

# APPOINTEE EXEMPTION DISCLOSURE FORM

**PART 1**

Name: Lisa Howey
Board/Commission Name: Advisory Council on MD EHD

**PART 2**

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 <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.	

**PART 3**

Appointee	Signature:	Date: 5/14/25
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**Mail, fax, or email this completed form to:**  
**Kim Bennardi, Administrator**  
**Maryland Department of Health**  
**Office of Appointments and Executive Nominations**  
**201 W. Preston Street, Baltimore, MD 21201**  
**Phone: (410) 767-4049**  
**Fax: (410) 767-6489 or 410-333-7687**  
**Email: kim.bennardi@maryland.gov**