



Ethics Disclosure Form

First Name *

Abdule

Last Name *

Mohamed

Position Held *

Board/Commission Member

Personal / Work Email

abdulei@gmail.com

Address *

Street Address



Address Line 2

City

Rochester

State / Province / Region

MN

Postal / Zip Code

55901

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 ***

Board of Appeals

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

Jan 1, 2025

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 Foundation

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

- ☐ Yes
- ☒ No

Signature *

Sign

Date *

2/13/2025

Year Number

Comments

2000 characters left

Approve

Deny