



Ethics Disclosure Form

First Name *

Christine

Last Name *

Li

Position Held *

Board/Commission Member

Personal / Work Email

christine.sage90@gmail.com

Address *

Street Address

6717 gaillardia Dr NW

Address Line 2

City

Rochester

Postal / Zip Code

55901

State / Province / Region

MN

Country

United States

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 ***

2022

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. *

RN at Mayo Clinic

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

- Yes
- No

Signature *

Sign

Date *

1/18/2024

Year Number

Comments

2000 characters left

Approve

Deny