

APPOINTEE EXEMPTION DISCLOSURE FORM

PART 1

Name:

Sam J. Zisow-McClean

Board/Commission Name:

State Advisory Council on Health and
Wellness

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

Name of Entity where the financial interest exists:

Address of Entity:

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:

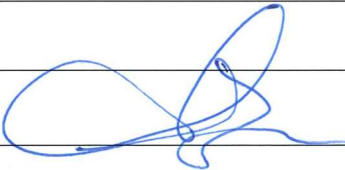
Your Position/Job Title:

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:



Date:

5/2/2023

Mail, fax, or email this completed form to:

Kim Bennardi, Administrator

Maryland Department of Health

Office of Appointments and Executive Nominations

201 W. Preston Street, Baltimore, MD 21201

Phone: (410) 767-4049

Fax: (410) 767-6489 or 410-333-7687

Email: kim.bennardi@maryland.gov