Jonathan Zuck SOI

1) Your Name:

Jonathan Zuck

Picture/Image:

(Instructions: Click in the field to the right to open up the text input window. Then click the <Insert> menu button, select <Image>, then choose (or browse) to locate an image file (e.g., JPG, PNG, BMP) from your local computer to upload. After insertion, please click on the picture and adjust the size to no larger than 200 pixels).



2) Stakeholder Group:	Not Applicable
3) Constituency:	Not Applicable
4) ICANN Affiliation (if not covered by item 2 or 3):	ALAC
5) Please identify your current employer(s):	Innovators Network Foundation
6) Please identify your current position(s):	Executive Director
7) Please identify the type(s) of work performed:	Research, Pilot and Policy development on the future of work.
8) Please identify your declared country of primary residence (e.g., country to which you pay taxes):	USA
9) Please list any financial relationship beyond <i>de minimis</i> stock ownership you may have with any company that to your knowledge has a financial relationship or contract with ICANN:	
10) Do you believe you are participating in the GNSO policy process as a representative of any individual or entity, whether paid or unpaid?	Yes
If the answer is "Yes," please provide the name of the represented individual or entity. (If professional ethical obligations prevent you from disclosing this information, please enter "Private"):	GNSO representative to the CCT Review. Other than that, no.
11) Please identify any other relevant arrangements, interests, or benefits as requested in the following two questions:	
a) Do you have any type of material interest in ICANN GNSO policy development processes and outcomes?	No
If the answer is "yes," please describe the material interest in ICANN GNSO policy development processes and outcomes:	
b) Are there any arrangements/agreements between you and any other group, constituency or person(s) regarding your participation as a work team member?	No
If the answer is "yes," please describe the arrangements/agreements and the name of the group, constituency, or person(s):	
12) Please identify any Working Groups or other chartered teams in which you are participating (include acronyms, if applicable):	Chair, CCT Review

13) Additional Information (optional):	
14) Page last revised:	09-May-2019 19:54:02

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