



## Ethics Disclosure Form

**First Name \***

Peter

**Last Name \***

Amadio

**Position Held \***

Board/Commission Member

**Personal / Work Email**

peter.amadio@gmail.com

**Address \***

Street Address

816 9th Ave SW

Address Line 2

City

Rochester

Postal / Zip Code

55902

State / Province / Region

MN

Country

USA

**Are you employed by the City of Rochester? \***

Yes

No

**Do you serve on a volunteer Board/Commission? \***

Yes

No

### City of Rochester Volunteers

**Name of Board/Commission On Which You Serve Or Are Seeking Appointment \***

Ethical Practices Board

**Date Appointed Or Date Application Was Filed For Position \***

5/1/2021

**Do you have any interests in real property in Rochester other than your homestead? \***

Yes

No

**Do you have any interest in a business doing business with the City? \***

- Yes
- No

**Do you have any interest in a business located within, or doing business in, the City. \***

- Yes
- No

**List any and all employment. \***

Mayo Clinic

**Are you a member of a community, civic, or nonprofit organization? \***

- Yes
- No

**Signature \***

Sign

**Date \***

1/13/2023

**Year Number**

Comments

2000 characters left

[Empty text area for comments]

Approve

Deny