

APPOINTEE EXEMPTION DISCLOSURE FORM

PART 1:

NAME: Andrea Jacobs

BOARD/COMMISSION NAME: Maryland Consortium on Coordinated Community Supports

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):

Baltimore County Public Schools

Interest to be Exempted:

Your Position/Job Title: Supervisor

Current Value:

☐ Under \$1,000 ☐ \$1,000-\$5,000

☐ \$5,000-\$10,000 ☐ \$10,000 or More

Additional Financial Interest (if any):

Additional Employment to be Exempted (if any):

Interest to be Exempted:

Your Position/Job Title:

Current Value:

☐ Under \$1,000 ☐ \$1,000-\$5,000

☐ \$5,000-\$10,000 ☐ \$10,000 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.

I am the Supervisor for the Office of Psychological Services with Baltimore County Public Schools. It is possible that offices within the district may carry for growth in the future.

PART 3:

Appointee: Andrea Jacobs

Signature: 

Date: 2/5/2022

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

APPOINTEE EXEMPTION DISCLOSURE FORM

PART 1:

NAME: Andrea Jacobs

BOARD/COMMISSION NAME: Maryland Commission on Coordinated Community Support

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):
Stevenson University

Interest to be Exempted:

Your Position/Job Title:
Adjunct Professor

Current Value:

☐ Under \$1,000 ☐ \$1,000-\$5,000
☐ \$5,000-\$10,000 ☐ \$10,000 or More

Additional Financial Interest (if any):

Additional Employment to be Exempted (if any):

Interest to be Exempted:

Your Position/Job Title:

Current Value:

☐ Under \$1,000 ☐ \$1,000-\$5,000
☐ \$5,000-\$10,000 ☐ \$10,000 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.

I am an adjunct professor with Stevenson University. It is possible that the university may apply for grant money in the future.

PART 3:

Appointee: Andrea Jacobs

Signature: [Signature]

Date: 9/15/22

Mail the completed form to the Appointing Authority. For appointments made by the Governor:

Governor's Appointments Office

State House

Annapolis, MD 21401

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