

APPOINTEE EXEMPTION DISCLOSURE FORM

PART 1:
NAME:

John R Franklin

BOARD/COMMISSION NAME:

MARYLAND Department of Aging

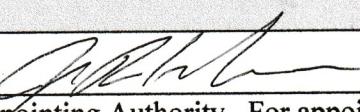
PART 2:
EXEMPTION REQUESTED: No (If no, skip to Part 3, Signature)

 Yes (If yes, complete rest of Part 2 and Part 3)

I request an exemption for (check one or both): Financial Interest Employment

| Financial Interest | Employment |
|---|--|
| Name of Entity (where a financial interest exists): | Employment to be Exempted (include employer name): |
| Interest to be Exempted: | Your Position/Job Title: |
| Current Value: <input type="checkbox"/> Under \$10,000 <input type="checkbox"/> \$10,001-\$50,000 <input type="checkbox"/> \$50,001-\$100,000 <input type="checkbox"/> \$100,000 or More | |
| Additional Financial Interest (if any): | Additional Employment to be Exempted (if any): |
| Interest to be Exempted: | Your Position/Job Title: |
| Current Value: <input type="checkbox"/> Under \$10,000 <input type="checkbox"/> \$10,001-\$50,000 <input type="checkbox"/> \$50,001-\$100,000 <input type="checkbox"/> \$100,000 or More | |
| Explain below why you believe the financial interest(s) or employment situation(s) identified above, in the absence of an exemption, will conflict with your service on the board or commission for which appointment is being considered. Attach an additional page if necessary. You may wish to contact the State Ethics Commission for information or advice at 410-260-7770. | |
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PART 3:
Appointee:
John R Franklin

Signature:

Date:
1/21/26

Mail the completed form to the Appointing Authority. For appointments made by the Governor:
Governor's Appointments Office
State House
Annapolis, MD 21401

*****NOTE: The Law requires the Commission, beginning with disclosures made on or after January 1, 2019, to post the information on the Internet.**