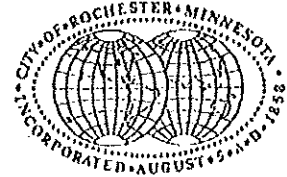




ROCHESTER

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: Kraig Oust
ADDRESS: 5135 Lehman Lane NW
CITY, STATE, ZIP CODE Rochester MN 55901

City of Rochester Employees:

1. What is your job title or position with the City of Rochester?

NA

2. What city department is this position associated with?

NA

3. When did you begin your employment?

NA

City of Rochester Volunteers:

1. What is the board or commission on which you serve?

Planning & Zoning

2. When were you appointed to this position?

January of 2015

For the next set of questions, 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

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

404 16th st nw Rochester
2520 Schuster Lane nw Rochester

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

S.L. Contracting DBA Rochester Service Company

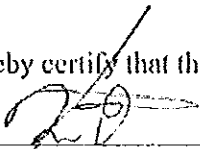
3. Please list any interest you have in any business located within, or doing business in the City. S.L. Contracting, DBA Rochester Service Company

4. List any and all employment.
CO-owner S.L. dba. Rochester Service Company

5. 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.)

Boy Scout Troop 29-RCS - assistant Scout master

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



Signature

9-12-16

Date

Please mail completed and signed form to:
Aaron Reeves, CMC, City Clerk, City Hall, 201 4th Street SE, Room 135
Rochester, MN 55904-3742
6.15.15