

APPOINTEE EXEMPTION DISCLOSURE FORM

PART 1:		
NAME: Azeb Adere		
BOARD/COMMISSION NAME:	Developmental Disabilities Administration (DDA) Quality Advisory Council	
PART 2:		
Please Check Item(s):	Exemption Requested: ☒ No (If no, check box and skip to Part 3, Signature)	
	☐ Yes (If yes, check box and complete rest of Part 2 and 3)	
I request exemption for: ☐ Financial Interest ☐ Employment		
Financial Interest	Employment	
Name of Entity where the financial interest exists:	Employment to be Exempted:	
Address of Entity:	Your Position/Job Title:	
Interest to be Exempted:		
Current Value: ☐ Under \$1,000 ☐ \$1,000-\$5,000 ☐ \$5,000-\$10,000 ☐ \$10,000 or More		
Explain below why you believe you may have financial interests or an employment situation that, in the absence of an exemption, will conflict with your service on the board or commission for which appointment is being considered. You may wish to contact the State Ethics Commission for information or advice at 410-260-7770.		
PART 3:		
Appointee: Azeb A Adere	Signature: 	Date: 10/21/2025

Please return completed form to:
 Michelle Teoli Morningred, Administrator
 Maryland Department of Health
 Office of Appointments and Executive Nominations
 Email: michelle.morningred@maryland.gov
 Phone: (667) 203-8985