

## County of Bergen "Sunshine Form" for Disclosure of Political Contributions "Please fill out and attach to each resolution"

## DIRECT FINANCIAL DISCLOSURE OF CAMPAIGN CONTRIBUTIONS®

(A)	VENDOR NAM	IE or SPECIAL COUNSEL NAME Holy Name Home Care	
	VENDOR ADD	RESS or SPECIAL COUNSEL ADDRESS 718 Teaneck Rd, Teaneck, NJ 07666	
	VENDOR TELI	EPHONE NUMBER (201) 833-3740	
	VENDOR REPI	RESENTATIVE NAME (Please Print) Jason Ficks, Vice President, Post-Acute Services	
	VENDOR EMA	IL ADDRESS Ficks@holyname.org	
	VENDOR REPI	RESENTATIVE SIGNATURE DATE 03/07/2019	
(B)	CORPORATE OFF	HE PARTNERS OR SHAREHOLDERS OR, IT A PUBLIC CORPORATION, THE NAME OF THE FICERS AND DIRECTORS AS FOUND ON THE IOK OR 10Q FORMS REQUIRED TO BE FILED WITH THE LITTLES AND EXCHANGE COMMISSION.	ΙE
	Holy Name Hor	me Care is a department of Holy Name Medical Center, a 501(c)3 organization with r	חד
	shareholders/o		10
(D)	signature/da	ntributions (sign below and return, nothing else required excepte on this page only)  no contributions and certify the foregoing to be true to the best of my knowledge and if I have made te misstatement I may be subject to punishment.	
		Signature: Date: March 7, 2019	
		Print your name: Catherine Yaxley, Vice President, Data Science & Regulatory Affairs	
OFFIC <u>IA</u>	L POSITION/ NAME	i (* Denotes Incumbent,	
COUNTY	EXECUTIVE	James J. Tedesco (D)*	
		Norman Schmelz (R)	_
SHERIFF		Anthony Cureton (D)*	
		John M. Delorenzo III (R)	
		Michael Saudino (D)	
	201 08/DP4	Other	
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<sup>&</sup>lt;sup>1</sup> This form shall be updated periodically to reflect new elected officials and candidates for office. However, it shall maintain the format and required disclosures contained herein. 12/6/2018