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

Commissioner	Resolution
Bill Pinske	/
Bobbie Harder	\checkmark
Joy Cohrs (alt)	/
Ron Shimanski	7
Joe Nagel	
Doug Krueger (alt)	
Mike Housman (alt)	√ ·
Beth Oberg	/
Joe Tacheny	
Allie Freidrichs	
Cindy Schultz	

Local Official for Meeker-McLeod-Sibley Community Health Services

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	ocal Official	
Name, Joseph M Tac	heny	Title of office held COUNTY COMM! Stione!
Government Unit		Daytime phone 320-221-0538
Street/PO Box	1 4	
CIG WEST CRESCENT City, State, ZIP LiTch Rield Mn.		
Occupation Retiered	Principal place of business	s
LACTICAL CONTRACTOR OF THE PARTY OF THE PART	1	
Pe	eriod Covered	
Jan / ,2	0/7 to <u>De</u>	c 3/ ,20 <u>/7</u>
	Certification	
I, Joe Tacheng (print or type slame)	, certify that I h	ave read, understand, and
agree to the Meeker-McLeod-Sibley Commun aware of no current conflict of interest with I MeLeod-Sibley Community Health-Board if an	ity Health Services Conflic ny current official positior	t of Interest Policy, and I am n. I agree to inform the Meeker-
Signature of Local Official		0//18/17
D.B. Marin J of Books Official		2400

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Local Official				
Name			Title of office held	
Joe Nage			Zyrs	
Government Unit			Daytime phone	
McLew County			320-587-8693	
Street/PO Box				
City, State, ZIP				
Occupation Police Sergent	Prin	ncipal place of busines Hutchinson	ss Police Deput mo	
	Period	Covered		
	, 20	to	, 20	
	Certif	fication		
I, Joe Nage/ (print or type name)		, certify that I l	have read, understand, and	
agree to the Meeker-McLeod-Sibley Com aware of no current conflict of interest v				
McLeod-Sibley Community Health Board	d if any po	tential conflict of int	terest should arise.	
f_n Nort			1-12-17	
Signature of Local Official			Date	

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Local Official				
Name Mike Housman		Title of office held Commissioner		
Government Unit		Daytime phone 6/2-586-6785		
Street/PO Box 7/376 280 57		,		
City State, ZIP	5325			
Occupation Cansullar	Principal place of business	3		
Pe	eriod Covered			
Jan/	007 to Dec	37 20/		
	Certification			
1, Mike Housman	, certify that I h	ave read, understand, and		
(print or type name) agree to the Meeker-McLeod-Sibley Commun aware of no current conflict of interest with i McLeod-Sibley Community Health Board if an	my current official position	n. I agree to inform the Meeker-		
20 Mensey	7	1/12/2017		
Signature of Local Official		Date /		

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Local Official	
Name Allic Friedrichs	Title of office held HS HAMIN.
Government Unit /OCA	Daytime phone
Street/PO Box 1805 Ford Ru Suite 200	
City, State, ZIP MN 55334	
Occupation Principal place of business & UMC	
Period Covered	
Jen 12 ,20/7 to Dec	<u>3(</u> , 20 <u>/</u>)
Certification	
(print or type name)	ave read, understand, and
agree to the Meeker-McLeod-Sibley Community Health Services Conflict aware of no current conflict of interest with my current official position McLeod-Sibley Community Health Board if any potential conflict of inte	a. I agree to inform the Meeker-
MILL MUJOMAS	1/12/17
Signature of Local Official	Date '

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Local Official

Name	Title of office held	
Bobbie Harder	Commissioner	
Government Unit	Daytime phone	
Sibley County Street/PO Box	507-645-3648	2
Street/PO Box		
33402 Sibley Heights	lane	
City, State, ZIP		
33402 Sibley Heights City, State, ZIP Le Sueur, Mn 56058	'	
Occupation	Principal place of business	
Occupation	NIA	
* .		
W. T.		
Pe	riod Covered	
January 1, 21	01 to December 31, 20	<u>17</u>
C	Certification	
1. Bobbie Harden	, certify that I have read, understand, and	
(print or type name)		
ugree to the meeker-McLeou-Sibley Communi	ity nealth services conflict of interest Policy, and I am	
	ny current official position. I agree to inform the Mee	ker-
McLeod-Sibley Community Health Board if an	y potential conflict of interest should arise.	
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(3) doler toude	1-12-17	
Signature of Local Official	Date	-
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	Local Official
Name	Title of office held
JOY COHRS	L'OMMISSIONE R
Government Unit	Daytime phone
SIBLEY LOUNTY	320-510-1466
Street/PO Box	
17138 STATE HLUY &	72
City, State, ZIP	
City, State, ZIP CITY, State, ZIP CLENCOE MIN 553	336
Occupation	Principal place of business
3	
n	eriod Covered
P	erioù Covereu
JANUARY 1	20 <u>17</u> to <u>JANUARY</u> , 20 <u>18</u>
	Certification
I, Joy CoHRS (print or type name)	, certify that I have read, understand, and
	nity Health Services Conflict of Interest Policy, and I am my current official position. I agree to inform the Meeker-
	any potential conflict of interest should arise.
Joep Cohres	1/12/17
Signature of Local Official	Daté

Local Official for Meeker-McLeod-Sibley Community Health Services

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	OCC : 1
Loca	Official
Name Name	Title of office held
Cindy Schultz Ford	Fiscal Officer
Government Unit	Daytime phone
Meeter McLood Sibby CHS	320-864-1210
Street/PO Box	
2391 Hennepin Ave. 1	
City State ZIP	
Glencoe, MH 55336	
Occupation Pr	ncipal place of business
McLeod County Auditor-	Michael County
Trensurer	*
Period	Covered
January 1, 201	7 to December 31 2017
Cert	fication
1. Cindy Schitz Ford	, certify that I have read, understand, and
(print or type name)	, certify that I have read, understand, and
agree to the Meeker-McLeod-Sibley Community H	ealth Services Conflict of Interest Policy, and I am
aware of no current conflict of interest with my c	irrent official position. I agree to inform the Meeker-
McLeod-Sibley Community Health Board if any po	tential conflict of interest should arise.
Under Sabula Ford	111117
Signature of Local Official	Date
Digitature of Local Official	Date

Local Official for Meeker-McLeod-Sibley Community Health Services

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	Local (Official	
Name			Title of office held
Beth Oberg			Commissions
Government Unit			Daytime phone
Meeker Cambro			320-221-0140
Street/PO Box			
708 5. Armstrong Ave.			
City, State, ZIP			
hitchfield, Mr. 5535	5		
Occupation	Princ	cipal place of bu	
MANDAGEI LEGION	1	wer; CAW	hegion Post 104
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	mass == NGS		
P	Period (Covered	
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	Certifi	cation	
	Cerun	Lation	
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(print or type name)			
agree to the Meeker-McLeod-Sibley Commu	-		, ,
aware of no current conflict of interest with	-		9
McLeod-Sibley Community Health Board if	any pote	entiai conflict d	of interest snoula arise.
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Selh Obers			
Signature of Local Official			Date

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		Lo	cal Offici	al .		
Name	Riv	P	b	ح	Title of office	held
Government Ur	15:11	F.W51	4	2.6	King Ca.	Comuni 33
					Daytime phon	ie 775
Street/PO Box	, <u> </u>	- New York and the second second second			367.1	67 220
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City, State, ZIP	Arling	tos N	1N	55.	307	5 5 t.
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1,	(print or type	name)	(ternjy mai r	iuve reau, anue	rstana, ana
	eeker-McLeod-S					
						form the Meeker-
McLeod-Sibley	Community Hea	lth Board if any	potential	conflict of int	terest should ari	ise.
	Ring a	1.1				1/6/17
Signature of L	ocal Official				Date	/

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Local Official				
Name RON SHIMAUSKI	Title of office held Co- Comm-			
Government Unit Mc LBOD Co	Daytime phone 320-327-0112			
Street/PO Box 23808 JET A VE -				
City, State, ZIP SILVER LAKE, MN, 55381				
Street/PO Box 23808 JET AVE City, State, ZIP 5/L VER LAKE, MN, 5538/ Occupation COUNTY COMMISSIONER 830- //LAKST	LE GLENCOE, MN.			
	,			
Period Covered				
Jan. 1- ,2017 to Dec.	31 , ₂₀ 17			
Certification				
I, $\frac{RoN}{SHIMAUSKI}$, certify that I ha	ave read, understand, and			
agree to the Meeker-McLeod-Sibley Community Health Services Conflict aware of no current conflict of interest with my current official position McLeod-Sibley Community Health Board if any potential conflict of inte	of Interest Policy, and I am . I agree to inform the Meeker-			
Ron Shimarski	1-12-17			
Signature of Local Official	Date			

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		*		
Local Official				
Name	. /	a)	Title of office held	
Dauglas	Kruzga		Commissioner	
Government Unit	,		Daytime phone	
Malzud	<u>C</u> 0		6127562855	
Street/PO Box				
9525 (0	R 9 5			
City, State, ZIP	12			
Glerror	mn	553		
Occupation		Principal place of business	3	
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	Per	riod Covered		
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	С	ertification		
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f print o	r type name)	certify that I he	ave read, understand, und	
		ty Health Services Conflict	t of Interest Policy, and I am	
			a. I agree to inform the Meeker-	
McLeod-Sibley Community	Health Board if an	y potential conflict of inte	rest should arise.	
	/			
	Leens		2-13-17	
Signature of Local Official	V-901			
oignature or Local Official			Date	