

APPOINTEE EXEMPTION DISCLOSURE FORM

PART 1:		
NAME: Kelly Cooper		
BOARD/COMMISSION NAME:	DDA Waiver Advisory Council	
PART 2:		
Please Check Item(s):	Exemption Requested: <input type="checkbox"/> No (If no, check box and skip to Part 3, Signature)	
	<input checked="" type="checkbox"/> Yes (If yes, check box and complete rest of Part 2 and 3)	
I request exemption for: <input type="checkbox"/> Financial Interest <input checked="" type="checkbox"/> 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: <input type="checkbox"/> Under \$1,000 <input type="checkbox"/> \$1,000-\$5,000 <input type="checkbox"/> \$5,000-\$10,000 <input type="checkbox"/> \$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: <i>Kelly Cooper</i>	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