## APPOINTEE EXEMPTION DISCLOSURE FORM

PART 1:			
NAME: Dominio	que E. Sessa	2	
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TO LOOK MITCETON			o d n . c
BOARD/COMMISSION	MD State A	Wisory Counsil on Hereditary and lon	sord
NAME: PART 2:			
Please Check Item(s):	Exemption Requ	ested: No (If no, check box and skip	
Please Check Trem(s).	to Part 3,		
		Signature)	
		□ Yes (If yes, check box and	
	complete rest o	f	
		Part 2 and 3)	
I request exemption for: $\Box$ Finar		ncial Interest - Employment	
Financial Interest		Employment	
Name of Entity where the financial interest		Employment to be Exempted:	
exists:			
Aller of Futiture		Your Position/Job Title:	
Address of Entity:		, our resinion des anno	
Interest to be Exempted:			
Current Value: 🗆 Under	\$1,000 □\$1,000-		
\$5,000			
	h.a.a.a. h.a.a.a.		
	-\$10,000		
or More		list and the complete complete control in	
Explain below why you believe the absence of an exemption	eve you may have tinancia	l interests or an employment situation that, in service on the board or commission for which	
annointment is being consider	dered You may wish to co	ontact the State Ethics Commission for	
information or advice at 4	10-260-7770.		
0.407.2			
PART 3:	Cianatura: (A)	Date:	
Appointee:	Signature: Ominia	le E- Sessa	

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