Ethics Disclosure Form

First Name *
Parker

Last Name *
Acree

Position Held *
Board/Commission Member

Personal / Work Email
acreeparker@gmail.com

Address *

Street Address
[redacted]

Address Line 2
Apt M10

City
Rochester

State / Province / Region
MN

Postal / Zip Code
55902

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 *
Citizens Advisory on Transit

Date Appointed Or Date Application Was Filed For Position *
01/06/2025

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. *

Physician Assistant in Family Medicine at Mayo Clinic. Baldwin Building.

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

- ○ Yes
- ◉ No

Signature *

Sign

Date *

1/27/2025

Year Number

Comments *2000 characters left*

Approve Deny