ETHICS ORDINANCE
DISCLOSURE FORM

NAME: JANICE M ENGBERG

ADDRESS: 5310 BELMORAL LN

CITY, STATE, ZIP CODE ROCHESTER, MN 55901

1. What is the name of your position, title or job title?
PRINCIPAL HEALTH SYSTEMS ENGINEERING ANALYST

2. Is this an employed, appointed, or elected position? EMPLOYED

3. What is the name of the City department in which you are employed, or City board, commission or elected body on which you serve?
ROCHESTER PUBLIC LIBRARY BOARD of TRUSTEES

4. When were you hired, appointed or elected to this position? 2011

For questions 5, 6 and 7, the word "interest" means a substantial financial interest through your ownership of stocks, bonds, notes or other securities. The phrase "doing business" means engaged in any contractual relationship with the City or making application for such relationship or for any relief or benefit available from the City including, but not limited to, variance, permit, license or plat approval.

5. Please list your interests in real property within the City of Rochester, other than your homestead. Complete on a separate page if necessary. NONE

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6. Please list any interests you have in a business doing business with the City. NONE

7. Please list any interest you have in any business located within, or doing business in, the City. NONE

8. List any and all employment.

MAYO CLINIC
CARDINAL STRITCH UNIVERSITY, ADJUNCT FACULTY
ST. MARY'S UNIVERSITY, ADJUNCT FACULTY

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

Janice M Engberg
Signature

7-20-2011
Date

Please mail completed and signed form to:
Judy Scherr, CMC, City Clerk, City Hall, 201 4th Street SE, Room 135
Rochester, MN 55904-3742