## APPOINTEE EXEMPTION DISCLOSURE FORM

**PART 1:**

NAME: Tess Brody, CPM, LDEM

BOARD/COMMISSION NAME: Direct-Entry Midwife Advisory Committee

**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

| Financial Interest | Employment |
|---|---|
| Name of Entity (where a financial interest exists): | Employment to be Exempted (include employer name): Self - Tova Brody Birth LLC |
| Interest to be Exempted: | Your Position/Job Title: CPM, LDEM |
| 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 work as a licensed direct-entry midwife but am confident that I could serve on this board, in one of the LDEM seats, as an unbiased member who brings valuable knowledge and experience to the table.

**PART 3:**

Appointee: Tess Brody | Signature: [signature] | Date: 4/26/22

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

**Kim Bennardi**
**Maryland Department of Health,**
**201 W. Preston Street, 5th Floor**
**Baltimore, MD 21201**

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