



Ethics Disclosure Form

First Name *

Karen

Last Name *

Kilpatrick

Position Held *

Board/Commission Member

Personal / Work Email

karen.kilpatrick4@gmail.com

Address *

Street Address

[REDACTED]

Address Line 2

City

Rochester

State / Province / Region

MN

Postal / Zip Code

55904

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 ***

1/1/2024

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. *

Membership and Fellowship Manager, American Society of Ophthalmic Plastic and Reconstructive Surgery

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

- ☐ Yes
- ☒ No

Signature *

Sign

Date *

1/2/2024

Year Number

Comments

2000 characters left

Approve

Deny