Search

Appointee Exemption Disclosure Form

Instructions - Appointee Exemption Disclosure Form

* I have read the Appointee Exemption Disclosure Form Instructions document: ☑

Part 1

* **First Name:** Michael **Middle Initial:** A * **Last Name:** Trader, II

***Address Line 1:** 33951 Bob Smith Rd.

Address Line 2:

* **City:** Pittsville

* **State:** Maryland

***Zip Code:** 21850

* **MD County:** Wicomico

* **Email Address:** michael.trader@maryland.g

***Board/Commission Name:**
(If you don't have a specific board name, please select the

Department name that you may be interested in)

529 Board, Maryland
9-1-1 Board, Maryland
Accountability and Implementation Board
Accountability and Implementation Board Nominating Committe

Selected Board/Department Names:

Part 2

*** 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 ☑ Employment

Financial Interest

*** Name of Entity where the financial interest exists:**

*** Address Line 1 of Entity:**

Address Line 2 of Entity:

*** City:**

*** State:**

*** Zip:**

*** MD County:**

* **Interest to be Exempted:**

* **Current Value:**

☐ Under $1,000 ☐ $1,000-$5,000 ☐ $5,000-$10,000 ☐ $10,000 or More

Employment

Employment to be Exempted: Worcester County Health Department (Maryland Department of Hea

* **Your Position/Job Title:** Assistant Director of Behavioral Health

* 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.

Employed by the Worcester County Health Department. This

Part 3

***Appointee:** Michael A. Trader, II

Submission of this electronic form constitutes your signature to the form, with all the legal effect of any other signature by you. By electronically signing this form, you are attesting to the accuracy of the information contained therein and that submission is authorized by you in your official capacity.

Accept

(410) 974-2611 | Fax: (410) 974-2456 | Email: gov.appointments@maryland.gov