CANDIDATE QUESTIONNAIRE

(Use to determine whether or not you require a conflict of interest exemption)

As a candidate for service on a State board or similar entity, you must decide if you should request an exemption from the employment and/or financial interest conflict of interest provisions of Maryland's Public Ethics Law. This brief questionnaire is intended to assist you in making that determination. If you have a conflict, you cannot serve unless you submit a completed Appointee Exemption Disclosure Form ("the Form") to the Appointing Authority **prior to** being appointed.

If you answer "**YES**" to questions 4 **or** 5 (below), you should indicate in Part 2 of the Form that you do request an Exemption from the Financial Interest or Employment provisions (or both, if appropriate) of the Public Ethics Law, and complete Part 2 by providing the requested information for each circumstance for which an exemption is required.[1] After completing Part 3, submit the Form to the Appointing Authority. Please note: If you currently hold (non-contractual) State employment, the exemption is not available.

You are strongly encouraged to review the Ethics Commission's detailed memorandum explaining the application of the Law in this area.

YOUR NAME: G. Johnson Kolpillai

POTENTIAL BOARD ASSIGNMENT: Maryland Commission on Health Equity

(Note: Familiarize yourself with the duties/mission of the board then answer the following questions)

1. Are you presently employed? If yes, name of employer(s): Frederick Health Medical Group

2. Do you have a financial interest in a business? This includes ownership of stock in a company and a spouse's financial interest in a business (if more than 3%). If yes, name of business (or businesses): No

3. Do you serve as an officer, board member, trustee, etc. of a for-profit or not-for-profit entity? If yes, name of entity (or entities) and position held: Frederick Seventh-Day Adventist Church - Finance Chair

4. If you identified an employer in #1, a business you own in #2, or an entity where you serve in a position described in #3, does your employer, business or other entity do any business with, or is it regulated by, the board (or the agency where the board resides including Maryland Department of Health)?
   YES - (NO)

5. If you identified an employer in #1, a business you own in #2, or an entity in #3, but answered NO to #4, does the employer, business or entity identified in #1, 2, or 3 have any other type of relationship with, or engage in any way with, the board (or the agency in which the board resides)? For example, does your business employ individuals regulated by the board? **YES - (NO)**

Questions about how the Exemption works?? Contact the State Ethics Commission (410-260-7770)
Questions concerning the particulars of your board appointment, including the status, or the processing of your exemption request?? Contact the Appointing Authority.

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[1]The Ethics Commission recommends listing your employment in Part 2 even if you answered NO to questions 4 and 5.

APPOINTEE EXEMPTION DISCLOSURE FORM

PART 1

Name: G. Johnson Koilpillai
Board/Commission Name: Maryland Commission on Health Equity

PART 2

Please Check Item(s):	Exemption Requested: ☑ No (If no, check box and skip to Part 3, Signature) ☐ Yes (If yes, check box and complete rest of Part 2 and 3)

I request exemption for: ☐ Financial Interest ☐ Employment

Financial Interest	**Employment**
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: ☐ Under $1,000 ☐ $1,000-$5,000 ☐ $5,000-$10,000 ☐ $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: 8/1/24

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