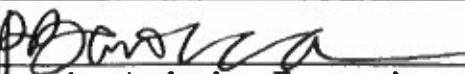


APPOINTEE EXEMPTION DISCLOSURE FORM

PART 1:	
NAME: Paige Barocca	
BOARD/COMMISSION NAME: Direct Entry Midwife Advisory Committee	
PART 2:	
EXEMPTION REQUESTED: ☐ No (If no, skip to Part 3, Signature) ☒ Yes (If yes, complete rest of Part 2 and Part 3)	
I request an exemption for (check one or both): ☐ Financial Interest ☒ Employment	
Financial Interest	Employment
Name of Entity (where a financial interest exists):	Employment to be Exempted (include employer name): Moonstone Midwifery (self)
Interest to be Exempted:	Your Position/Job Title: LDEM/CPM
Current Value: ☐ Under \$1,000 ☐ \$1,000-\$5,000 ☐ \$5,000-\$10,000 ☐ \$10,000 or More	
Additional Financial Interest (if any):	Additional Employment to be Exempted (if any):
Interest to be Exempted:	Your Position/Job Title:
Current Value: ☐ Under \$1,000 ☐ \$1,000-\$5,000 ☐ \$5,000-\$10,000 ☐ \$10,000 or More	
Explain below why you believe the financial interest(s) or employment situation(s) identified above, in the absence of an exemption, will conflict with your service on the board or commission for which appointment is being considered. Attach an additional page if necessary. You may wish to contact the State Ethics Commission for information or advice at 410-260-7770.	
I am applying to fill the open LDEM member position of my own regulating board.	
I intend to serve on the board as an impartial and independent LDEM/CPM member.	
I have stepped down from my role as the president of the Association of Independent Midwives of Maryland (AIMM) so that I may do so without bias or other vested interest.	
PART 3:	
Appointee: Paige Barocca	Signature:  Date: 3/7/22

Mail the completed form to the Appointing Authority. For appointments made by the Secretary:

Kim Bennardi
Maryland Department of Health,
201 W. Preston Street, 5th Floor
Baltimore, MD 21201

NOTE: The Ethics Law requires the Ethics Commission, beginning with disclosures made on or after January 1, 2019, to post this information on the Internet.