



Ethics Disclosure Form

First Name *

Aaron

Last Name *

Buckley

Position Held *

Board/Commission Member

Personal / Work Email

aaronparkerbuckley@gmail.com

Address *

Street Address

1418 W Center St

Address Line 2

City

Rochester

Postal / Zip Code

55902

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 ***

Pedestrian and Bicycle
Advisory Commission

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

12/5/2023

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. *

Parking Manager, Mayo Clinic

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.) *

We Bike Rochester Board Member, Association for Commuter Transportation's Certification Board of Trustees and general ACT member.

Signature *

Sign

Date *

1/2/2024

Year Number

Comments

2000 characters left

Approve

Deny