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: MATT Crisafulli	Signature:	Date: 11-14-23

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/ 4th Vice President of the Md. Sheriff's Association			

If so, are you engaged in any lobbying activities for that organization?

		☐	Yes	☒	No

Are you a paid lobbyist for any organization?					
If so, please specify the organization		□	Yes	□Ξ	No
Do you hold, or have you held in the past, an elected or appointed office within Federal, State or local government, or a political party?		□Ξ	Yes	□	No
Specify Office:	Elected Sheriff of Worcester County				
Specify Dates:	2018 to current				
Have you filed all Federal and State tax returns that are now due or overdue and are all payments thereupon up to date?					
□ Yes	□ No (Explain):	We file our tax returns yearly and timely.			
Have Federal, State or local authorities ever instituted a lien or other collection procedures against you?					
Ξ□ No	□ Yes (Explain):				

List the names, business addresses, and business telephone numbers of at least 2 individuals who are familiar with your professional qualifications and who have known you for more than the last five years:

1.Nate Passwaters (same work address) 443-783-0445

2.Doug Dods (same work address) 443-783-0391

Please briefly explain why you wish to serve on the Board/Commission/Council.

I have been on the board for several years now and find it rewarding to have a law enforcement perspective for our board.

Please attach a resume that includes information concerning your academic background, work experience and professional, political, and civic organization affiliations.

ORGANIZATIONAL AFFILIATIONS:

I certify that, to the best of my knowledge and belief, all the information contained in and attached to this questionnaire is true, correct and complete. I understand and agree that I am required to notify the Office of the Governor in writing if any of the information contained in or attached to this questionnaire changes.

Signature of applicant: _____ Date: 11-13-23

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