

goy.

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 <i>JOY COHRS</i> | Title of office held <i>COUNTY COMMISSIONER</i> |
| Government Unit <i>SIBLEY COUNTY</i> | Telephone (daytime) <i>320-510-1466</i> |
| Address <i>17138 STATE HWY 22</i> | |
| City, State, Zip <i>GLENCOE MN 55336</i> | |
| Occupation | Principal place of business <i>GAYLORD, MN</i> |

Period Covered

January 1, 2020 _____ to December 31, 2020 _____

Certification

I, *JOY COHRS*, 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.

Joy Cohrs _____
Signature of local official
Date *1/22/20*

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Local Official

| | |
|--|--|
| Name <u>Bobbie Harder</u> | Title of office held <u>County Commissioner</u> |
| Government Unit <u>Sibley County</u> | Telephone (daytime) |
| Address <u>33402 Sibley Heights Lane</u> | |
| City, State, Zip <u>Le Sueur mn 56058</u> | |
| Occupation <u>Self Employed</u> | Principal place of business |

Period Covered

January 1, 2020 to December 31, 2020

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

1-10-2020
Date

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Original Statement of Conflict of Interest

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Local Official

| | | | |
|------------------|----------------------------|-----------------------------|--------------|
| Name | Mike Housman | Title of office held | Commissioner |
| Government Unit | Meeker County | Telephone (daytime) | 612-386-6785 |
| Address | 71376 280 th St | | |
| City, State, Zip | Dassel MN 55325 | | |
| Occupation | self employed | Principal place of business | home |

Period Covered

January 1, 2020 to December 31, 2020

Certification

I, ~~Mike Housman~~ Mike Housman, 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 of local official

1/10/2020
Date

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Doug

Original Statement of Conflict of Interest

Local Official for Meeker-McLeod-Sibley Community Health Services

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Local Official

| | | |
|--|--|---|
| Name <i>Doug Krueger</i> | | Title of office held <i>2nd Dist County Commissioner</i> |
| Government Unit <i>McLeod County</i> | | Daytime phone |
| Street/PO Box <i>9525 Co Rd 2</i> | | |
| City, State, ZIP <i>Glenox MN 55336</i> | | |
| Occupation <i>retired</i> | Principal place of business <i>Home</i> | |

Period Covered

Jan 1, 20*19* to *Dec 31*, 20*22*

Certification

I, *Doug Krueger* *Doug Krueger* 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.

(print or type name)

Doug Krueger *Doug Krueger* *1-20-20*
Signature of Local Official Date

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Beth

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

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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>408 S. Armstrong Av.</u> | | |
| City, State, ZIP <u>Litchfield MN 55355</u> | | |
| Occupation <u>Management</u> | Principal place of business <u>American Legion</u> | |

Period Covered

Jan 1, 2020 to Dec. 31, 2020

Certification

I, Beth Oberg, 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 Oberg
Signature of Local Official

1-16-2020
Date

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Local Official

| | | | |
|------------------|-----------------------|-----------------------------|----------------|
| Name | B-11 Pinski | Title of office held | Board Member |
| Government Unit | J-24 Co. Commissioner | Telephone (daytime) | |
| Address | 325 West Main | | |
| City, State, Zip | Arlington Ms 55307 | | |
| Occupation | REALTOR | Principal place of business | Arlington, Ms. |

Period Covered

January 1, 2020 to December 31, 2020

Certification

I, William Pinski, 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.

William Pinski
Signature of local official
1/9/20
Date

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Rich

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Local Official

| | | |
|--|--|--------------------------------------|
| Name <u>Rich Pohlmeier</u> | | Title of office held |
| Government Unit <u>McLeod County Commissioner</u> | | Daytime phone <u>320-583-9738</u> |
| Street/PO Box <u>207 1st Ave S</u> | | |
| City, State, ZIP <u>Brownton MN 55312</u> | | |
| Occupation <u>Self</u> | Principal place of business <u>Home based</u> | |

Period Covered

JANUARY, 2020 to JANUARY, 2021

Certification

I, Rich Pohlmeier, 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.

Rich Pohlmeier
Signature of Local Official

1-23-2020
Date

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Local Official

| | | | |
|------------------|------------------------|-----------------------------|---------------------|
| Name | RON SHIMANSKI | Title of office held | COUNTY COMMISSIONER |
| Government Unit | McLeod Co. | Telephone (daytime) | 320-327-0112 |
| Address | 23808 JET AVE. | | |
| City, State, Zip | SILVER LAKE, MN. 55381 | | |
| Occupation | SELF EMPLOYED | Principal place of business | SILVER LAKE, MN. |

Period Covered

January 1, 2020 to December 31, 2020

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

1-10-2020
Date

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Local Official

| | | | |
|------------------|-----------------------------|----------------------|---------------------|
| Name | Joe Tacheny | Title of office held | meeker Board Member |
| Government Unit | Meeker County Com. Alt. | Telephone (daytime) | 320.221.0538 |
| Address | 609 Cottonwood Ave | | |
| City, State, Zip | Litchfield MN 55355 | | |
| Occupation | Principal place of business | | |

Period Covered

January 1, 2020 to December 31, 2020

Certification

I, Joe Tacheny, 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 of local official

Date

01/10/2020

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