

**APPOINTEE EXEMPTION DISCLOSURE FORM**

<b>PART 1:</b>	
NAME: <u>Drew Fuller</u>	
BOARD/COMMISSION NAME: <u>Technical Advisory Committee PD MD</u>	
<b>PART 2:</b>	
Please Check Item(s):	Exemption Requested: <input type="checkbox"/> No (If no, check box and skip to Part 3, Signature)
	<input checked="" type="checkbox"/> Yes (If yes, check box and complete rest of Part 2 and 3)
I request exemption for: <input checked="" type="checkbox"/> Financial Interest <input checked="" type="checkbox"/> Employment	
<b>Financial Interest</b>	<b>Employment</b>
Name of Entity where the financial interest exists: <u>Brightwell Health LLC</u>	Employment to be Exempted: <u>Brightwell Health</u>
Address of Entity: <u>7310 Ritchie Highway 21061 Suite 516, Glen Burnie MD</u>	Your Position/Job Title: <u>Medical Director</u>
Interest to be Exempted: <u>Sole Ownership of Brightwell Health</u>	
Current Value: <input type="checkbox"/> Under \$1,000 <input type="checkbox"/> \$1,000-\$5,000 <input type="checkbox"/> \$5,000-\$10,000 <input checked="" 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.	
<u>I am the founder and owner of Brightwell Health a multi-specialty Addiction medicine practice. I otherwise do not anticipate a conflict of interest.</u>	
<b>PART 3:</b>	
Appointee:	Signature: <u>[Signature]</u> Date: <u>12/1/25</u>

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