



## Ethics Disclosure Form

**First Name \***

Alexander

**Last Name \***

Fox

**Position Held \***

Board/Commission Member

**Personal / Work Email**

alexfox@umich.edu

**Address \***

Street Address

4870 Maine Avenue SE

Address Line 2

APT 126

City

Rochester

Postal / Zip Code

55904

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 \***

Pedestrian and Bicycle Advisory Commission

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

1/9/23

**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. \***

Project Manager - Extracorporeal Life Support Organization (Ann Arbor, MI)

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

- Yes
- No

**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.) \***

Extracorporeal Life Support Organization - Project Manager (Profession)

University of Michigan Medical System (Michigan Medicine) - Volunteer

**Signature \***

Sign

**Date \***

1/11/2023

**Year Number**

Comments

2000 characters left

Approve

Deny