


APPOINTEE EXEMPTION DISCLOSURE FORM

PART 1:	
NAME: Elizabeth Benevides	
BOARD/COMMISSION NAME:	Developmental Disabilities Administration Quality Advisory Council
PART 2:	
Please Check Item(s):	Exemption Requested: <input checked="" type="checkbox"/> No (If no, check box and skip to Part 3, Signature)
	<input type="checkbox"/> Yes (If yes, check box and complete rest of Part 2 and 3)
I request exemption for: <input type="checkbox"/> Financial Interest <input type="checkbox"/> 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: <input type="checkbox"/> Under \$1,000 <input type="checkbox"/> \$1,000-\$5,000 <input type="checkbox"/> \$5,000-\$10,000 <input type="checkbox"/> \$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: Elizabeth Benevides	Signature:  Date: 10/22/2025

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