# APPOINTEE EXEMPTION DISCLOSURE FORM

***PART 1***

| |
|---|
| Name: Shannon Serrano |
| Board/Commission Name: Maternal Mortality Review Team |

***PART 2***

| | |
|---|---|
| Please Check Item(s): | Exemption Requested: ☐ No (If no, check box and skip to Part 3, Signature)<br>☑ 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:<br>Shannon Your Doula LLC |
| Address of Entity: | Your Position/Job Title:<br>Owner |
| 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.

I don't believe that it will conflict, but the directions on part 1 says to fill this out just in case. My job requires me to research and help ensure positive birth outcomes. That can't possibly be conflicting, it can only be beneficial.

***PART 3***

| | |
|---|---|
| Appointee | Signature: Shannon Denise Bryant Serrano Date: 9/7/23 |

**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**