

APPOINTEE EXEMPTION DISCLOSURE FORM

PART 1:			
NAME: David V. Thomas			
BOARD/COMMISSION NAME:		Workgroup for Underrepresented Behavioral Health Professionals.	
PART 2:			
Please Check Item(s):		Exemption Requested: ☒ No (If no, check box and skip to Part 3,	
		Signature)	
		☐ 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:	
Address of Entity:		Your Position/Job Title:	
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.			
PART 3:			
Appointee:		Signature: David V. Thomas	
		15Jun2023	
		Date:	

Please return completed form to:
Michelle Teoli Morningred, Administrator
 Maryland Department of Health
 Office of Appointments and Executive Nominations
 Email: michelle.morningred@maryland.gov
 Phone: (667) 203-8985