June 2019 Entity Activities Report

Filed date: Jul 09, 2019 02:17 PM

Contact Information

Name: SOUTH COUNTY HOSPITAL Phone: 4017828000

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02879

Reported Compensation:

Date	Туре	Value	Paid To
Jun 28, 2019	N/A	\$3,000.00	THE BRADFORD GROUP

Reported Expenditures:

Date	Amount	Beneficiary	Paid To	Reason	On Behalf Of
No Expenditures reported.					

Reported Anything of Value:

Date	Туре	Value	Paid To	Beneficiary	Title	Office	Location
No Anything Of Value reported.							

Reported Contributions:

Date	Amount	Paid To	Beneficiary	Office	Contribution Type
No Contribut	cions reported.				

Reported Subjects:

Health Care Plans/Services

CHRIS REILLY via THE BRADFORD GROUP on behalf of **SOUTH COUNTY HOSPITAL**

Higher Education

WALLACE B. GERNT via THE BRADFORD GROUP on behalf of **SOUTH COUNTY HOSPITAL**

Reported Bills:

H5151

H5151	Neutral	CHRIS REILLY via THE BRADFORD GROUP on behalf of SOUTH COUNTY HOSPITAL
H5151	Neutral	WALLACE B. GERNT via THE BRADFORD GROUP on behalf of SOUTH COUNTY HOSPITAL

Reported Public Bodies:

No public_bodies reported.

Reported Executive Officials:

No executive_officials reported.