#

April 23, 2018

2. Please provide the name of each business entity transacting any business with the District Government in which you have a beneficial interest valued in excess of $5,000, including publicly traded stock: **NONE *(Unless Children’s National Medical Center, the employer for my part-time hospitalist job at Holy Cross Hospital in Silver Spring, MD, has a business arrangement with the District Government that I am not aware of. The pediatric services for which CNMC compensates me are performed exclusively at Holy Cross Hospital in Silver Spring, MD. The patients I care for there are primarily residents of Montgomery County)***

3. Please provide the name of each business entity transacting any business (including consulting) with the District Government from which you or your immediate family have received (or are receiving) income for services rendered in excess of $1,000 during the past two years. **NONE *(See above)***

4. Please provide the name of each business entity transacting business with the District Government in which you or any member of your immediate family serves as an officer, director, partner, or agent. Also list the position(s) held, a brief description of the entity, and any other pertinent details. **NONE**

5. Please provide the name of any lender and the amount of liability for each outstanding liability borrowed by you or any member of your immediate family in excess of $5,000. Do not include loans from a federal or state insured or regulated financial institution, or from any business enterprise regularly engaged in the business of providing revolving credit or installment accounts. **Home mortgage, TD Bank**

6. Please list the location of all real property located in the District of Columbia in which you have an interest with a fair market value in excess of $5,000. **I am a joint owner of the home I live in; 1651 North Portal Dr. NW WDC 20012. I own no other property.**

7. Please list all professional and occupational licenses held by you.

**Medical License, state of Maryland, D63297; Board Certification, American Board of Pediatrics**

8. Please list any professional organizations of which you are currently a member. **American Academy of Pediatrics**

9. Please list all boards and commissions connected with the District government on which you are or have been a member, and include the term of service for each. **NONE**

10. Please list any other boards (e.g. Boards of Directors of a non-profit) on which you are a member. **NONE**

11. Do you have any outstanding liability for taxes, fees, or other payments to the District, federal, or other state or local governments, either contested or uncontested? If so, please provide documentation of attempts to pay the amount owed or to resolve the disputed claim. **NO**

12. Do you or any member of your immediate family have any interest, financial or otherwise, that may directly or indirectly pose a conflict of interest for you in performance of your duties as a member of the Panel? **NO**

13. Please describe any local political activity (i.e. the District of Columbia local elections or campaigns) that you have engaged in over the past five years, including any campaign contributions to a local candidate or political action committee. **NONE**

14. Are you registered with any local, state, or federal government to lobby? If so, list the jurisdiction(s) in which you are registered. **NO**

(a) Why have you agreed to serve for a three-year term? ***I am happy and willing to commit three years so I might make a meaningful difference in overseeing DC welfare and child protection services.***

(b) How do you plan to help the Panel fulfill its role and mission during your time on the Panel over the next three years? ***I hope to contribute my professional expertise as a pediatrician, as it pertains to the physical and psychological well being of DC children.***

Please discuss any past and present experiences not already mentioned that you believe are relevant to support your appointment as a member of the Panel.