APPOINTEE EXEMPTION DISCLOSURE FORM

PART 1:	
NAME: Angel M Traynor	
BOARD/COMMISSION NAME:	Opioid Restitution Fund Advisory Board
PART 2:	
Please Check Item(s):	Exemption Requested: ☐ No (If no, check box and skip to Part 3, Signature)
	X Yes (If yes, check box and complete rest of Part 2 and 3)
I request exemption for: X Financial Interest ☐ Employment	
Financial Interest	**Employment**
Name of Entity where the financial interest exists: Serenity Sistas Inc	Employment to be Exempted:
Address of Entity: 266 Hillsmere Drive, Annapolis MD 21403	Your Position/Job Title: Executive Director
Interest to be Exempted: Applying for funds to support the entity through grant opportunities.	
Current Value: ☐ Under $1,000 ☐ $1,000-$5,000 ☐ $5,000-$10,000 X $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 want the organization to be eligible to apply for grant funding which support recovery services.	
PART 3:	
Appointee: Angel M Traynor	Signature: Angel M Traynor Date: 9/1/2025

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