Local Official for Meeker-McLeod-Sibley Community Health Services

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In	ST	11	C	1	0	ns

- * 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.

Local Officia	al , , , , , , , , , , , , , , , , , , ,			
Name RON SHIMANSKI	Title of office held (OMM(SS/ONER Telephone (daytime)			
Government Unit Mc LEOD Co.	Telephone (daytime)			
Address 23808 TET AVE.				
City, State, Zip SILVER LAKE, MN. 5	5 38/			
Name PON SHIMANSKI Government Unit Mc LEOD Co. Address 23808 TET AVE. City, State, Zip SILVER LAKE, MN. 5538/ Occupation SELF EMPLOYED Principal place of business HOME				
Period Covered				
<u>January 1, 2018</u> to <u>December 31, 20</u>	18			
Certification	1			
I, Ron SHIMANSKI, certify that I (Print or type name) Meeker-McLeod-Sibley Community Health Services Conflict of Incurrent conflict of interest with my present official position. I agre Community Health Board aware if any potential conflict of interest	nterest Policy, and am aware of no the to make the Meeker-McLeod-Sibley			
Row Shemansker Signature of local official	$\frac{1-1/-18}{\text{Date}}$			

Local Official for Meeker-McLeod-Sibley Community Health Services

	Instructions				
signature indicates that the official un	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 Communium undertaking duties of office.		ator within 80 days after			
* This statement may <i>not</i> be filed electr	onically.				
* All information on this statement is p	ublic information.				
* It is unlawful to use this information to					
* Address questions to the Meeker-McI	Leod-Sibley Community He	alth Services Coordinator			
	Local Official				
Name Bobbie Harder		Title of office held Sibley County Commission			
Government Unit Sibley County		Telephone (daytime) 507 445 3442			
Address 33402 Sabley Hig	ints Ln				
City, State, Zip Le Sulur, Mn	56058				
Occupation Home maleer	Principal place of busi	ness			
Pe	riod Covered				
January 1, 2018 t	to December 31, 2018				
	Certification				
I, <u>Bobbie Harder</u> (Print or type name) Meeker-McLeod-Sibley Community Health Se	ervices Conflict of Interest I				
current conflict of interest with my present officemmunity Health Board aware if any potential	icial position. I agree to ma	ke the Meeker-McLeod-Sibley			

Local Official for Meeker-McLeod-Sibley Community Health Services

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	Local Offi	cial			
Name 3	1 Kirske	Title of office held			
Government Unit 5: 66	Court	Telephone (daytime) 507- 764. 2250			
Address	Box 527				
City, State, Zip	lington, Mrs	55307			
Occupation REAL to	Principal pl	lace of business Arling tow M			
	Period Covere	d			
January 1, 2018	to December 31.	, 2018			
	Certificat	ion			
I, B-11 (Print or type name)		nat I have read, understand and agree to the			
Meeker-McLeod-Sibley Community Health Services Conflict of Interest Policy, and am aware of no					
		agree to make the Meeker-McLeod-Sibley			
Community Health Board awa	are if any potential conflict of inte	erest develops.			
Line	Total	1/8/18			
Signature of local of	ficial	Date			

Local Official for Meeker-McLeod-Sibley Community Health Services

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- This statement may not be filed electronically.

	cod-Sibley Community Health Services Coordinator Local Official
Name	Title of office held
Bell Ober	County COMMISSINI
Government Unit	Telephone (daytime)
Mbe elus Couly	326-221-0140
Address	
708 S. Arnstrong Aus.	
City, State, Zip Winnesot	
Occupation	Principal place of business
Kestaciant Grenaral Managor	Homerican hogar Post 104
	O
Peri	lod Covered
January 1, 2018 to	December 31, 2018
January 1, 2016	December 31, 2016
	Certification
1. Bolu Obis	, certify that I have read, understand and agree to the
(Print or type name)	, certify that I have read, understand and agree to the
	vices Conflict of Interest Policy, and am aware of no
	ial position. I agree to make the Meeker-McLeod-Sibley
Community Health Board aware if any potential	
T M	
Del UDey	1111118
Signature of local official	Date

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

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	Local Official
Name Mike Housman	Title of office held Commissional
Government Unit	Telephone (daytime)
Address 7/376 280° \$	6
City, State, Zip Oassel M	55325
Occupation Selfens	Principal place of business
Per	iod Covered
	garan and a garantee de la constante de la cons
January 1, 2018 to	December 31, 2018
	Certification
(Print or type name)	, certify that I have read, understand and agree to the
Meeker-McLeod-Sibley Community Health Ser current conflict of interest with my present office	vices Conflict of Interest Policy, and am aware of no ial position. I agree to make the Meeker-McLeod-Sibley
Community Health Board aware if any potential	connect of interest develops.
	/ -// 1// N

information, or who knowingly omits required information, is guilty of a gross misdemeanor.

Local Official for Meeker-McLeod-Sibley Community Health Services

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1	ou bloldy community floater bety loss coolumned				
	Local Official				
Name IIIC Elbert	Title of office held CHS Adnul				
Government Unit	Telephone (daytime)				
Address ford Are Suite	200				
Citý, State, Zip	555332				
Occupation	Principal place of business				
L					
Peri	od Covered				
<u>January 1, 2018</u> to	December 31, 2018				
	Certification				
I, Alle Elbert (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 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 of local official	Date				

Local Official for Meeker-McLeod-Sibley Community Health Services

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Local Official	
Name / 21	Title of office held
Joseph Jacheny	AlTERNET BOORS Men
Government Unit Bank	Daytime phone
Name Joseph Jacheny Government Unit Meckel Meleod Libley Community Heath Street/PO Box City, State, ZIP	320-221-0538
618 West CRESCENT LANE	
City, State, ZIP	
1.7/16/2/20 1/11 00000	
Occupation Principal place of busine	ess
Reliered Electricon	
D'- 1 C 1	
Period Covered	
01/01/2017 ,20/7 to 0//	0/ ,2020
Certification	
I, Joseph Tacheng, certify that I	have read, understand, and
(print or type name)	
agree to the Meeker-McLeod-Sibley Community Health Services Confl aware of no current conflict of interest with my current official positi	
McLeod-Sibley Community Health Board if any potential conflict of in	
Trade of the state	,
Joellen Locken	02/02/18
Signature of Local Official	Date
Any person who signs and certifies a statement to be true, but knows the statem	ent contains false information, or who

knowingly omits required information, is guilty of a gross misdemeanor.

Local Official for Meeker-McLeod-Sibley Community Health Services

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Local Official

Title of office held

201 20112	COMMISSIONER
Government Unit	Daytime phone
SIBLEY COUNTY	Daytime phone 330-510-1466
Street/P0 Box	•
400 COURT ST	
SIBIEY COUNTY Street/PO Box 400 COURT ST City, State, ZIP GAYLORO MN 5	5334
Occupation	incipal place of business
COUNTY COMMISSIONER	
Period	d Covered
JANUARY 1,201	8 to DECEMBER 31, 2018
Cert	ification
(print or type name) agree to the Meeker-McLeod-Sibley Community H	, certify that I have read, understand, and lealth Services Conflict of Interest Policy, and I am urrent official position. I agree to inform the Meeker-otential conflict of interest should arise.
Signature of Local Official	7/1 /18 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.

Name

Local Official for Meeker-McLeod-Sibley Community Health Services

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Local Official	
Name Doug Vyulger	Title of office held
Government Units Word County	Daytime phone 330 -864 - 5944
9525 (oursty Rd 2	
City, State, ZIP Glencol MN 55336	
Occupation Principal place of busines	S
Period Covered	
, 20 to	, 20
Certification	
I, Doug Lyulgey , certify that I h 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 interest with my current conflict of interest with my current official position McLeod-Sibley Community Health Board if any potential conflict of interest with my current of interest with my current official position makes the conflict of interest with my current with	t of Interest Policy, and I am n. I agree to inform the Meeker-
Signature of Local Official	2 - 6 - 18 Date

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Local Official for Meeker-McLeod-Sibley Community Health Services

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				-	14 .		4 3		•

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Local Official	
Local Official	variety of the contract of the
Name Joe Nage	Title of office held
Government Unit Mc Lood Carenty	Telephone (daytime) 320-587-9643
Address 20849 196 th Rd	
City, State, Zip Hutchmson, MW 55350	
Occupation Principal place of bus	iness
Period Covered	
January 1, 2018 to December 31, 2018	
Certification	
Certification	
I, Joe Magel, certify that I have a	read, understand and agree to the
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 ma	
Community Health Board aware if any potential conflict of interest devel	
	1-16-18
	ate