Appointee Exemption Disclosure Form

PART 1:	
NAME: Mary "Maria" Mayzel	
ADDRESS: 807 Kingston Rd. Baltimore MD 21212	
BOARD/COMMISSION NAME:	MMQRC
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: maria mayzel	Date: 1/25/23

Mail or email this completed form to:
Kim Bennardi, Administrator
Department of Health and Mental Hygiene
Office of Appointments and Executive Nominations
201 W. Preston Street, Baltimore, MD 21201
Phone: (410) 767-4049 Fax: (410) 767-6489 Email: kim.bennardi@maryland.gov Form #5