

2016 Conflict of Interest – who still needs to sign and turn in

Commissioner	Resolution
Bill Pinske	X
Gary Kruggel	X
Bobbie Harder	X
Jim Swanson	X
Joy Cohrs	X
Ron Shimanski	X
Joe Nagel	X
Doug Krueger	X
Sheldon Nies	X
Paul Wright	X
Bryan Larson	X
Mike Housman	X
Beth Oberg	X
Dale Fenrich	X
Mike Huberty	X

Alie
Cindy

X

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, 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 statement is due to the Community Health Services Coordinator within 80 days after undertaking duties of office.
- * 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.
- * Address questions to the Meeker-McLeod-Sibley Community Health Services Coordinator

Local Official

Name <u>Cindy Schultz Ford</u>	Title of office held <u>CHS Fiscal Officer</u>
Government Unit <u>M-M-S CHS</u>	Telephone (daytime)
Address <u>2391 Hennepin Ave. N.</u>	
City, State, Zip <u>Glencoe, MN 55336</u>	
Occupation <u> Auditor - Treasurer</u>	Principal place of business <u>McLeod County</u>

Period Covered

January 1, 2016 to December 31, 2016

Certification

I, Cindy Schultz Ford, certify that I have read, understand and agree to the
(Print or type name)
Meeker-McLeod-Sibley Community Health Services Conflict of Interest Policy, and am aware of no
current conflict of interest with my present official position. I agree to make the Meeker-McLeod-Sibley
Community Health Board aware if any potential conflict of interest develops.

Cindy Schultz Ford
Signature of local official

1-4-2016
Date

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

Original Statement of Conflict of Interest
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Local Official

Name <u>Allie Freidrichs</u>	Title of office held <u>CHS Administrator</u>
Government Unit <u>County</u>	Telephone (daytime) <u>507-766-3531</u>
Address <u>1805 Ford Ave Suite 206</u>	
City, State, Zip <u>Bunola MN 55334</u>	
Occupation <u>RHN</u>	Principal place of business <u>Bunola</u>

Period Covered

January 1, 2016 to December 31, 2016

Certification

I, Allie Freidrichs, certify that I have read, understand and agree to the
(Print or type name)

Meeker-McLeod-Sibley Community Health Services Conflict of Interest Policy, and am aware of no current conflict of interest with my present official position. I agree to make the Meeker-McLeod-Sibley Community Health Board aware if any potential conflict of interest develops.

Allie Freidrichs
Signature of local official

11/14/16
Date

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Local Official

Name <i>Bill Pinski</i>	Title of office held <i>Co. Commissioner</i>
Government Unit <i>Sibley Co.</i>	Daytime phone <i>507-964-2250</i>
Street/PO Box <i>Box 527</i>	
City, State, ZIP <i>Arlington, MN 55307</i>	
Occupation <i>REALTOR</i>	Principal place of business <i>Arlington, MN</i>

Period Covered

1/1, 20*16* to *1/1*, 20*17*

Certification

I, *Bill Pinski*, 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

Date

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

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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>325 Sibley Ave</i>	
City, State, ZIP <i>Litchfield, MN 55355</i>	
Occupation <i>Self Employed</i>	Principal place of business <i>Home</i>

Period Covered

Jan 1, 20*16* to *Dec 31*, 20*16*

Certification

I, *Mike Housman*, 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

1/14/16
Date

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

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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 <u>SAME AS ABOVE</u>	

Period Covered

1-1, 2016 to 12-31, 2016

Certification

I, GARY KRUGGEL, 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.

Gary Kruggel
Signature of Local Official

1-14-16
Date

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Original Statement of Conflict of Interest

Local Official for Meeker-McLeod-Sibley Community Health Services

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Local Official

Name <i>Mike Huberty</i>	Title of office held <i>Meeker Commissioner</i>
Government Unit <i>Meeker County Commissioner</i>	Daytime phone <i>320-453-8945</i>
Street/PO Box <i>657 Meeker Av. W. #486</i>	
City, State, ZIP <i>Eden Valley, MN 55329</i>	
Occupation <i>Retired</i>	Principal place of business

Period Covered

1-14, 2016 to 12-31, 2016

Certification

I, *Mike Huberty*, 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.

Mike Huberty
Signature of Local Official

1-14-16
Date

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Local Official

Name <u>Bryan Larson</u>	Title of office held <u>Member</u>
Government Unit <u>Meeker 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</u>	Principal place of business <u>Farm / 29772 580 Ave Grove City Mn 56243</u>

Period Covered

1-1, 2016 to 12-31, 2016

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

1-12-2016

Date

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Local Official

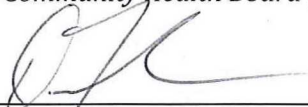
Name <i>DALE Fenrich</i>		Title of office held <i>Commissioner</i>
Government Unit <i>Meeker County Commissioner</i>		Daytime phone <i>320-282-5260</i>
Street/PO Box		
City, State, ZIP		
Occupation	Principal place of business	

Period Covered

_____, 20____ to _____, 20____

Certification

I, _____, (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

1-14-2016

Date

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Original Statement of Conflict of Interest

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Local Official

Name <u>Bobbie Harder</u>	Title of office held <u>Commissioner</u>
Government Unit <u>Sibley County</u>	Daytime phone <u>507-469-3442</u>
Street/PO Box <u>33402 Sibley Hqts Ln.</u>	
City, State, ZIP <u>Le Sueur, MN 56058</u>	
Occupation <u>Homemaker</u>	Principal place of business

Period Covered

1-1, 2016 to Dec 31, 2016

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.

BHarder
 Signature of Local Official

1-14-16
 Date

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Local Official

Name <u>Beth Cherg</u>		Title of office held <u>County Commissioner</u>
Government Unit <u>Madoc</u>		Daytime phone <u>320-221-0146</u>
Street/PO Box <u>708 S Armstrong Ave</u>		
City, State, ZIP <u>Littlefield, Me.</u>		
Occupation <u>Manager</u>	Principal place of business <u>American Legion Post 104</u>	

Period Covered

_____, 20____ to _____, 20____

Certification

I, Beth Cherg, 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.

Beth Cherg
Signature of Local Official

11/14/2016
Date

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Local Official

Name <i>Joseph Nagel</i>	Title of office held <i>Commissioner</i>
Government Unit <i>McLeod</i>	Daytime phone <i>320-587-8693</i>
Street/PO Box <i>830 E 11th St</i>	
City, State, ZIP <i>Glencoe MN 5551</i>	
Occupation	Principal place of business

Period Covered

Jan 14th, 20*16* to *Dec 31st*, 20*16*

Certification

I, *Joseph Nagel* (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

Date

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Original Statement of Conflict of Interest

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Local Official

Name <u>RON SHIMANSKI</u>	Title of office held <u>COMMISSIONER</u>
Government Unit <u>Mc LEOD COUNTY</u>	Daytime phone <u>320-223-2355</u>
Street/PO Box <u>23808 JET AVE.</u>	
City, State, ZIP <u>SILVER LAKE, MN, 55381</u>	
Occupation <u>FARMER</u>	Principal place of business <u>23808 JET AVE, SILVER LAKE</u>

Period Covered

1-1-, 20 16 to 12-31-, 20 16

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

1-13-16
Date

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Local Official

Name <i>Doug Krueger</i>		Title of office held <i>Commissioner</i>
Government Unit <i>830 E 11th</i>		Daytime phone <i>612 7562 855</i>
Street/PO Box <i>McLeod</i>		
City, State, ZIP <i>Glenview MN 55336</i>		
Occupation	Principal place of business	

Period Covered

Jan *14*, 20 *16* 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

1-14-2016
Date

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Local Official

Name <u>Sheldon Nies</u>		Title of office held <u>Commissioner</u>
Government Unit <u>McLeod County</u>		Daytime phone
Street/PO Box <u>1118 Jefferson St. SE</u>		
City, State, ZIP <u>Hutchinson, MN 55350</u>		
Occupation	Principal place of business	

Period Covered

Jan, 2016 to Dec, 2016

SHELDON NIES

Certification

I, Sheldon Nies, 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.

Sheldon Nies

Signature of Local Official

1/20/16
Date

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Local Official

Name <i>Tim Swanson</i>	Title of office held <i>County Commissioner</i>
Government Unit <i>Sibley County</i>	Daytime phone <i>507-237-2505</i>
Street/PO Box <i>1020 Lakeside Drive</i>	
City, State, ZIP <i>Gaylord, MN 55334</i>	
Occupation <i>Retired Commissioner</i>	Principal place of business <i>None</i>

Period Covered

Jan 1, 20 *16* to *Dec 31*, 20 *16*

Certification

I, *Tim Swanson*, 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.

Tim Swanson
Signature of Local Official

14 Jan 2016
Date

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

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Local Official

Name <i>JOY COHRS</i>	Title of office held <i>COMMISSIONER</i>
Government Unit <i>SIBLEY COUNTY</i>	Daytime phone
Street/PO Box <i>400 COURT</i>	
City, State, ZIP <i>DAYLORD MN 55334</i>	
Occupation	Principal place of business

Period Covered

JANUARY, 20*16* to *JANUARY*, 20*17*

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

1/13/16
Date

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Local Official

Name <u>Paul Wright</u>	Title of office held <u>County Commissioner</u>
Government Unit <u>McLeod</u>	Daytime phone <u>320-587-7332</u>
Street/PO Box <u>15215 County Road 7</u>	
City, State, ZIP <u>Hutchinson Mn 55350</u>	
Occupation <u>Farmer</u>	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.

Signature of Local Official

Date

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