

APPOINTEE EXEMPTION DISCLOSURE FORM

PART 1:

NAME: Kelly Cooper

BOARD/COMMISSION NAME: DDA Waiver Advisory Council

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: Financial Interest Employment

Financial Interest

Employment

Name of Entity where the financial interest exists: Employment to be Exempted: Maryland Office of the Attorney General

Address of Entity: Your Position/Job Title: Senior Counsel/Assistant Attorney General

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 am an Assistant Attorney General for the Maryland Office of the Attorney General. I am assigned to the Health Occupations Prosecution and Litigation Division ("HOPL"). The unit I work in (HOPL) does not handle DDA cases, however, my paystub does say my wages are paid by MDH.

PART 3:

Appointee:

Signature:

Kelly Cooper

Date: 10/29/2025

Please return completed form to:
Michelle Teoli Morningred, Administrator

Maryland Department of Health
Office of Appointments and Executive Nominations

Email: michelle.morningred@maryland.gov

Phone: (667) 203-8985