

APPOINTEE EXEMPTION DISCLOSURE FORM

PART 1:

NAME: -

Charles Wagner

BOARD/COMMISSION NAME:

Maryland Department of Aging Continuing Care Financial Review Committee

PART 2:

EXEMPTION REQUESTED: No (If no, skip to Part 3, Signature)

Yes (If yes, complete rest of Part 2 and Part 3)

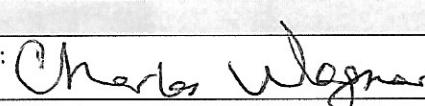
I request an exemption for (check one or both): Financial Interest Employment

Financial Interest	Employment
Name of Entity (where a financial interest exists):	Employment to be Exempted (include employer name):
Interest to be Exempted:	Your Position/Job Title:
Current Value: <input type="checkbox"/> Under \$10,000 <input type="checkbox"/> \$10,001-\$50,000 <input checked="" type="checkbox"/> \$50,001-\$100,000 <input type="checkbox"/> \$100,000 or More	
Additional Financial Interest (if any):	Additional Employment to be Exempted (if any):
Interest to be Exempted:	Your Position/Job Title:
Current Value: <input type="checkbox"/> Under \$10,000 <input type="checkbox"/> \$10,001-\$50,000 <input checked="" type="checkbox"/> \$50,001-\$100,000 <input type="checkbox"/> \$100,000 or More	

Explain below why you believe the financial interest(s) or employment situation(s) identified above, in the absence of an exemption, will conflict with your service on the board or commission for which appointment is being considered. Attach an additional page if necessary. You may wish to contact the State Ethics Commission for information or advice at 410-260-7770.

PART 3:

Appointee:
Charles Wagner

Signature: 

Date:
December 1, 2025

Mail the completed form to the Appointing Authority. For appointments made by the Governor:

Governor's Appointments Office

State House

Annapolis, MD 21401

***NOTE: The Law requires the Commission, beginning with disclosures made on or after January 1, 2019, to post the information on the Internet.