

APPOINTEE EXEMPTION DISCLOSURE FORM

PART 1:	
NAME: Bonnie DiPietro	
BOARD/COMMISSION NAME:	Commission on Trauma Funding
PART 2:	
Please Check Item(s):	Exemption Requested: <input checked="" type="checkbox"/> No (If no, check box and skip to Part 3,
	Signature)
	<input 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 type="checkbox"/> 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: <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.	
Bonnie DiPietro	
<small>Digitally signed by Bonnie DiPietro DN: cn=Bonnie DiPietro, gn=Bonnie DiPietro, c=US, United States, l=US, United States, o=Maryland Patient Safety Center, ou=VP, Operations, e=bdipietro@marylandpatientsafety.org</small>	
PART 3:	
Appointee:	Signature: DiPietro Date:

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