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 - FT employee

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 SBHCs in several counties on the Mid Shore of Maryland.

PART 3:

Appointee:	Signature:	Date:
	Christina Bartz	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.**

Form 5

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 SBHCs
Interest to be Exempted:	Your Position/Job Title: CASBHC 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 CASBHC, representing FQHCs in Maryland.

PART 3:

Appointee:	Signature:	Date: 9/6/22

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Annapolis, MD 21401

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Form 5

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): MD Assembly on SB Healthcare.
Interest to be Exempted:	Your Position/Job Title: Board Member MATSBHC
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 participate as a Board member on MATSBHC supporting advocacy and advancement of SBHCs in 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: Christhea Bartz PMC

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): Goldsboro Vol. Fire Company
Interest to be Exempted:	Your Position/Job Title: Volunteer EMT-B
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 a volunteer fire department member for Goldsboro Volunteer Fire Company in Goldsboro, MD a provide EMS services as a volunteer.

PART 3:

Appointee:	Signature:	Date: 9/6/22

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Annapolis, MD 21401

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APPOINTEE EXEMPTION DISCLOSURE FORM

PART 1:

NAME: Christina Bartz PHC

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 liasan for the Basic Life Support committee in Caroline County, MD.

PART 3:

Appointee:	Signature:	Date: 9/6/22

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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	

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 volunteer as a Board member for the Caroline Foundation, which is managed by the Mid Shore Community Foundation.

PART 3:

Appointee:	Signature:	Date: 9/6/22

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