Appointee Exemption Disclosure Form

Date: 04/24/2019
Name: Kathryn Fiddler
Board/Commission Name: Medicaid Advisory Board
Exemption Requested: No
I request exemption for: Financial Interest No
ame of Entity where the financial interest exixts:
Address of Entity:
Interest to be Exempted:
Current Value: No
I request exemption for: Employment No
Employment to be Exempted:
Your Position/Job Title:
Explain: