APPOINTEE EXEMPTION DISCLOSURE FORM

PART 1 :	
NAME: Linda Rittelmann	
BOARD/COMMISSION NAME: Maryland Consortium on Community Coordinated Support	
PART 2:	
EXEMPTION REQUESTED: ☐ No (If no, skip to Part 3, Signature) ☐ **X** Yes (If yes, complete rest of Part 2 and Part3)	
I request an exemption for (check one or both): ☐ Financial Interest ☐ **X** Employment	
Financial Interest	**Employment**
Name of Entity (where a financial interest exists):	Employment to be Exempted (include employer name): Maryland Department of Health
Interest to be Exempted:	Your Position/Job Title: Sr. Program Manager - Medicaid
Current Value: ☐ Under $1,000 ☐ $1,000-$5,000 ☐ $5,000-$10,000 ☐ $10,000 or More	
Additional Financial Interest (if any):	Additional Employment to be Exempted (if any):
Interest to be Exempted:	Your Position/Job Title:
Current Value: ☐ Under $1,000 ☐ $1,000-$5,000 ☐ $5,000-$10,000 ☐ $10,000 or More	
Explain below why you believe the financial interest(s) or employment situation(s) identified above, in the absence of an exemption, will conflict with your service on the board or commission for which appointment is being considered. Attach an additional page if necessary. You may wish to contact the State Ethics Commission for information or advice at 410-260-7770.	
Appointed as a Delegate to the Consortium by the Secretary of Health, State of Maryland	
PART 3:	
Appointee: Linda Rittelmann	Signature: Linda Rittelmann Date: September 11, 2022

Mail the completed form to the Appointing Authority. For appointments made by the Governor:

Governor's Appointments Office
State House
Annapolis, MD 21401

*****NOTE: The Ethics Law requires the Commission, beginning with disclosures made on or after January 1, 2019, to post this information on the Internet.**