Item #7 Attachment 7.A

BL 17-002 Annual Administration

FRESNO-KINGS- MADERA REGIONAL	DATE:	February 16, 2017	
HEALTH AUTHORITY	то:	Fresno-Kings-Madera Regional Health Authority Commission	
Commission	FROM:	Dr. David Hodge, Chairman	
Fresno County	RE:	Annual Administration (BL 17-002)	
David Pomaville, Director Public Health Department David Cardona, M.D.	BL #:	BL 17-002	
At-large	Agenda Item Attachment		
David S. Hodge, M.D. At-large	Attachment	7.A	
Sal Quintero Board of Supervisors			
Stephen Ramirez At-large	Discussion	Points:	
Soyla Griffin - At-large	Ethics Train	ning:	
<u>Kings County</u>	Ethics Trai	ning must be completed every two years. If you have	
Joe Neves Board of Supervisors	completed	ethics training within the last two years by virtue of	
Keith Winkler, Director Public Health Department	employment or membership on another board or commission then a copy of that certificate will suffice. If not, you can use the Fair Political		
Harold Nikoghosian- At-large <u>Madera County</u>		commission (FPPC) free online training seminar website at ethics.fppc.ca.gov.	
David Rogers Board of Supervisors		ission Clerk, and/or their designee, will follow-up with on members to obtain the necessary records.	
Van Do-Reynoso Public Health Director			
Aftab Naz, M.D. At-large	<u>Form 700:</u>		
Regional Hospital			
David Singh Valley Children's Hospital		ent of Economic Interests must be completed annually. The iched. Please complete and return to the Clerk, Cheryl Hurley, 2017	
Aldo De La Torre Community Medical Centers			
Commission At-large			
John Frye Fresno County			
Derrick Gruen Kings County			
Paulo Soares Madera County			
Gregory Hund Chief Executive Officer 7625 N. Palm Ave., Ste. 109 Fresno, CA 93711			
Phone: 559-540-7840 Fax: 559-446-1990 www.calvivahealth.org			

Item #7 Attachment 7.B

CALIFORNIA FORM 700

A PUBLIC DOCUMENT

STATEMENT OF ECONOMIC INTERESTS

COVER PAGE

Please type or print in ink.	
NAME OF FILER (LAST) (FIF	RST) (MIDDLE)
1. Office, Agency, or Court	
Agency Name (Do not use acronyms)	
Division, Board, Department, District, if applicable	Your Position
► If filing for multiple positions, list below or on an attachment.	. (Do not use acronyms)
Agency:	Position:
2. Jurisdiction of Office (Check at least one box)	
State	Judge or Court Commissioner (Statewide Jurisdiction)
Multi-County	County of
☐ City of	
3. Type of Statement (Check at least one box)	
Annual: The period covered is January 1, 2016, through December 31, 2016.	Leaving Office: Date Left//
-or- The period covered is// December 31, 2016.	_, through O The period covered is January 1, 2016, through the date of leaving office.
Assuming Office: Date assumed//	The period covered is/, through the date of leaving office.
Candidate: Election year and office	ce sought, if different than Part 1:
4. Schedule Summary (must complete) ► Tota Schedules attached	al number of pages including this cover page:
Schedule A-1 - Investments – schedule attached	Schedule C - Income, Loans, & Business Positions – schedule attached
Schedule A-2 - Investments – schedule attached	Schedule D - Income – Gifts – schedule attached
Schedule B - Real Property – schedule attached	Schedule E - Income - Gifts - Travel Payments - schedule attached
-or-	
□ None - No reportable interests on any schedule	<u>)</u>
5. Verification	
MAILING ADDRESS STREET (Business or Agency Address Recommended - Public Document)	CITY STATE ZIP CODE
DAYTIME TELEPHONE NUMBER	E-MAIL ADDRESS
()	
I have used all reasonable diligence in preparing this statement. herein and in any attached schedules is true and complete. I a	I have reviewed this statement and to the best of my knowledge the information contained acknowledge this is a public document.
I certify under penalty of perjury under the laws of the Stat	e of California that the foregoing is true and correct.
Date Signed	Signature
(month, day, year)	(File the originally signed statement with your filing official.)

SCHEDULE A-1 Investments



Stocks, Bonds, and Other Interests

Name

(Ownership Interest is Less Than 10%) Do not attach brokerage or financial statements.

► NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
FAIR MARKET VALUE \$2,000 - \$10,000 \$10,001 - \$100,000 \$100,001 - \$1,000,000 Over \$1,000,000	FAIR MARKET VALUE \$2,000 - \$10,000 \$10,001 - \$100,000 \$100,001 - \$1,000,000 Over \$1,000,000
NATURE OF INVESTMENT Stock Other (Describe) Partnership Income Received of \$0 - \$499 One Received of \$500 or More (Report on Schedule C)	NATURE OF INVESTMENT Stock Other (Describe) Partnership Income Received of \$0 - \$499 Income Received of \$500 or More (Report on Schedule C)
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
//_16//_16 ACQUIRED DISPOSED	//_16/16 ACQUIRED DISPOSED
► NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
FAIR MARKET VALUE \$2,000 - \$10,000 \$10,001 - \$100,000 \$100,001 - \$1,000,000 Over \$1,000,000	FAIR MARKET VALUE \$2,000 - \$10,000 \$10,001 - \$100,000 \$100,001 - \$1,000,000 Over \$1,000,000
NATURE OF INVESTMENT Stock Other (Describe)	NATURE OF INVESTMENT
Partnership ○ Income Received of \$0 - \$499 ○ Income Received of \$500 or More (Report on Schedule C)	Partnership ○ Income Received of \$0 - \$499 ○ Income Received of \$500 or More (<i>Report on Schedule C</i>)
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
//_16//_16 ACQUIRED DISPOSED	//_16//_16 ACQUIRED DISPOSED
► NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
FAIR MARKET VALUE \$2,000 - \$10,000 \$10,001 - \$100,000 \$100,001 - \$1,000,000 Over \$1,000,000	FAIR MARKET VALUE \$2,000 - \$10,000 \$10,001 - \$100,000 \$100,001 - \$1,000,000 Over \$1,000,000
NATURE OF INVESTMENT Stock Other (Describe) Partnership Income Received of \$0 - \$499 Income Received of \$500 or More (Report on Schedule C)	NATURE OF INVESTMENT Stock Other
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
/ / 16 / / 16	/ / 16 / / 16
ACQUIRED DISPOSED	ACQUIRED DISPOSED

Comments: ___

SCHEDULE A-2 Investments, Income, and Assets of Business Entities/Trusts

CALIFORNIA FORM FAIR POLITICAL PRACTICES COMMISSION Name

(Ownership Interest is 10% or Greater)

► 1. BUSINESS ENTITY OR TRUST	► 1. BUSINESS ENTITY OR TRUST
Name	Name
Address (Business Address Acceptable)	Address (Business Address Acceptable)
Check one	Check one
GENERAL DESCRIPTION OF THIS BUSINESS	General Description of This Business
General Description of This business	GENERAL DESCRIPTION OF THIS BUSINESS
FAIR MARKET VALUE IF APPLICABLE, LIST DATE: \$0 - \$1,999 16 \$10,001 - \$100,000 16 \$100,001 - \$1,000,000 0000 Over \$1,000,000 000	FAIR MARKET VALUE IF APPLICABLE, LIST DATE: \$0 - \$1,999 //16 \$2,000 - \$10,000 /_/16 \$10,001 - \$100,000 /_/16 \$100,001 - \$1,000,000 /_000 Over \$1,000,000 /_000
NATURE OF INVESTMENT Partnership Sole Proprietorship Other Other	NATURE OF INVESTMENT Partnership Sole Proprietorship Other
YOUR BUSINESS POSITION	YOUR BUSINESS POSITION
 ▶ 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST) \$0 - \$499 \$\$10,001 - \$100,000 \$500 - \$1,000 OVER \$100,000 \$1,001 - \$10,000 > 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary.) None or Names listed below 	 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME IO THE ENTITY/TRUST) \$0 - \$499 \$10,001 - \$100,000 \$500 - \$1,000 OVER \$100,000 \$1,001 - \$10,000 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary.) None or Names listed below
4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED BY THE BUSINESS ENTITY OR TRUST Check one box: INVESTMENT REAL PROPERTY	4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED BY THE BUSINESS ENTITY OR TRUST Check one box: INVESTMENT REAL PROPERTY
Name of Business Entity, if Investment, <u>or</u> Assessor's Parcel Number or Street Address of Real Property	Name of Business Entity, if Investment, <u>or</u> Assessor's Parcel Number or Street Address of Real Property
Description of Business Activity <u>or</u> City or Other Precise Location of Real Property	Description of Business Activity <u>or</u> City or Other Precise Location of Real Property
FAIR MARKET VALUE IF APPLICABLE, LIST DATE: \$2,000 - \$10,000 ///16 \$10,001 - \$1,000,000 ///16 Over \$1,000,000 ACQUIRED DISPOSED	FAIR MARKET VALUE IF APPLICABLE, LIST DATE: \$2,000 - \$10,000 ///16 \$10,001 - \$100,000 ///16 \$100,001 - \$1,000,000 ACQUIRED Over \$1,000,000 DISPOSED
Property Ownership/Deed of Trust Stock Partnership	Property Ownership/Deed of Trust Stock Partnership
Leasehold Other	Leasehold Other
Check box if additional schedules reporting investments or real property are attached	Check box if additional schedules reporting investments or real property are attached

Comments:_

SCHEDULE B Interests in Real Property

(Including Rental Income)

CALIFORNIA FORM 700

Name

ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS	► ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS
CITY	СІТҮ
FAIR MARKET VALUE IF APPLICABLE, LIST DATE: \$2,000 - \$10,000	FAIR MARKET VALUE IF APPLICABLE, LIST DATE: \$2,000 - \$10,000
NATURE OF INTEREST Ownership/Deed of Trust Easement	NATURE OF INTEREST
Leasehold Dther	Leasehold [] Other
IF RENTAL PROPERTY, GROSS INCOME RECEIVED	IF RENTAL PROPERTY, GROSS INCOME RECEIVED
□ \$0 - \$499 □ \$500 - \$1,000 □ \$1,001 - \$10,000	□ \$0 - \$499 □ \$500 - \$1,000 □ \$1,001 - \$10,000
S10,001 - \$100,000 OVER \$100,000	S10,001 - \$100,000 OVER \$100,000
SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.	SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source or income of \$10,000 or more.
None None	None
You are not required to report loans from commercial le	1

You are not required to report loans from commercial lending institutions made in the lender's regular course of business on terms available to members of the public without regard to your official status. Personal loans and loans received not in a lender's regular course of business must be disclosed as follows:

NAME OF LENDER*	NAME OF LENDER*		
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)		
BUSINESS ACTIVITY, IF ANY, OF LENDER	BUSINESS ACTIVITY, IF ANY, OF LENDER		
INTEREST RATE TERM (Months/Years)	INTEREST RATE TERM (Months/Years)		
% None	% None		
HIGHEST BALANCE DURING REPORTING PERIOD	HIGHEST BALANCE DURING REPORTING PERIOD		
\$500 - \$1,000 \$1,001 - \$10,000	\$500 - \$1,000 \$1,001 - \$10,000		
S10,001 - \$100,000 OVER \$100,000	S10,001 - \$100,000 OVER \$100,000		
Guarantor, if applicable	Guarantor, if applicable		

Comments: _

SCHEDULE C Income, Loans, & Business Positions

(Other than Gifts and Travel Payments)

CALIFORNIA FORM 700

Name

1. INCOME RECEIVED	► 1. INCOME RECEIVED
NAME OF SOURCE OF INCOME	NAME OF SOURCE OF INCOME
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
YOUR BUSINESS POSITION	YOUR BUSINESS POSITION
GROSS INCOME RECEIVED No Income - Business Position Only \$500 - \$1,000 \$1,001 - \$10,000 \$10,001 - \$100,000 OVER \$100,000 CONSIDERATION FOR WHICH INCOME WAS RECEIVED Salary Spouse's or registered domestic partner's income (For self-employed use Schedule A-2.)	GROSS INCOME RECEIVED No Income - Business Position Only \$500 - \$1,000 \$1,001 - \$10,000 \$10,001 - \$100,000 OVER \$100,000 CONSIDERATION FOR WHICH INCOME WAS RECEIVED Salary Spouse's or registered domestic partner's income (For self-employed use Schedule A-2.)
Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.)	Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.)
Sale of	Sale of
Commission or Rental Income, list each source of \$10,000 or more	Commission or Rental Income, list each source of \$10,000 or more
(Describe)	(Describe)
Other (Describe)	Other

* You are not required to report loans from commercial lending institutions, or any indebtedness created as part of a retail installment or credit card transaction, made in the lender's regular course of business on terms available to members of the public without regard to your official status. Personal loans and loans received not in a lender's regular course of business must be disclosed as follows:

NAME OF LENDER*	INTEREST RATE		TERM (Months/Years)	
ADDRESS (Business Address Acceptable)	%	None None		
BUSINESS ACTIVITY, IF ANY, OF LENDER	None None	Personal res	sidence	
	Real Property _			
HIGHEST BALANCE DURING REPORTING PERIOD			Street address	
\$500 - \$1,000	-		City	
\$1,001 - \$10,000			-	
\$10,001 - \$100,000				
OVER \$100,000	Other			
		((Describe)	
Comments:				

FPPC Form 700 (2016/2017) Sch. C FPPC Advice Email: advice@fppc.ca.gov FPPC Toll-Free Helpline: 866/275-3772 www.fppc.ca.gov

SCHEDULE D Income – Gifts

CALIFORNIA FORM 700

Name

 NAME OF SOURCE (Not an Acronym) 		► NAME OF SOURCE	E (Not an Acrony	m)
ADDRESS (Business Address Acceptable)		ADDRESS (Business Address Acceptable)		
BUSINESS ACTIVITY, IF ANY, OF SO	JRCE	BUSINESS ACTIVIT	Y, IF ANY, OF S	OURCE
DATE (mm/dd/yy) VALUE	DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
/\$		//	\$	
/\$		//	\$	
/\$		//	\$	
▶ NAME OF SOURCE (Not an Acronym)		► NAME OF SOURCE	(Not an Acrony	m)
ADDRESS (Business Address Accepta	ble)	ADDRESS (Busines	s Address Accep	table)
BUSINESS ACTIVITY, IF ANY, OF SOL	JRCE	BUSINESS ACTIVIT	Y, IF ANY, OF S	OURCE
DATE (mm/dd/yy) VALUE	DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
/\$		/	\$	
/\$		//	\$	
/\$		//	\$	
▶ NAME OF SOURCE (Not an Acronym)		► NAME OF SOURCE	E (Not an Acrony	m)
ADDRESS (Business Address Accepta	ble)	ADDRESS (Busines	s Address Accep	table)
BUSINESS ACTIVITY, IF ANY, OF SOL	JRCE	BUSINESS ACTIVIT	Y, IF ANY, OF S	OURCE
DATE (mm/dd/yy) VALUE	DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
/\$		//	\$	
/\$		//	\$	
/\$		//	\$	

Comments: _____

FPPC Form 700 (2016/2017) Sch. D FPPC Advice Email: advice@fppc.ca.gov FPPC Toll-Free Helpline: 866/275-3772 www.fppc.ca.gov

SCHEDULE E Income – Gifts Travel Payments, Advances, and Reimbursements

CALIFORNIA FORM / UU

Name

- Mark either the gift or income box.
- Mark the "501(c)(3)" box for a travel payment received from a nonprofit 501(c)(3) organization or the "Speech" box if you made a speech or participated in a panel. These payments are not subject to the gift limit, but may result in a disqualifying conflict of interest.
- For gifts of travel, provide the travel destination.

► NAME OF SOURCE (Not an Acronym)	► NAME OF SOURCE (Not an Acronym)
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
CITY AND STATE	CITY AND STATE
501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE	501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE
DATE(S):/// AMT: \$	DATE(S)://// AMT: \$
► MUST CHECK ONE: Gift -or- Income	► MUST CHECK ONE: Gift -or- Income
Made a Speech/Participated in a Panel	Made a Speech/Participated in a Panel
O Other - Provide Description	Other - Provide Description
If Gift, Provide Travel Destination	If Gift, Provide Travel Destination
► NAME OF SOURCE (Not an Acronym)	► NAME OF SOURCE (Not an Acronym)
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
CITY AND STATE	CITY AND STATE
501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE	501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE
DATE(S):// AMT: \$	DATE(S):/// AMT: \$
► MUST CHECK ONE: Gift -or- Income	► MUST CHECK ONE: Gift -or- Income
Made a Speech/Participated in a Panel	Made a Speech/Participated in a Panel
O Other - Provide Description	Other - Provide Description
► If Gift, Provide Travel Destination	► If Gift, Provide Travel Destination

Comments: _