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 Ave., 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) _____ (First Name)

☑ Other Health Connect Partners (Name)

1248 Seven Springs Blvd., Unit A (Address) | Newport Richey (City) | FL (State) | 34655 (Zip Code)

Pharmaceutical

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:

n/a (Name) $_____ (Amount)

n/a (Name) $_____ (Amount)

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

3.1 (a) Travel Payment

Newport Richey, FL (Location of Travel)

October 6 - 8, 2014 (Dates (month, day, year))

American Airlines (Transportation Provider)

☐ Rail ☑ Air ☐ Bus ☐ Auto ☐ Other (Check Applicable Boxes)

Hyatt Regency (Name of Lodging Facility)

$200.00 Lodging Expenses | $_____ Meal Expenses | $614.20 Transportation Expenses | $_____ Other Expenses | $814.20 Total Expenses

3.1 (b) Payment(s) not related to travel:

n/a (Dates (month, day, year)) $_____ (Total Expenses)

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

n/a

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

Last Name	First Name	Position/Title	Department/Division
Lopez	Jose	Director	Pharmacy
n/a	n/a	n/a	n/a

4. Verification

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

Bobbi Duffy (Signature) | Bobbi Duffy (Print Name) | Executive Assistant (Title) | 10/21/14 (month, day, year)

Comment:

(Use this space or an attachment for any additional information)

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