Payment to Agency Report — A Public Document

PAYMENT TO AGENCY REPORT
California Form 801
For Official Use Only

Date Stamp

1. Agency Name
San Gorgonio Memorial Hospital

Division, Department, or Region (if applicable)
n/a

Street Address
600 N. Highland Springs Avenue, Banning, CA 92220

Area Code/Phone Number
(951) 769-2160

Email
bduffy@sgmh.org

Agency Contact (name and title)
Bobbi Duffy, Executive Assistant

☐ **Amendment** (explain in comment section)

Date of Original Filing: ____________ (month, day, year)

2. Donor Name and Address

☐ Individual — Last Name: n/a — First Name: n/a

☑ Other — Name: Enterprise Strategy Regional Health System

Address: 311 Arsenal Street — City: Watertown — State: MA — Zip Code: 02472

Health Care Information Systems
If "Other" is marked, describe the entity's business activity (if business) or its nature and interests.

→ If applicable, identify the name of each source and the amount(s) received by the donor for this payment:

Name: n/a — $ ______ Amount — Name: n/a — $ ______ Amount

3. Payment Information (Complete Sections 3.1 (a or b), 3.2, 3.3)

3.1 (a) Travel Payment

Location of Travel: Boston, MA
Dates (month, day, year): May 8, 2017 - May 10, 2017

Transportation Provider: Virgin America
☐ Rail ☑ Air ☐ Bus ☐ Auto ☐ Other (Check Applicable Boxes)
Name of Lodging Facility: The Charles Hotel

Lodging Expenses	Meal Expenses	Transportation Expenses	Other Expenses	Total Expenses
$5,018.00	$1,037.00	$8,106.00	$0.00	$14,161.00

3.1 (b) Payment(s) not related to travel: Dates (month, day, year): n/a — Total Expenses: $ 0.00

3.2. Payment Description. Provide a specific description of the payment and its agency purpose and use.

Attendance - site visit for Athena Health

3.3. Identify the officials who used the payment in Section 3.1 (See instructions)

Last Name	First Name	Position/Title	Department/Division
Howard	Dan	CEO	Information Systems
Konduri	Vivanya	MD	Hospitalists

4. Verification

I authorized the acceptance of the reported payment(s) as in compliance with FPPC regulations.

Signature: [signature] — Print Name: Bobbi Duffy — Title: Executive Assistant — Date (month, day, year): 05/18/17

Comment: see attached sheet for additional attendees.
(Use this space or an attachment for any additional information)

FPPC Form 801 (Jan/14)
advice@fppc.ca.gov

Clear Page

Attachment to FPPC Form 801 completed and filed May 18, 2017

Additional Attendees:

Cox, Mayda	Director	Pt. Financial Services
Ebero, Maricris	RN	Information Systems
Moore, Kelly	RN	Physician Liaison
McLean, Jamie	Clinical Physician EMR Specialist	Information Systems