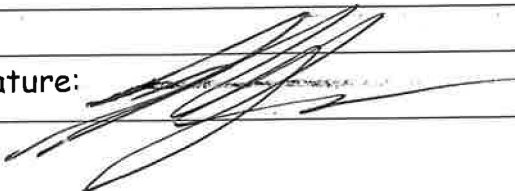


# APPOINTEE EXEMPTION DISCLOSURE FORM

|                                                                                                                                                                                                                                                                                                                                      |                                                                                                              |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------|
| <b>PART 1:</b>                                                                                                                                                                                                                                                                                                                       |                                                                                                              |
| NAME: James Gannon                                                                                                                                                                                                                                                                                                                   |                                                                                                              |
|                                                                                                                                                                                                                                                                                                                                      |                                                                                                              |
| BOARD/COMMISSION NAME:                                                                                                                                                                                                                                                                                                               | Commission on Trauma Funding                                                                                 |
| <b>PART 2:</b>                                                                                                                                                                                                                                                                                                                       |                                                                                                              |
| 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                                                                                                                                                                                                                             |                                                                                                              |
| <b>Financial Interest</b>                                                                                                                                                                                                                                                                                                            | <b>Employment</b>                                                                                            |
| 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<br><br><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. |                                                                                                              |
|                                                                                                                                                                                                                                                                                                                                      |                                                                                                              |
|                                                                                                                                                                                                                                                                                                                                      |                                                                                                              |
|                                                                                                                                                                                                                                                                                                                                      |                                                                                                              |
| <b>PART 3:</b>                                                                                                                                                                                                                                                                                                                       |                                                                                                              |
| Appointee:                                                                                                                                                                                                                                                                                                                           | Signature:  Date: 9/8/23 |

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