APPOINTEE EXEMPTION DISCLOSURE FORM

PART 1:	
NAME:	Ellie Folk
ADDRESS:	ACHD PO Box 1745 Cumberland MD 21502
BOARD/COMMISSION NAME:	ACHD
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: ☐ Interest and/or ☒ Employment
Name of Entity:	
Address of Entity:	
Interest to be Exempted:	Current Value: ☐ Under $1,000 ☐ $1,000-$5,000 ☐ $5,000-$10,000 ☐ $10,000 or More
Employment to be Exempted:	Your Position/Job Title: Director of Cancer Programs Community Health Nurse Supervisor
Indicated below the reasons why the interest/employment would be in conflict of interest at the time of appointment, or the reasons why past transactions indicate that future similar transactions would cause a conflict of interest if appointed without the exemption. For example, is the entity in which the interest is held regulated by the agency /department in which you would be serving, or does it sell goods and services to these agencies? For more information regarding the kinds of relationships that may cause a conflict of interest, consult §15-502 of the Maryland Public Ethics Law, State Government Article, Annotated Code of Maryland. You may also contact the State Ethics Commission for additional information at 410-260-7770.	
PART 3:	
Appointee:	Signature: Ellie Folk RN Date: 9/24/24