Medical Marijuana Program

165 Capitol Avenue, Room 145, Hartford, CT 06106-1630 • (860) 713-6066
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Appendix C
Directors, Owners, Officers or Other High-Level Employees Background Information Form

To be completed by all persons identified in your response to Appendix A, section K.

Section A: Personal Information

1. Name (First, Middle, Last): Tracey Paige Fanning			
2. Street Address (including Apartment or Suite #): 145 Walbridge Road			
3. City: West Hartford		4. State: CT	5. Zip Code: 06119
6. Title: Director/ Patient Advocate	7. Telephone Number: 860-231-0123	8. E-mail Address: Tracey@ctbta.org	
9. Date of Birth: [redacted]	10. Social Security Number: [redacted]	11. Gender: ☐ Male ☒ Female	

Section B: Employment Information

12. Current or Most Recent Employer: **Declared fully disabled in 10/2006** *Most recent employer: Jewish Ledger Publications*		13. Date of Employment: Start Date: *Jan 2003* End Date: : *Sept 2006*	
14. Employer Address (including Apartment or Suite #): *36 Woodland Street,*			
15. City: *Hartford*		16. State: *CT*	17. Zip Code: *06105*
18. Daytime Telephone Number: *(860) 231-2424*	19. Fax Number: *860-231-2485*	20. E-mail Address: *Nrg41942@aol.com*	

Section C: Marijuana or Agriculture Business Experience

21. Other than the applicant, do you have any experience controlling, managing, operating or working for a marijuana or agriculture business?

☐ Yes ☒ No

22. Other than the applicant, are you currently associated with a marijuana or agriculture business in any state or country?

☐ Yes ☒ No

23. If you answered "yes" to question 21 or 22, attach a statement setting forth the following information for each marijuana or agriculture business with which you have been associated:

- ☐ The business name;
- ☐ Products or services offered;
- ☐ The business location;
- ☐ All titles and responsibilities held by you at the business, including the time frame for each;
- ☐ The dates of your association with the business;
- ☐ Whether you currently have a role at the business and, if not, when your involvement terminated and why; and
- ☐ Whether the business was ever alleged to have violated the laws or regulations of the state or country in which it operates during the time period when you were associated with the business and, if so, the nature and resolution of those allegations.

Section D: Other Relevant Business Experience

24. Do you have any experience controlling, managing, operating or working for any other business that you believe may be relevant to the department's evaluation of the applicant with whom you are associated?

☒ Yes ☐ No

25. If you answered "yes" Non-profit organization setting forth the following information for each such business with which you have been associated:

- ☒ The business name; Non-profit organization - CTBTA
- ☒ Products or services offered;
- ☒ The business location;
- ☒ All titles and responsibilities held by you at the business, including the time frame for each;
- ☒ The dates of your association with the business;
- ☒ Whether you currently have a role at the business and, if not, when your involvement terminated and why;
- ☒ Whether the business was ever alleged to have violated the laws or regulations of the state or country in which it operates during the time period when you were associated with the business and, if so, the nature and resolution of those allegations; and
- ☒ How this experience is relevant to the department's evaluation of the RFA response of the applicant with whom you are associated.

Section E: Licenses, Permits and Registrations

Provide information regarding all state licenses, permits and registrations ever held, current or expired by you. Attach additional pages if necessary.

26. State	[redacted]	[redacted]	[redacted]
30. State	[redacted]	[redacted]	[redacted]

Section F: Legal Proceedings

34. Have you, or has any entity over which you exercised management or control, had any petition filed by or against you, or otherwise sought relief under, any provision of the Federal Bankruptcy Act or under any State insolvency law in the last ten year period?

☐ Yes ☒ No

If the answer above is "yes", attach a statement providing the details of such proceeding or petition.

35. Have you, or has any entity over which you exercised management or control, ever had a professional license, permit or registration in Connecticut, or any other State, suspended, revoked or otherwise subjected to disciplinary action?

☐ Yes ☒ No

If the answer above is "yes", attach a statement providing the date(s), the type of license, permit or registration at issue, and a description of the circumstances relating to each suspension, revocation or other disciplinary action.

36. Are you a party to any legal proceedings where damages, fines or civil penalties may reasonably be expected to exceed $500,000 above any insurance coverage available to cover the claim?

☐ Yes ☒ No

If the answer above is "yes", attach a statement describing the litigation, including the title and docket number of the litigation, the name and location of the court before which it is pending, the identify of all parties to the litigation, the general nature of the claims being made and the impact an unfavorable opinion may have on the applicant or the applicant's operations.

37. Have you, or has any entity over which you exercised management or control, ever had any fines or other penalties over $10,000 assessed by any regulatory agency?

☐ Yes ☒ No

If the answer above is "yes", attach a statement providing the details of such fines or penalties.

Section G: Criminal Actions

38. Have you ever been convicted of a crime or received a suspended sentence, deferred sentence, or forfeited bail for any offense in criminal or military court or do you have any charges pending? ☐ Yes ☒ No

If the answer above is "yes", attach a statement providing the date(s) of conviction(s), name of individual(s) involved, the court(s) where the case(s) were decided, a description of the circumstances relating to each offense or for the pending charges and the outcome of the proceedings.

Section H: Criminal Background Check

I understand that the department may review criminal background records for purposes of evaluating my suitability to participate in the medical marijuana program. I hereby authorize the release of any and all information of a confidential or privileged nature to the department and its agents.

39. Signature:	40. Date Signed:
▶	11/11/13

I hereby certify that the above information is correct and complete.

I fully understand that if I knowingly make a statement that is untrue and which is intended to mislead the Department of Consumer Protection or any person designated by the Department in the performance of their official function, I will be in violation of Section 53a-157b of the Connecticut General Statutes.

41. Signature:	42. Date Signed:
▶	11/11/13

Appendix D
Backer Members
Authorization for Release of Personal History Form

This form must be completed and signed by any member of a Backer that is not required to complete Appendix C.

Section A: Member Information

1. Name (First, Middle, Last): Tracey Paige Fanning			
2. Street Address (including Apartment or Suite #): 145 Walbridge Road			
3. City: West Hartford		4. State: CT	5. Zip Code: 06119
6. Daytime Phone Number: 860-231-0123	7. Fax Number: 860-760-6138	8. E-mail Address: Tracey@ctbta.org	

Section B: Criminal Actions

9. Have you ever been convicted of a crime or received a suspended sentence, deferred sentence, or forfeited bail for any offense in criminal or military court or do you have any charges pending? ☐ Yes ☒ No

If the answer above is "yes", attach a statement providing the date(s) of conviction(s), name of individual(s) involved, the court(s) where the case(s) were decided, a description of the circumstances relating to each offense or for the pending charges and the outcome of the proceedings.

Section C: Criminal Background Check

I understand that the department may review criminal background records for purposes of evaluating my suitability to participate in the medical marijuana program. I hereby authorize the release of any and all information of a confidential or privileged nature to the department and its agents.

10. Signature: ▶ Tracey Fanning	11. Date Signed: 11/11/13

I hereby certify that the above information is correct and complete

I fully understand that if I knowingly make a statement that is untrue and which is intended to mislead the Department of Consumer Protection or any person designated by the Department in the performance of their official function, I will be in violation of Section 53a-157b of the Connecticut General Statutes.

12. Signature: ▶ Tracey Fanning	13. Date Signed: 11/11/13

Recent background for Tracey Gamer-Fanning...

Current Occupation: Officially disabled; Co-Founder and President of The Connecticut Brain Tumor Alliance (CTBTA); Patient Advocate for Vintage Foods.

Products or services offered: Started the CTBTA after I was diagnosed in September of 2006 with Brain Cancer with several friends whom I met undergoing similar tragedies and treatment.. After diagnosis I searched everywhere for information on Brain Cancer support... Only to find that there really wasn't any. So, we wanted to change that.

We wanted to give Brain Cancer a new face. The face of a Survivor who was living the rest of her life with true "quality of life." I, along with my six other friends, patients and caregivers, started the CTBTA so we could educate and support newly diagnosed patients. Over the last seven years we have established permanent funds at Hartford Hospital, St. Francis Hospital, CT Children's Medical Center and Yale Medical.

We have raised over a million dollars for patient care and research. But the way we think of patient care is much different than most traditional non-profits. We pay for patients groceries when they can't shop anymore; We pay their heat; We make sure they have rides to radiation and chemo treatments. We allowed a Mother to quit her job so that she could spend the last few months with her dying child.

The CTBTA paid for *Cinemavision* goggles so that kids can get MRI's while watching *Scooby Doo* and not sedated with drugs. We pay for funerals. And we pay for hope...in the way of research. The CTBTA helped fund a research study at Yale Brain Tumor Center that is actually going into clinical trial and it actually looks promising.

In 2008, I was lucky enough to have a very brave doctor tell me that he thought medical marijuana could really help me. As a 36 year old single mom of two, my doctor recognized that I was suffering on every level. I was in terrible pain. My seizures were uncontrollable and I was taking endless amounts of sedating medication.

I would lay in bed while my kids watched television downstairs. We ate meals in my bed instead of at the dinner table. I couldn't do the simplest chores, like laundry and dishes. My life, their lives, weren't much of a life.

When I switched to Medical Marijuana all our lives changed. I could do more. I could cook. I could do homework with them. I could go out to dinner. I could socialize. I could fundraise I could find love again. I gained back my "quality of life."

And my tumor didn't grow. It didn't shrink...but it didn't grow. In 2006, I was given a life expectancy of three to five years. On Sept 3, 2013 I celebrated my seven year Brainivversary!

Recent background for Tracey Gamer-Fanning (2)

I also was recently asked by the US Navy to be a part of a panel of advisors, both military and civilian, to develop the new 3R's program. It is called the *Patriots for Heroes*, Resistance, Resilience and Recovery program. It is intended to help military personnel and first responders who suffer from PTSD/TBI. As Medical Marijuana has been accepted as a tool in treating both PTSD and TBI, I would also have the ability to offer very informed support to those people in Connecticut who have served this country and are suffering with a disability.

Hopefully, I will be able to show them how to turn themselves from a person with a disability into a "differently-abled" person, thriving with what they are still able to do.

I understand what Medical Marijuana means to patients more than anyone ever could begin to understand. It's not just a business! **It has to be more** and that's why I want to be a part of something bigger than business.

I joined with my partner, David Kimmel, in 2011, because we both believed in patient care and not just the drug dollars. We want to do Research and Development. We want to make medicine in the form of extractions not just "smoking" material. We want to teach people the place that cannabis can hold in full-patient care..

Personal Statement on "Quality of Life": That's what our goal is for this industry, and as a patient and Director of Vintage Foods, I can promise you that is what we will bring to this industry.

We are committed to a new quality of life for patients of all aliments and tragedies in Connecticut. I personally have met some of the most wonderful people who have been struck down in the prime of their lives because of PTSD, TBI, MS and Brain Tumors, just to name a few.

This is a medicine that has helped me regain my quality of life and will help many others. We need to bring this miracle treatment sooner rather than later to the people of Connecticut and give them another tool to help them rebuild their lives – just like I did mine. Medicinal Marijuana is a medicine that has helped me and now I want to help others.