APPOINTEE EXEMPTION DISCLOSURE FORM

PART 1:	
NAME:	
Sarah Ann Merritt	
BOARD/COMMISSION NAME:	TAC of the PDMP
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: Lifestream Health Center	Employment to be Exempted: Ownership of the company
Address of Entity: 4000 Mitchellville Rd, Ste B322, Bowie, MD, 20716	Your Position/Job Title: Physician and Owner
Interest to be Exempted:	Ownership of the company
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: [signature] MD Date: 08/19/2025

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