

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>RON SHIMANSKI</u>	Title of office held <u>COMMISSIONER</u>
Government Unit <u>MCLEOD CO.</u>	Telephone (daytime)
Address <u>23808 JET AVE.</u>	
City, State, Zip <u>SILVER LAKE, MN. 55381</u>	
Occupation <u>SELF EMPLOYED</u>	Principal place of business <u>HOME</u>

Period Covered

January 1, 2018 _____ to December 31, 2018 _____

Certification

I, RON SHIMANSKI, 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.

Ron Shimanski
Signature of local official

1-11-18
Date

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Local Official

Name <u>Bobbie Harder</u>	Title of office held <u>Sibley County Commissioner</u>
Government Unit <u>Sibley County</u>	Telephone (daytime) <u>507 645 3442</u>
Address <u>33402 Sibley Heights Ln</u>	
City, State, Zip <u>Le Sueur, mn 56058</u>	
Occupation <u>Homemaker</u>	Principal place of business

Period Covered

January 1, 2018 to December 31, 2018

Certification

I, Bobbie Harder, 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.

B Harder
Signature of local official

1-11-18
Date

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Local Official

Name	<i>B:11 PINSKE</i>	Title of office held	<i>County Commissioner</i>
Government Unit	<i>Sibley County</i>	Telephone (daytime)	<i>507-964-2250</i>
Address	<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

January 1, 2018 to December 31, 2018

Certification

I, *B:11 PINSKE*, 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.

B:11 PINSKE
Signature of local official

4/5/18
Date

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Local Official

Name <u>Beth Oberg</u>	Title of office held <u>County Commissioner</u>
Government Unit <u>Meeker County</u>	Telephone (daytime) <u>320-221-0140</u>
Address <u>908 S. Armstrong Ave.</u>	
City, State, Zip <u>Wadena, MN 56601</u>	
Occupation <u>Restaurant General Manager</u>	Principal place of business <u>American Legion Post 104</u>

Period Covered

January 1, 2018 to December 31, 2018

Certification

I, Beth Oberg, certify that I have read, understand and agree to the
(Print or type name)
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Beth Oberg
Signature of local official

1/11/18
Date

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Local Official

Name <u>Mike Housman</u>	Title of office held <u>Commissioner</u>
Government Unit <u>Meeker Co.</u>	Telephone (daytime) <u>612-386-6785</u>
Address <u>71376 280th St</u>	
City, State, Zip <u>Dassel MN 55325</u>	
Occupation <u>self emp</u>	Principal place of business <u>home</u>

Period Covered

January 1, 2018 to December 31, 2018

Certification

I, Mike Housman, certify that I have read, understand and agree to the
(Print or type name)
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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.

[Signature]
Signature of local official

1-11-2018
Date

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Local Official

Name <i>Allie Elbert</i>	Title of office held <i>CHS Admin</i>
Government Unit <i>Public Health</i>	Telephone (daytime) <i>507-766-3531</i>
Address <i>1805 Ford Ave Suite 200</i>	
City, State, Zip <i>Glencoe MN 55332</i>	
Occupation	Principal place of business

Period Covered

January 1, 2018 to December 31, 2018

Certification

I, *Allie Elbert*, 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 Elbert
Signature of local official

1/11/18
Date

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Local Official for Meeker-McLeod-Sibley Community Health Services

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Local Official	
Name <i>Joseph Tacheny</i>	Title of office held <i>ALTERNATE Board member</i>
Government Unit <i>Market, McLeod, Aibley Community Health Board</i>	Daytime phone <i>320-221-0538</i>
Street/PO Box <i>618 WEST CRESCENT LANE</i>	
City, State, ZIP <i>Litchfield MN 55355</i>	
Occupation <i>RETIRED ELECTRICIAN</i>	Principal place of business <i></i>

Period Covered
01/01/2017, 2017 to 01/01, 2020

Certification

I, Joseph Taeheng, 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.

Joseph Taeheng 02/02/18
Signature of Local Official Date

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Local Official

Name <u>JOY COHRS</u>	Title of office held <u>COMMISSIONER</u>
Government Unit <u>SIBLEY COUNTY</u>	Daytime phone <u>320-510-1466</u>
Street/PO Box <u>400 COURT ST</u>	
City, State, ZIP <u>GAYLORD MN 55334</u>	
Occupation <u>COUNTY COMMISSIONER</u>	Principal place of business

Period Covered

JANUARY 1, 2018 to DECEMBER 31, 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

1/1/18
Date

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Local Official

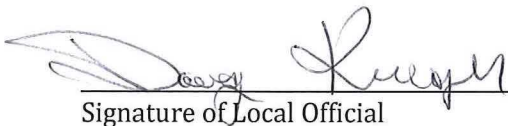
Name Doug Krueger		Title of office held Commissioner	
Government Unit McLeod County		Daytime phone 320-864-5944	
Street/PO Box 9525 County Rd 2			
City, State, ZIP Glencoe MN 55336			
Occupation		Principal place of business	

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.


Signature of Local Official

2-6-18
Date

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Local Official

Name <u>Joe Nagel</u>	Title of office held <u>Commissioner</u>
Government Unit <u>McLeod County</u>	Telephone (daytime) <u>320-587-8693</u>
Address <u>20849 196th Rd</u>	
City, State, Zip <u>Hutchinson, MN 55350</u>	
Occupation <u>Law Enforcement</u>	Principal place of business <u>Hutchinson</u>

Period Covered

January 1, 2018 to December 31, 2018

Certification

I, Joe Nagel, 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.

[Signature]
Signature of local official

1-16-18
Date

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