APPOINTEE EXEMPTION DISCLOSURE FORM

PART 1:	
NAME:	Grace Bolyard
ADDRESS:	203 South Second Street PO Box 271 Oakland MD 21550
BOARD/COMMISSION NAME:	Cancer Coalition
PART 2:	
Please Check Item(s):	Exemption Requested: ☒ 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:	☐ Interest and/or ☐ Employment
Name of Entity:	
Address of Entity:	
Interest to be Exempted:	Current Value: ☐ Under $1,000 ☐$1,000-$5,000 ☐$5,000-$10,000 ☐$10,000 or More
Employment to be Exempted:	Your Position/Job Title:
Indicate below the reasons why the interest/employment would be in conflict of interest at the time of appointment, or the reasons why past transactions indicate that future similar transactions would cause a conflict of interest if appointed without the exemption. For example, is the entity in which the interest is held regulated by the agency /department in which you would be serving, or does it sell goods and services to these agencies? For more information regarding the kinds of relationships that may cause a conflict of interest, consult §15-502 of the Maryland Public Ethics Law, State Government Article, Annotated Code of Maryland. You may also contact the State Ethics Commission for additional information at 410-260-7770.	
Example: My salary is funded by the _____, a not-for-profit that receives CRF funds. I work to perform community education and to facilitate the CHC by setting up meetings, preparing the agenda, keeping a membership roster, and preparing minutes of meetings.	
PART 3:	
Appointee: Grace Bolyard	Signature: Grace Ann Bolyard Date: 5-12-23