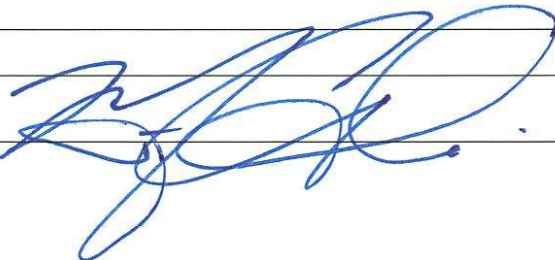


APPOINTEE EXEMPTION DISCLOSURE FORM

PART 1:	
NAME: Matt Crisafulli	
BOARD/COMMISSION NAME:	PDMP Board
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:
Address of Entity:	Your Position/Job Title:
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.	
PART 3:	
Appointee: <i>MATT Crisafulli</i>	Signature:  Date: <i>11-14-23</i>

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

**MDH OFFICE APPOINTMENTS AND EXECUTIVE NOMINATIONS
REQUEST FOR APPOINTMENT CONSIDERATION
BIOGRAPHICAL INFORMATION FORM**

Please state below, the board or commission or general subject area in which you have an interest:
BOARD OR COMMISSION NAME: _____

Application for:		☐ New Appointment		☒ Reappointment			
Name:		Matt Crisafulli					
Date of Birth:		04-25-1974		☒ US Citizen		☒ Registered Voter	
				MD resident since 1980			
Race:	W	Gender:	M	(Ethnic/gender data is solely to assure diversity in representation)			
Home Address:		2010 Orchard Dr.					
City:	Pocomoke			State:	Md.		Zip: 21851
Resident County:		Worcester					
MD Legislative District:				MD Congressional District:			
						Council or Commission District:	
Occupation:		Worcester County Sheriff					
Employer:		Worcester County					
Work Address:		#1 West Market Room 1001					
City:	Snow Hill			State:	Md.		Zip: 21863
Phones:	(Office):	410-632-1112			(Home):	443-783-9484	
	(Cell):	443-783-9484			(Fax):		
Email Address:		mcrisafulli@co.worcester.md.us					
Sponsoring Organization (If Any):		_____					
Have you ever been a party (plaintiff or petitioner/defendant or respondent) to any civil, criminal, juvenile or administrative proceeding?							
☐ No	☒ Yes (Specify):		I have been named in several demand letters (notice of intent) in several matters since being Elected in 2018. (3) total were settled prior to litigation.				
Do you hold a Maryland license to practice a profession or trade?				☐	Yes	☒	No
If yes, specify License type and #:		_____					
Have you ever had a license to practice a profession or trade, whether held in Maryland or another state, revoked or suspended?							
☒ No		☐ Yes (Specify):		_____			
Are you a member, officer or director of any organization?				☒	Yes	☐	No
Specify Organization or Activity:		Board of diectors YMCA/ 4 th Vice President of the Md. Sheriff's Association					
If so, are you engaged in any lobbying activities for that organization?							
				☐	Yes	☒	No

