

APPOINTEE EXEMPTION DISCLOSURE FORM

PART 1:	
NAME: Jaimi Conley-Mahan	
BOARD/COMMISSION NAME: Cecil County Cancer Task Force	
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): N/A	Employment to be Exempted (include employer name): Cecil County Health Department
Interest to be Exempted: N/A	Your Position/Job Title: Community Health Nurse Supervisor
Current Value: ☐ Under \$1,000 ☐ \$1,000-\$5,000 ☐ \$5,000-\$10,000 ☐ \$10,000 or More	
Additional Financial Interest (if any): N/A	Additional Employment to be Exempted (if any): N/A
Interest to be Exempted: N/A	Your Position/Job Title: N/A
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.	
Employed at the CCHD under the CRF CPEST Grant.	
PART 3:	
Appointee: Jaimi Conley-Mahan	Signature: <i>Jaimi Conley-Mahan</i> Date: 7/27/2023

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

Governor's Appointments Office State House

Annapolis, MD 21401

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

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