

2017 Conflict of Interest – who still needs to sign and turn in

Commissioner	Resolution
Bill Pinske	✓
Bobbie Harder	✓
Joy Cohrs (alt)	✓
Ron Shimanski	✓
Joe Nagel	✓
Doug Krueger (alt)	✓
Mike Housman (alt)	✓
Beth Oberg	✓
Joe Tacheny	✓
Allie Freidrichs	✓
Cindy Schultz	✓

**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>Joseph M Tacheny</u>		Title of office held <u>County Commissioner</u>
Government Unit <u>MMS-CHS</u>		Daytime phone <u>320-221-0538</u>
Street/PO Box <u>618 West Crescent LA</u>		
City, State, ZIP <u>Litchfield MN 55355</u>		
Occupation <u>Retired</u>	Principal place of business	

**Period Covered**

Jan 1, 2017 to Dec 31, 2017

**Certification**

I, Joe Tacheny, 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.

Joe Tacheny  
Signature of Local Official

01/18/17  
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.

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Local Official

Name <i>Joe Nagel</i>	Title of office held <i>ZYS</i>
Government Unit <i>McLeod County</i>	Daytime phone <i>320-587-8693</i>
Street/PO Box	
City, State, ZIP	
Occupation <i>Police Sergeant</i>	Principal place of business <i>Hutchinson Police Department</i>

Period Covered

\_\_\_\_\_, 20\_\_\_\_ to \_\_\_\_\_, 20\_\_\_\_

Certification

I, *Joe 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]*  
Signature of Local Official

*1-12-17*  
Date

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**Local Official**

Name <i>Mike Housman</i>	Title of office held <i>Commissioner</i>
Government Unit <i>Meeker Co.</i>	Daytime phone <i>612-586-6785</i>
Street/PO Box <i>71376 280<sup>th</sup> St</i>	
City, State, ZIP <i>Dassel MN 55325</i>	
Occupation <i>Consultant</i>	Principal place of business <i>None</i>

**Period Covered**

*Jan 1*, 20*07* to *Dec 31*, 20*17*

**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]*  
Signature of Local Official

*1/12/2017*  
Date

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**Local Official**

Name	<u>Allie Freidrichs</u>	Title of office held	<u>CHS Admin.</u>
Government Unit	<u>Local</u>	Daytime phone	
Street/PO Box	<u>1805 Ford Ave Suite 200</u>		
City, State, ZIP	<u>Glencoe MN 55336</u>		
Occupation	<u>Nurse</u>	Principal place of business	<u>Glencoe</u>

**Period Covered**

Jan 12, 2017 to Dec 31, 2017

**Certification**

I, Allie Freidrichs, 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.

Allie Freidrichs  
Signature of Local Official

1/12/17  
Date

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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>507-665-3642</u>
Street/PO Box <u>33402 Sibley Heights Lane</u>		
City, State, ZIP <u>Le Sueur, MN 56058</u>		
Occupation <u>Homemaker</u>	Principal place of business <u>N/A</u>	

**Period Covered**

January 1, 2017 to December 31, 2017

**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

1-12-17  
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 <i>320-510-1466</i>
Street/PO Box <i>17138 STATE HWY 22</i>	
City, State, ZIP <i>GLENCOE MN 55336</i>	
Occupation	Principal place of business

### Period Covered

JANUARY 1, 2017 to JANUARY 1, 2018

### 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

1/12/17  
Date

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Local Official

Name <u>Cindy Schultz Ford</u>	Title of office held <u>Fiscal Officer</u>
Government Unit <u>Meeker McLeod Sibley CHS</u>	Daytime phone <u>320-864-1210</u>
Street/PO Box <u>2391 Hennepin Ave. N</u>	
City, State, ZIP <u>Glencoe, MN 55336</u>	
Occupation <u>McLeod County Auditor - Treasurer</u>	Principal place of business <u>McLeod County</u>

Period Covered

January 1, 2017 to December 31, 2017

Certification

I, Cindy Schultz Ford, 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.

Cindy Schultz Ford  
Signature of Local Official

1/11/17  
Date

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## Original Statement of Conflict of Interest

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### Local Official

Name <u>Beth Oberg</u>	Title of office held <u>Commissioner</u>
Government Unit <u>Meeker County</u>	Daytime phone <u>320-221-0140</u>
Street/PO Box <u>708 S. Armstrong Ave.</u>	
City, State, ZIP <u>Witchfield, MN 55355</u>	
Occupation <u>Manager / Region</u>	Principal place of business <u>American Region Post 104</u>

### Period Covered

\_\_\_\_\_, 20\_\_\_\_ to \_\_\_\_\_, 20\_\_\_\_

### Certification

I, Beth Oberg, 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 Oberg  
Signature of Local Official

1/12/17  
Date

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**Local Official**

Name <i>B. H. Piuske</i>	Title of office held <i>Sibley Co. Commissioner</i>
Government Unit <i>Sibley Co.</i>	Daytime phone <i>502.964.2250</i>
Street/PO Box <i>Box 527 325 West Main St.</i>	
City, State, ZIP <i>Arlington, MN 55307</i>	
Occupation <i>Realtor</i>	Principal place of business <i>Arlington, MN</i>

**Period Covered**

1/1/17, 20   to 1/1, 2018

**Certification**

I, *B. H. Piuske*, (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]*                      *1/6/17*  
Signature of Local Official                      Date

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Local Official

Name <u>RON SHIMAWSKI</u>		Title of office held <u>Co- Comm-</u>
Government Unit <u>Mc LEOD Co.</u>		Daytime phone <u>320-327-0112</u>
Street/PO Box <u>23808 JET AVE.</u>		
City, State, ZIP <u>SILVER LAKE, MN. 55381</u>		
Occupation <u>COUNTY COMMISSIONER</u>	Principal place of business <u>830- 11th St-E, GLENCOE, MN.</u>	

Period Covered

Jan. 1-, 2017 to Dec. 31, 2017

Certification

I, RON SHIMAWSKI, (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.

Ron Shimawski 1-12-17  
Signature of Local Official Date

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**Local Official**

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

**Period Covered**

\_\_\_\_\_, 20\_\_\_\_ to \_\_\_\_\_, 20\_\_\_\_

**Certification**

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*Douglas Krueger*  
\_\_\_\_\_  
Signature of Local Official

*2-13-17*  
\_\_\_\_\_  
Date

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