APPOINTEE EXEMPTION DISCLOSURE FORM

PART 1:	
NAME: Alan L. Berman [aka Lanny]	
BOARD/COMMISSION NAME:	Suicide Fatality Review committee
PART 2:	
Please Check Item(s):	Exemption Requested: X□ 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:	Signature: Alan L. Berman Date: 09/29/2022

Email the completed form to Kimberly Link
Kimberly.Link@Maryland.gov
Form #5