Candidate/Officeholder's Name: Susan Goldberg

Office: Board

1A: The name(s) and address(es) of each of the individual's current employer(s) and name(s) and address(es) of each of the individual's employers during the preceding year.

- Current Employer(s): Retired N/A

- Previous Employer(s):

1B: For each employer described in Item 1A, a brief description of the employment, including the individual's occupation, and, as applicable, job title.

- Current Employment: Retired N/A

- Previous Employment: Hospital System Executive

2A: The name of any entity* in which the individual is an owner or officer, or was an owner or officer during the preceding year. None

2B: A brief description of the type of business or activity conducted by the entity(ies) described in Item 2A N/A

2C: Individual's position in the entity(ies) described in Item 2A N/A

3A: The name of each individual from whom, or entity from which, the individual has received $5,000 or more in income during the preceding year.

None

3B: A brief description of the type of business or activity conducted by the individual or entity described in Item 3A. None

4A: The name of each entity in which the individual holds any stocks or bonds having a fair market value of $5,000 or more as of the date of the disclosure form or during the preceding year (excluding funds that are managed by a third party, including blind trusts, managed investment accounts, and mutual funds). All funds, stocks, bonds, trusts etc. are managed by a third party

4B: A brief description of the type of business or activity conducted by the entity(ies) described in Item 4A. Financial advisors

5A: The name of each entity or organization not described in Items 2A through 4B of this form in which the individual currently serves, or served in the preceding year, in a paid leadership capacity or in a paid or unpaid position on a board of directors. None

5B: A brief description of the type of business or activity conducted by the entity(ies) or organization(s) described in Item 5A. None

5C: Description of the type of advisory position held by the individual within the entity(ies) organization(s) described in Item 5A. None

6A (Optional): Description of any real property in which the individual holds an ownership or other financial interest that the individual believes may constitute a conflict of interest.

6B (Optional): Description of type of interest held by the individual in the property(ies) described in Item 6A.

7A: The name(s) of the individual's spouse and any other adult residing in the individual's household who is not related by blood or marriage, as applicable. None

- Spouse:
- Other Adults:

7B: For the individual's spouse, the name(s) and address(es) of each current employer(s) and name(s) and address(es) of each employer(s) during the preceding year. None

- Spouse's Current Employer(s):
- Spouse's Previous Employer(s):

7C: A brief description of the employment and occupation of each adult who resides in the individual's household and is not related to the individual by blood or marriage. None

8A (Optional): A description of any other matter or interest that the individual believes may constitute a conflict of interest.

Date: _____

❑ I, the regulated officeholder or candidate, believe this form is true and accurate to the best of my knowledge. (Check box)



Candidate/Officeholder's Signature