

APPOINTEE EXEMPTION DISCLOSURE FORM

PART 1

Name: Bryan O. Buckley

Board/Commission Name: Maryland Commission on Health Equity

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)
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I request exemption for: ☐ Financial Interest ☒ Employment

Financial Interest

Employment

Name of Entity where the financial interest exists:

Employment to be Exempted:

CareFirst BlueCross BlueShield

Address of Entity:

Your Position/Job Title:

Head of Public Health

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.

I work for CareFirst as their Head of Public Health. Although I believe through leveraging my extensive experience in public health, health equity, and system-oriented approaches I might provide unique contribution and meaningfully insight to the Maryland Commission for Health Equity.

PART 3

Appointee

Signature:

Bryan O. Buckley

Date: 8/9/24

Mail, fax, or email this completed form to:
Kim Bennardi, Administrator
Maryland Department of Health
Office of Appointments and Executive Nominations
201 W. Preston Street, Baltimore, MD 21201
Phone: (410) 767-4049
Fax: (410) 767-6489 or 410-333-7687
Email: kim.bennardi@maryland.gov