APPOINTEE EXEMPTION DISCLOSURE FORM

PART 1:				
NAME: Katelyn Coo	k			
BOARD/COMMISSION NAME: cecil County Cancer Task Force				
PART 2:				
EXEMPTION REQUESTED: X 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		ists): Employment to n/a	Employment to be Exempted (include employer name): n/a	
Interest to be Exempted: n/a		Your Position/	Your Position/Job Title: n/a	
Current Value: Under \$1,000 \$5,000-\$10,000]\$1,000-\$5,000]\$10,000 or More			
Additional Financial Interest (if any): n/a		n/a	Additional Employment to be Exempted (if any): n/a	
Interest to be Exempted: n/a		Your Position/	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.				
n/a				
PART 3:				
Appointee: Katelyn Cook	Signature:	Cocusigned by: Katelyn Cook	Date: _{7/27/2023}	

Mail the completed form to the Appointing And Property 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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