

APPOINTEE EXEMPTION DISCLOSURE FORM

PART 1

Name: Paul N Miller

Board/Commission Name: Maryland Medicaid 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:

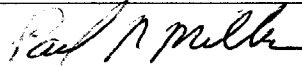
Current Value: ☐ Under \$1,000 ☐ \$1,000-\$5,000
☐ \$5,000-\$10,000 ☐ \$10,000 or More

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: Paul N Miller



Date: 4/7/20

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