ROCHESTER

Minnesota

FIRST CLASS CITY • FIRST CLASS SERVICE

AARON S. REEVES, ICMA-CM
City Clerk
201 4th Street SE, Room 135
Rochester, MN 55904-3742
(507) 328-2900
FAX (507) 328-2901

ETHICS ORDINANCE
DISCLOSURE FORM

NAME: DAVE GROTEHUSCHEN

ADDRESS: 10743 C R 149 SW

CITY, STATE, ZIP CODE HAYFIELD, MN 55940

1. What is the name of your position, title or job title?

OCHRA COMMISSIONER

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

APPOINTED

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?

OCHRA

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

1997 ?

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 word "interest" also includes an interest arising from blood or marriage relationships or close business or political association or other personal relationships. 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.

(SEE REVERSE SIDE)

Ethics Ordinance
Disclosure Form
Page Two

5. Please list your interests in real property within the City of Rochester, other than your homestead. Complete on a separate page if necessary.

N/A

6. Please list any interests you have in a business doing business with the City.

STOCKHOLDER W/ CHES

7. Please list any interest you have in any business located within, or doing business in, the City.

STOCKHOLDER W/ CHS

8. List any and all employment.

FARMING & USPS

9. List any and all community, civic, or nonprofit organization of which you are a member. If you also serve in any such organization in a leadership or decision-making capacity, please note that capacity. (Please attach a sheet if additional space is needed.)

OC REPUBLICANS
UM ALUMNI ASSN

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

Signature

2-18-15
Date

Please mail completed and signed form to:
Aaron S. Reeves, ICMA-CM, City Clerk, City Hall, 201 4th Street SE, Room 135
Rochester, MN 55904-3742
2/3/14