


## APPOINTEE EXEMPTION DISCLOSURE FORM

<b>PART 1:</b>		
NAME: Stacey Cunningham Penny		
BOARD/COMMISSION NAME:	Maternal Mortality Review Team	
<b>PART 2:</b>		
Please Check Item(s):	Exemption Requested: <input checked="" type="checkbox"/> No (If no, check box and skip to Part 3, Signature)	
	<input type="checkbox"/> Yes (If yes, check box and complete rest of Part 2 and 3)	
I request exemption for: <input type="checkbox"/> Financial Interest <input type="checkbox"/> Employment		
<b>Financial Interest</b>		<b>Employment</b>
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.		
<b>PART 3:</b>		
Appointee: Stacey Penny	Signature: 	Date: 6/24/25

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