEE, DIRECTOR, OR OFFICER IN THE BUSINESS ENTITY: VP
Regulatory Reporting & Reimbursement and CFO Carroll Hospital

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: Mr. Myers is an employee of Sinai Hospital of Baltimore. The monetary value reported reflects Mr. Myers' compensation.

MONETARY VALUE OF THE BUSINESS TRANSACTION(S) TO THE TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY: \$397,333.06

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: Michael Myers



HSCRC Trustees -MDH- <hscrc.trustees@maryland.gov>

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

1 message

hscrc.trustees@maryland.gov <hscrc.trustees@maryland.gov>

Tue, Sep 21, 2021 at 11:36 AM

Reply-To: hscrc.trustees@maryland.gov

To: hscrc.trustees@maryland.gov

DATE OF STATEMENT: 9/21/2021**PERIOD COVERED: FROM:** 07/01/2020 **TO:** 06/30/2021**TRUSTEE, DIRECTOR, OR OFFICER NAME:** Meltzer, Neil**TRUSTEE, DIRECTOR, OR OFFICER BUSINESS ADDRESS:** [2401 W Belvedere Ave Baltimore, MD 21215](#)**HOSPITAL NAME:** Lifebridge Carroll Hospital**HOSPITAL ADDRESS:** [200 Memorial Avenue Westminster, MD 21157](#)**TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY NAME:** Sinai Hospital of Baltimore, Inc.**TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY ADDRESS:** [2401 W Belvedere Ave Baltimore, MD 21215](#)**MAJOR BUSINESS, PROFESSIONAL, OR ACADEMIC ACTIVITY OF TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY:** Health Care**TITLE, RELATIONSHIP, OR POSITION OF TRUSTEE, DIRECTOR, OR OFFICER IN THE BUSINESS ENTITY:**
President and Chief Executive Officer**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:** Mr. Meltzer is an employee of Sinai Hospital of Baltimore. The monetary value reported reflects Mr. Meltzer's compensation.**MONETARY VALUE OF THE BUSINESS TRANSACTION(S) TO THE TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY:** \$2,907,933.44**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:** Neil Meltzer



HSCRC Trustees -MDH- <hscrc.trustees@maryland.gov>

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

1 message

hscrc.trustees@maryland.gov <hscrc.trustees@maryland.gov>

Tue, Sep 21, 2021 at 12:01 PM

Reply-To: hscrc.trustees@maryland.gov

To: hscrc.trustees@maryland.gov

DATE OF STATEMENT: 9/21/2021**PERIOD COVERED: FROM:** 07/01/2020 **TO:** 06/30/2021**TRUSTEE, DIRECTOR, OR OFFICER NAME:** Moffet, Brian**TRUSTEE, DIRECTOR, OR OFFICER BUSINESS ADDRESS:** [100 Light Street Baltimore, MD 21202](#)**HOSPITAL NAME:** Lifebridge Carroll Hospital**HOSPITAL ADDRESS:** [200 Memorial Avenue Westminster, MD 21157](#)**TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY NAME:** Miles & Stockbridge, PC**TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY ADDRESS:** [100 Light 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:** Principal**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:** LifeBridge Health uses Miles & Stockbridge, PC for legal services. Mr. Moffet was not involved with any of the work performed by Miles & Stockbridge nor received any direct compensation.**MONETARY VALUE OF THE BUSINESS TRANSACTION(S) TO THE TRUSTEE, DIRECTOR, OR OFFICER'S BUSINESS ENTITY:** \$120,625.67**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:** Brian Moffet