Appointee Exemption Disclosure Form

Date: 08/01/2019
Name: vivienne rose
Board/Commission Name: Maryland State Advisory Council on Health and Wellness
Exemption Requested: No
I request exemption for: Financial Interest No
Name of Entity where the financial interest exixts:
Address of Entity:
Interest to be Exempted:
Current Value: No
I request exemption for: Employment No
Employment to be Exempted:
Your Position/Job Title:
Explain: