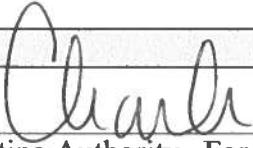


APPOINTEE EXEMPTION DISCLOSURE FORM

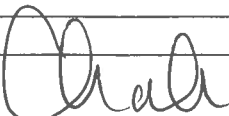
PART 1:	
NAME: Christina Bartz PAC	
BOARD/COMMISSION NAME: MD Consortium on Coordinated Community Supports	
PART 2:	
EXEMPTION REQUESTED: ☐ No (If no, skip to Part 3, Signature) ☒ Yes (If yes, complete rest of Part 2 and Part 3)	
I request an exemption for (check one or both): ☐ Financial Interest ☒ Employment - FTEmployee	
Financial Interest	Employment
Name of Entity (where a financial interest exists):	Employment to be Exempted (include employer name): Choptank Community Health System
Interest to be Exempted:	Your Position/Job Title: Director Community Based Programs
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.	
Choptank Community Health operates SBHCLs in several counties on the Mid Shore of Maryland.	
PART 3:	
Appointee:	Signature:  Date: 9/6/2022

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

Governor's Appointments Office
State House
Annapolis, MD 21401

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

APPOINTEE EXEMPTION DISCLOSURE FORM

PART 1:	
NAME: Christina Bartz PAC	
BOARD/COMMISSION NAME: MD Consortium on Coordinated Community Supports.	
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 / Volunteer	
Financial Interest	Employment
Name of Entity (where a financial interest exists):	Employment to be Exempted (include employer name): Council on the Advancement of SPHLS
Interest to be Exempted:	Your Position/Job Title: CASPHL board member
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 participate as a Board member on CASPHL, representing FQHCs in Maryland.	
PART 3:	
Appointee:	Signature:  Date: 9/6/22

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State House
Annapolis, MD 21401

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APPOINTEE EXEMPTION DISCLOSURE FORM

PART 1:		
NAME: <u>Christina Barz PA</u>		
BOARD/COMMISSION NAME: <u>MD Consortium on Coordinated Community Support</u>		
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 <u>/volunteer</u>		
Financial Interest	Employment	
Name of Entity (where a financial interest exists):	Employment to be Exempted (include employer name): <u>MD Assembly on SB Healthcare</u>	
Interest to be Exempted:	Your Position/Job Title: <u>Board member MTSBHC</u>	
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.		
<u>I participate as a Board member on MTSBHC</u> <u>Supporting advocacy and advancement of</u> <u>SBHCs in MD</u>		
PART 3:		
Appointee:	Signature: <u>[Signature]</u>	Date: <u>9/6/22</u>

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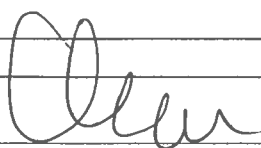
PART 1:	
NAME: <u>Christher Bartz PhD</u>	
BOARD/COMMISSION NAME: <u>MD Consortium on Coordinated Community Support</u>	
PART 2:	
EXEMPTION REQUESTED: ☐ No (If no, skip to Part 3, Signature) ☒ Yes (If yes, complete rest of Part 2 and Part 3)	
I request an exemption for (check one or both): ☐ Financial Interest ☒ Employment <u>/volunteer</u>	
Financial Interest	Employment
Name of Entity (where a financial interest exists):	Employment to be Exempted (include employer name): <u>Goldshon Vol. Fire Company</u>
Interest to be Exempted:	Your Position/Job Title: <u>Volunteer EMT-B</u>
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.	
<u>I am a volunteer fire department member for Goldshon Volunteer Fire Company in Goldshon, MD a provide EMS services as a volunteer.</u>	
PART 3:	
Appointee:	Signature: <u>[Signature]</u> Date: <u>9/16/22</u>

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State House
Annapolis, MD 21401

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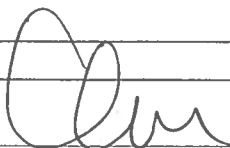
PART 1:	
NAME: Christina Bartz PRC	
BOARD/COMMISSION NAME: MD Consortium on Coordinated Community Supports	
PART 2:	
EXEMPTION REQUESTED: ☐ No (If no, skip to Part 3, Signature) ☒ Yes (If yes, complete rest of Part 2 and Part 3)	
I request an exemption for (check one or both): ☐ Financial Interest ☒ Employment / volunteer	
Financial Interest	Employment
Name of Entity (where a financial interest exists):	Employment to be Exempted (include employer name): Caroline County BLS Enhancement Committee
Interest to be Exempted:	Your Position/Job Title: Chairperson / volunteer
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 the volunteer liason for the Basic Life Support committee in Caroline County, MD.	
PART 3:	
Appointee:	Signature:  Date: 9/6/22

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State House
Annapolis, MD 21401

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APPOINTEE EXEMPTION DISCLOSURE FORM

PART 1:	
NAME: Christina Bartz PAc	
BOARD/COMMISSION NAME: MD Consortium on Coordinated Community Supports	
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 / volunteer	
Financial Interest	Employment
Name of Entity (where a financial interest exists):	Employment to be Exempted (include employer name): Caroline Foundation, Inc.
Interest to be Exempted:	Your Position/Job Title: Volunteer Board member
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	
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I volunteer as a Board member for the Caroline Foundation, which is managed by the MidShore Community Foundation.	
PART 3:	
Appointee:	Signature:  Date: 9/6/22

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