

# APPOINTEE EXEMPTION DISCLOSURE FORM

## PART 1:

NAME: John Paul Lavallee

BOARD/COMMISSION NAME: DDA Waiver Advisory Committee

## 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: <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: John Paul Lavallee Signature: John Paul Lavallee Date: 10/28/25

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