

Lakeridge Health

Name: Cynthia Davis
Title: President and CEO
Reporting Period: April 1, 2024 – September 30, 2024

DATE	AMOUNT	EXPENSE CATEGORY	DESCRIPTION
May 1, 2024	\$116.00	Travel - Incidentals & Other	Attendance at Conference
May 7, 2024	\$40.00	Travel - Incidentals & Other	Attendance at Conference
May 9, 2024	\$85.34	Meals	Attendance at Hospital Meeting
May 15, 2024	\$139.67	Meals	Attendance at Meeting (Other) - Self & Other(s)
May 15, 2024	\$35.00	Travel - Incidentals & Other	Attendance at Meeting (Other)
July 30, 2024	\$20.00	Travel - Incidentals & Other	Attendance at Other HSP/Stakeholder Meeting
August 1, 2024	\$206.98	Meals	Attendance at Hospital Meeting
September 16, 2024	\$44.40	Travel - Taxi/Public Transportation	Attendance at Conference
September 16, 2024	\$721.62	Travel - Accommodations	Attendance at Conference
September 16, 2024	\$910.95	Travel - Airfare/Train	Attendance at Conference
September 18, 2024	\$54.25	Travel - Taxi/Public Transportation	Attendance at Conference

Name: Petrina McGrath
Title: Health Systems Executive
Reporting
Period: April 1, 2024 – September 30, 2024

DATE	AMOUNT	EXPENSE CATEGORY	DESCRIPTION
April	\$0.00		
May	\$0.00		
June 15, 2024	\$73.44	Travel - Taxi/Public Transportation	Attendance at Event
July	\$0.00		
August	\$0.00		
September	\$0.00		

Name: Brian Pollard
Title: Health Systems Executive
Reporting Period: April 1, 2024 – September 30, 2024

DATE	AMOUNT	EXPENSE CATEGORY	DESCRIPTION
April	\$0.00	<div>No expenses were incurred during this reporting period.</div>	
May	\$0.00		
June	\$0.00		
July	\$0.00		
August	\$0.00		
September	\$0.00		

Name: Tabitha Carroll
Title: Health System Executive
Reporting Period: April 1, 2024 – September 30, 2024

DATE	AMOUNT	EXPENSE CATEGORY	DESCRIPTION
April	\$0.00	<div>No expenses were incurred during this reporting period.</div>	
May	\$0.00		
June	\$0.00		
July	\$0.00		
August	\$0.00		
September	\$0.00		

Name: Chris Squire
Title: Health System Executive
Reporting Period: April 1, 2024 – September 30, 2024

DATE	AMOUNT	EXPENSE CATEGORY	DESCRIPTION
April	\$0.00	<div>No expenses were incurred during this reporting period.</div>	
May	\$0.00		
June	\$0.00		
July	\$0.00		
August	\$0.00		
September	\$0.00		

Name: Kirsten Burgomaster
Title: Health System Executive
Reporting Period: April 1, 2024 – September 30, 2024

April	\$0.00	<div>No expenses were incurred during this reporting period.</div>
May	\$0.00	
June	\$0.00	
July	\$0.00	
August	\$0.00	
September	\$0.00	

Name: Randy Wax
Title: Chief of Staff
Reporting Period: April 1, 2024 – September 30, 2024

DATE	AMOUNT	EXPENSE CATEGORY	DESCRIPTION
April	\$0.00	<div>No expenses were incurred during this reporting period.</div>	
May	\$0.00		
June	\$0.00		
July	\$0.00		
August	\$0.00		
September	\$0.00		

Name: Dr. Ilan Lenga
Title: Chief Information Officer and Chief Medical Information Officer
Reporting Period: April 1, 2024 – September 30, 2024

DATE	AMOUNT	EXPENSE CATEGORY	DESCRIPTION
April	\$0.00	No expenses were incurred during this reporting period.	
May	\$0.00		
June	\$0.00		
July	\$0.00		
August	\$0.00		
September	\$0.00		