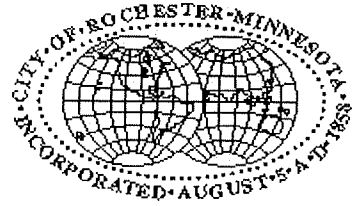




ROCHESTER

— Minnesota —



ETHICS ORDINANCE DISCLOSURE FORM

CITY CLERK
201 4th Street SE, Room 135
Rochester, MN 55904-3742
(507)328-2900
FAX # (507)328-2901

NAME: VIVEK PRASAD

ADDRESS: PO BOX 24

CITY, STATE, ZIP CODE ROCHESTER MN 55903

City of Rochester Employees:

1. What is your job title or position with the City of Rochester?
2. What city department is this position associated with?
3. When did you begin your employment?

City of Rochester Volunteers:

Name of Board/Commission On Which You Serve Or Seeking Appointment	Date Appointed Or Date Application Was Filed For Position
ETHICAL PRACTICES BOARD	May 1, 2018 ?

For the next set of questions, the word “interest” means a substantial financial interest through your ownership of stocks, bonds, notes or other securities; your holding of more than five percent of the capital stock of a corporation; or your membership or participation in a limited liability company, subchapter S corporation, partnership, association, enterprise, business, or firm. 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.

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.

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

Associates in Psychiatry & Psychology, PT Psychiatrist
employed
Carmelita S. ...
None WITH the City

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

As above.

4. List any and all employment.

As above &

MN Courts Forensic Psychiatric Examiner } Contracted
Locum Tenens Telepsychiatrist } Psychiatrist
Cochran Recovery Services, Hastings MN
ALLINA Health, Casual Psychiatrist

5. List any and all community, civic, or nonprofit organizations 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. For purposes of this request, the phrase "community, civic, or nonprofit organizations" means any public or private entity: (a) whose mission, duty, or existence pertains to the lives or activities of the citizens of a city, state, or the nation; and (b) which has in the past received or currently receives financial assistance from the City of Rochester; or (c) to which the city official or employee belongs as a result of the official's or employee's profession, or city employment/appointment/election. Nothing in this section requires the disclosure of one's political or religious affiliation. (Please attach a sheet if additional space is needed.)

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



Signature

1/29/18

Date

Please mail completed and signed form to:
City Clerk, City Hall, 201 4th Street SE, Room 135
Rochester, MN 55904-3742
04/06/17