

Original Statement of Conflict of Interest
Local Official for Meeker-McLeod-Sibley Community Health Services

Instructions

- This statement must be completed by each local official and it must be signed and dated. The signature indicates that the official understands and agrees to the Meeker-McLeod-Sibley Community Health Services Conflict of Interest Policy.
- This signed statement must be submitted to the Community Health Services Director within 80 days of the commencement of official duties.
- This statement may not be filed electronically.
- All information on this statement is public information.
- It is unlawful to use this information for commercial purposes.
- Questions regarding the content and/or purpose of this statement should be addressed to the Meeker-McLeod-Sibley Community Health Services Coordinator.

Local Official

Name <u>SHELDON NIES</u>		Title of office held <u>COMPS</u>
Government Unit <u>McLeod Co</u>		Daytime phone <u>587-5117</u>
Street/PO Box <u>1118 JEFFERSON</u>		
City, State, ZIP <u>HUTCH MN 55350</u>		
Occupation <u>RETIRED</u>	Principal place of business	

Period Covered

_____, 20____ to _____, 20____

Certification

I, SHELDON NIES, (print or type name) certify that I have read, understand, and agree to the Meeker-McLeod-Sibley Community Health Services Conflict of Interest Policy, and I am aware of no current conflict of interest with my current official position. I agree to inform the Meeker-McLeod-Sibley Community Health Board if any potential conflict of interest should arise.


Signature of Local Official

1/31/15
Date

Any person who signs and certifies a statement to be true, but knows the statement contains false information, or who knowingly omits required information, is guilty of a gross misdemeanor.

Original Statement of Conflict of Interest

Local Official for Meeker-McLeod-Sibley Community Health Services

<ul style="list-style-type: none"> • This statement must be dated. The signature must be signed by the Meeker-McLeod-Sibley Community Health Services Director within 80 days of the date of the statement. • This statement may be signed electronically. • All information on this statement is public information. • It is unlawful to use this information for commercial purposes. • Questions regarding the content and/or purpose of this statement should be addressed to the Meeker-McLeod-Sibley Community Health Services Coordinator. 	<p>Local official and it must be signed and understood and agrees to the Meeker-McLeod-Sibley Community Health Services Conflict of Interest Policy.</p>
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Local Official	
Name <u>James Swanson</u>	Title of office held <u>Commissioner</u>
Government Unit <u>Sibley County</u>	Daytime phone <u>507-237-2505</u>
Street/PO Box <u>1020 Lakeside Drive</u>	
City, State, ZIP <u>Gaylord, MN 55334</u>	
Occupation <u>Retired - County Commissioner</u>	Principal place of business <u>County Courthouse</u>

Period Covered
<u>Jan 1</u> , 20 <u>15</u> to <u>Dec 31</u> , 20 <u>15</u>

Certification
<p>I, <u>James Swanson</u>, certify that I have read, understand, and agree to the Meeker-McLeod-Sibley Community Health Services Conflict of Interest Policy, and I am aware of no current conflict of interest with my current official position. I agree to inform the Meeker-McLeod-Sibley Community Health Board if any potential conflict of interest should arise.</p> <p><u>[Signature]</u> _____</p> <p>Signature of Local Official</p> <p><u>1/14/15</u></p> <p>Date</p>

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Local Official

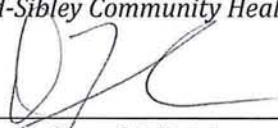
Name <u>Dale Fenrich</u>	Title of office held <u>COMMISSIONER</u>
Government Unit <u>Meeker</u>	Daytime phone <u>320 282-5260</u>
Street/PO Box <u>25770 CSAH 1</u>	
City, State, ZIP <u>Litchfield</u>	
Occupation <u>Insurance Agent</u>	Principal place of business <u>Hutchinson MN</u>

Period Covered

Jan, 2015 to Jan, 2016

Certification

I, Dale Fenrich, certify that I have read, understand, and
(print or type name)
agree to the Meeker-McLeod-Sibley Community Health Services Conflict of Interest Policy, and I am
aware of no current conflict of interest with my current official position. I agree to inform the Meeker-
McLeod-Sibley Community Health Board if any potential conflict of interest should arise.


Signature of Local Official

1-14-2015
Date

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Local Official

Name <i>Doug Krueger</i>	Title of office held <i>Commissioner 2nd Dist McLeod Co</i>
Government Unit	Daytime phone <i>612-756-2855</i>
Street/PO Box <i>9525 Co Rd 2</i>	
City, State, ZIP <i>Glenwood Mn 55336</i>	
Occupation	Principal place of business

Period Covered

_____, 20____ to _____, 20____

Certification

I, *Doug Krueger*, (print or type name) certify that I have read, understand, and agree to the Meeker-McLeod-Sibley Community Health Services Conflict of Interest Policy, and I am aware of no current conflict of interest with my current official position. I agree to inform the Meeker-McLeod-Sibley Community Health Board if any potential conflict of interest should arise.

Doug Krueger
Signature of Local Official

1-14-15
Date

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Local Official

Name <i>Joseph Nagel</i>	Title of office held <i>Commissioner</i>
Government Unit	Daytime phone
Street/PO Box <i>20849 196th Rd</i>	
City, State, ZIP <i>Hutchinson MN 55355</i>	
Occupation <i>Police Sgt.</i>	Principal place of business <i>Hutchinson</i>

Period Covered

Jan 1, 20*15* to *Dec 31*, 20*15*

Certification

I, *Joseph Nagel*, certify that I have read, understand, and agree to the Meeker-McLeod-Sibley Community Health Services Conflict of Interest Policy, and I am aware of no current conflict of interest with my current official position. I agree to inform the Meeker-McLeod-Sibley Community Health Board if any potential conflict of interest should arise.

Signature of Local Official

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Local Official

Name	RON SHIMANSKI	Title of office held	COUNTY COMMISSIONER
Government Unit	MCLEOD COUNTY	Daytime phone	320-327-0112
Street/PO Box	23808 JET AVE.		
City, State, ZIP	SILVER LAKE, MN 55381		
Occupation	FARMER	Principal place of business	23808 JET AVE. SILVER LAKE

Period Covered

1-1-2015 to 12-31-2015

Certification

I, RON SHIMANSKI, certify that I have read, understand, and agree to the Meeker-McLeod-Sibley Community Health Services Conflict of Interest Policy, and I am aware of no current conflict of interest with my current official position. I agree to inform the Meeker-McLeod-Sibley Community Health Board if any potential conflict of interest should arise.

Ron Shimanski
Signature of Local Official

1-13-2015
Date

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Local Official

Name <u>Bobbie Harder</u>		Title of office held <u>Commissioner</u>	
Government Unit <u>Sibley</u>		Daytime phone _____	
Street/PO Box <u>33402 Sibley Hgts Ln</u>			
City, State, ZIP <u>Le Sueur, MN 56058</u>			
Occupation <u>_____</u>		Principal place of business <u>_____</u>	

Period Covered

_____ 1-1, 2015 to _____ 12-31, 2015

Certification

I, Bobbie Harder, certify that I have read, understand, and
(print or type name)
agree to the Meeker-McLeod-Sibley Community Health Services Conflict of Interest Policy, and I am
aware of no current conflict of interest with my current official position. I agree to inform the Meeker-
McLeod-Sibley Community Health Board if any potential conflict of interest should arise.

Bobbie Harder
Signature of Local Official

1-14-15
Date

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Local Official

Name <u>GARY KRUGGEL</u>	Title of office held <u>COMMISSIONER</u>
Government Unit <u>SIBLEY COUNTY</u>	Daytime phone <u>507-647-4247</u>
Street/PO Box <u>30217 STATE HWY 15</u>	
City, State, ZIP <u>WINTHROP, MN 55396</u>	
Occupation <u>FARMER</u>	Principal place of business

Period Covered

1-14, 2015 to 12-31, 2015

Certification

I, GARY KRUGGEL, (print or type name) certify that I have read, understand, and agree to the Meeker-McLeod-Sibley Community Health Services Conflict of Interest Policy, and I am aware of no current conflict of interest with my current official position. I agree to inform the Meeker-McLeod-Sibley Community Health Board if any potential conflict of interest should arise.

Gary Kruggel
Signature of Local Official

1-14-15
Date

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Local Official

Name	William PINSKE	Title of office held	Co. Commissioner
Government Unit	Sibley Co. Commissioner	Daytime phone	507-380-3463
Street/PO Box	Box 527 325 West Main St		
City, State, ZIP	Arlington, MN 55307		
Occupation	Realtor	Principal place of business	Arlington, MN

Period Covered

1/1, 2015 to 1/1, 2016

Certification

I, William PINSKE, certify that I have read, understand, and agree to the Meeker-McLeod-Sibley Community Health Services Conflict of Interest Policy, and I am aware of no current conflict of interest with my current official position. I agree to inform the Meeker-McLeod-Sibley Community Health Board if any potential conflict of interest should arise.

William PINSKE
Signature of Local Official

1/14/15
Date

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Local Official

Name <u>Bryan Larson</u>	Title of office held <u>Member</u>
Government Unit <u>County Commissioner</u>	Daytime phone <u>320 221 3060</u>
Street/PO Box <u>19640 612 Ave</u>	
City, State, ZIP <u>Litchfield Mn 55355</u>	
Occupation <u>Farmer / carpenter</u>	Principal place of business <u>19640</u>

Period Covered

January 1, 2015 to December 31, 2015

Certification

I, Bryan Larson, certify that I have read, understand, and
(print or type name)
agree to the Meeker-McLeod-Sibley Community Health Services Conflict of Interest Policy, and I am
aware of no current conflict of interest with my current official position. I agree to inform the Meeker-
McLeod-Sibley Community Health Board if any potential conflict of interest should arise.

Bryan W. Larson
Signature of Local Official

1-8-2015
Date

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Local Official

Name	<i>Mike Housman</i>	Title of office held	<i>Commissioner</i>
Government Unit	<i>Meeker County</i>	Daytime phone	<i>612-386-6785</i>
Street/PO Box	<i>71376 280th SD</i>		
City, State, ZIP	<i>Dassel MN 55325</i>		
Occupation	<i>Self Employed</i>	Principal place of business	<i>Home</i>

Period Covered

Jan 1, 20*15* to *Dec 31*, 20*15*

Certification

I, *Mike Housman*, certify that I have read, understand, and
(print or type name)
agree to the Meeker-McLeod-Sibley Community Health Services Conflict of Interest Policy, and I am
aware of no current conflict of interest with my current official position. I agree to inform the Meeker-
McLeod-Sibley Community Health Board if any potential conflict of interest should arise.


Signature of Local Official

1/13/15
Date

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Local Official

Name <u>Beth Obereg</u>		Title of office held <u>County Commissioner</u>
Government Unit <u>Meeker County</u>		Daytime phone <u>320-693-9171</u>
Street/PO Box <u>708 S. Armstrong</u>		
City, State, ZIP <u>Hitchcock, MN</u>		
Occupation <u>Hospitality Manager</u>	Principal place of business <u>American Legion Post 104 - Hitchcock,</u>	

Period Covered

January, 2015 to December, 2015

Certification

I, Beth Obereg, (print or type name), certify that I have read, understand, and agree to the Meeker-McLeod-Sibley Community Health Services Conflict of Interest Policy, and I am aware of no current conflict of interest with my current official position. I agree to inform the Meeker-McLeod-Sibley Community Health Board if any potential conflict of interest should arise.

Beth Obereg
Signature of Local Official

11/14/15
Date

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Local Official

Name <i>Mike Huberty</i>	Title of office held
Government Unit <i>Meeker County Commissioner</i>	Daytime phone <i>320-453-8905</i>
Street/PO Box <i>657 Meeker Av. W. Box 486</i>	
City, State, ZIP <i>Eden Valley MN 55329</i>	
Occupation <i>Retired</i>	Principal place of business

Period Covered

_____, 20____ to _____, 20____

Certification

I, *Mike Huberty* _____, certify that I have read, understand, and
(print or type name)
agree to the Meeker-McLeod-Sibley Community Health Services Conflict of Interest Policy, and I am
aware of no current conflict of interest with my current official position. I agree to inform the Meeker-
McLeod-Sibley Community Health Board if any potential conflict of interest should arise.

Mike Huberty _____
Signature of Local Official

2/8/15
Date

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Local Official

Name <i>JOY COHRS</i>		Title of office held <i>COUNTY COMMISSIONER</i>
Government Unit <i>SIBLEY COUNTY</i>		Daytime phone <i>320-864-5252</i>
Street/PO Box <i>17138 STATE HWY 22</i>		
City, State, ZIP <i>GLENCOE MN 55336</i>		
Occupation <i>COUNTY COMMISSIONER</i>	Principal place of business <i>GAYLORD MN</i>	

Period Covered

JANUARY 1, 20*15* to *DECEMBER 31*, 20*15*

Certification

I, *JOY COHRS*, certify that I have read, understand, and
(print or type name)
agree to the Meeker-McLeod-Sibley Community Health Services Conflict of Interest Policy, and I am aware of no current conflict of interest with my current official position. I agree to inform the Meeker-McLeod-Sibley Community Health Board if any potential conflict of interest should arise.

Joy Cohrs
Signature of Local Official

2/12/15
Date

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Local Official

Name <i>Paul Wright</i>	Title of office held <i>Commissioner</i>
Government Unit <i>McLeod</i>	Daytime phone <i>320-563-8584</i>
Street/PO Box <i>15215 Canty Road 7</i>	
City, State, ZIP <i>Hutchinson Mn 55350</i>	
Occupation <i>Farm</i>	Principal place of business

Period Covered

_____, 20____ to _____, 20____

Certification

I, *Paul Wright*, certify that I have read, understand, and
(print or type name)
agree to the Meeker-McLeod-Sibley Community Health Services Conflict of Interest Policy, and I am aware of no current conflict of interest with my current official position. I agree to inform the Meeker-McLeod-Sibley Community Health Board if any potential conflict of interest should arise.

Paul Wright
Signature of Local Official

2-24-15
Date

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