APPOINTEE EXEMPTION DISCLOSURE FORM

PART 1:	
NAME: Timothy Santoni	
BOARD/COMMISSION NAME:	Maryland Behavioral Health Advisory Council
PART 2:	
Please Check Item(s):	Exemption Requested: □ No (If no, check box and skip to Part 3, Signature)
	x Yes (If yes, check box and complete rest of Part 2 and 3)
I request exemption for: Financial Interest x Employment	
Financial Interest	**Employment**
Name of Entity where the financial interest exists:	Employment to be Exempted: Systems Evaluation Center (50%)
Address of Entity	Your Position/Job Title: Data Management and Analysis
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.	
The Systems Evaluation Center (SEC) is funded mainly through contracts with the Behavioral Health Administration; were I to be appointed, I would certainly recuse myself from any potential votes that might involve funding for the SEC.	
PART 3:	
Appointee: Timothy Santoni	Signature: *Timothy Santoni* Date: 2/7/2022

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 Form #5