

Appointee Exemption Disclosure Form

Name:	Derek Lee Simmons
Address:	
City:	
State:	Maryland
Zip Code:	2
Email Address:	
Board/Commission Name:	Rural Health Collaborative Pilot
Exemption Requested:	No
I request exemption for: Financial Interest	No
Name of Entity where the financial interest exists:	
Address of Entity:	
Interest to be Exempted:	
Current Value:	No


https://mail.google.com/mail/u/0/?ui=2&ik=3c2db21d88&jsver=uln2IVdyjuk.en.&cbl=gmail_fe_180502.07_p5&view=pt&search=inbox&th=1634a3d0c405daf9&sim

5/10/2018

Maryland.gov Mail - Application for Appointment

I request exemption for: Employment	No
Employment to be Exempted:	
Your Position/Job Title:	
Explain:	

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