



Code: 202.7-E

BOARD OF DIRECTORS
CONFLICT OF INTEREST DISCLOSURE FORM

I hereby certify that I have, or may have, a financial interest or conflicting interest as noted below. The potential conflict is with the following individual and/or organization with which the Linn-Mar CSD has, or might reasonably have in the future, a relationship with; or which Linn-Mar CSD may enter into a transaction with or compete with.

Name of conflicting or financial interest (individual or company, etc.): Please print

Reason for potential conflict (e.g. family relationship, financial relationship, etc.): Please print

Son Chad Buchholz - Principal in District

All facts pertinent to the conflicting or financial interest: Please print

BLS - 4/11/2022

☒ I have no conflicts of interest to disclose.

☒ I hereby certify that I have read and understand Policy 202.7-Board of Directors Conflict of Interest, which I received a copy of, and that the above information is true, correct, and complete to the best of my knowledge, information, and belief. I further certify that I will comply with the requirements of Policy 202.7- Board of Directors Conflict of Interest.

Board Member's Signature

Date

Printed Name

Fiscal Year

Please return this form to JT Anderson, Board Secretary/Treasurer
2999 N 10th Street, Marion IA 52302 or via email to: jtanderson@Linnmar.k12.ia.us

Complete additional forms for multiple conflicts/financial interests, as needed.



Code: 202.7-E

BOARD OF DIRECTORS
CONFLICT OF INTEREST DISCLOSURE FORM

I hereby certify that I have, or may have, a financial interest or conflicting interest as noted below. The potential conflict is with the following individual and/or organization with which the Linn-Mar CSD has, or might reasonably have in the future, a relationship with; or which Linn-Mar CSD may enter into a transaction with or compete with.

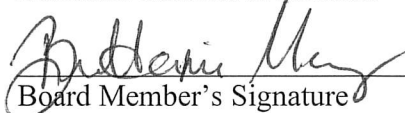
Name of conflicting or financial interest (individual or company, etc.): Please print

Reason for potential conflict (e.g. family relationship, financial relationship, etc.): Please print

All facts pertinent to the conflicting or financial interest: Please print

☒ I have no conflicts of interest to disclose.

☒ I hereby certify that I have read and understand Policy 202.7-Board of Directors Conflict of Interest, which I received a copy of, and that the above information is true, correct, and complete to the best of my knowledge, information, and belief. I further certify that I will comply with the requirements of Policy 202.7- Board of Directors Conflict of Interest.


Board Member's Signature

4-11-2022
Date

Brittania Moray
Printed Name

2022
Fiscal Year

Please return this form to JT Anderson, Board Secretary/Treasurer
2999 N 10th Street, Marion IA 52302 or via email to: jtanderson@Linnmar.k12.ia.us

Complete additional forms for multiple conflicts/financial interests, as needed.



Code: 202.7-E

BOARD OF DIRECTORS
CONFLICT OF INTEREST DISCLOSURE FORM

I hereby certify that I have, or may have, a financial interest or conflicting interest as noted below. The potential conflict is with the following individual and/or organization with which the Linn-Mar CSD has, or might reasonably have in the future, a relationship with; or which Linn-Mar CSD may enter into a transaction with or compete with.

Name of conflicting or financial interest (individual or company, etc.): Please print

Reason for potential conflict (e.g. family relationship, financial relationship, etc.): Please print

All facts pertinent to the conflicting or financial interest: Please print

☒ I have no conflicts of interest to disclose.

☒ I hereby certify that I have read and understand Policy 202.7-Board of Directors Conflict of Interest, which I received a copy of, and that the above information is true, correct, and complete to the best of my knowledge, information, and belief. I further certify that I will comply with the requirements of Policy 202.7- Board of Directors Conflict of Interest.

Board Member's Signature

Date

Printed Name

Fiscal Year

Sondra Nelson

4/11/22

Sondra Nelson

2021-22

Please return this form to JT Anderson, Board Secretary/Treasurer
2999 N 10th Street, Marion IA 52302 or via email to: jtanderson@Linnmar.k12.ia.us

Complete additional forms for multiple conflicts/financial interests, as needed.



Code: 202.7-E

BOARD OF DIRECTORS
CONFLICT OF INTEREST DISCLOSURE FORM

I hereby certify that I have, or may have, a financial interest or conflicting interest as noted below. The potential conflict is with the following individual and/or organization with which the Linn-Mar CSD has, or might reasonably have in the future, a relationship with; or which Linn-Mar CSD may enter into a transaction with or compete with.

Name of conflicting or financial interest (individual or company, etc.): Please print

Reason for potential conflict (e.g. family relationship, financial relationship, etc.): Please print

All facts pertinent to the conflicting or financial interest: Please print

☒ I have no conflicts of interest to disclose.

☒ I hereby certify that I have read and understand Policy 202.7-Board of Directors Conflict of Interest, which I received a copy of, and that the above information is true, correct, and complete to the best of my knowledge, information, and belief. I further certify that I will comply with the requirements of Policy 202.7- Board of Directors Conflict of Interest.

Matthew Bollinger UCC 1-308, ALL RIGHTS RESERVED
Board Member's Signature

4-11-22
Date

MATTHEW BOLLINGER
Printed Name

Fiscal 2022
Fiscal Year

Please return this form to JT Anderson, Board Secretary/Treasurer
2999 N 10th Street, Marion IA 52302 or via email to: jtanderson@Linnmar.k12.ia.us

Complete additional forms for multiple conflicts/financial interests, as needed.



Code: 202.7-E

BOARD OF DIRECTORS
CONFLICT OF INTEREST DISCLOSURE FORM

I hereby certify that I have, or may have, a financial interest or conflicting interest as noted below. The potential conflict is with the following individual and/or organization with which the Linn-Mar CSD has, or might reasonably have in the future, a relationship with; or which Linn-Mar CSD may enter into a transaction with or compete with.

Name of conflicting or financial interest (individual or company, etc.): Please print

1) Todd Walker (teacher), Cathy Walker (sub)

2) Tanager Place

Reason for potential conflict (e.g. family relationship, financial relationship, etc.): Please print

1) family relationships

2) employee (no financial gain)

All facts pertinent to the conflicting or financial interest: Please print

Todd Walker is my spouse, and a teacher in the district.

Cathy Walker is my mother in law and occasionally subs for building secretaries, and volunteers.

I am the Director of Philanthropy @ Tanager Place. I receive no financial benefit for any services received or bonus/incentives for funds raised.

☐ I have no conflicts of interest to disclose.

☒ I hereby certify that I have read and understand Policy 202.7-Board of Directors Conflict of Interest, which I received a copy of, and that the above information is true, correct, and complete to the best of my knowledge, information, and belief. I further certify that I will comply with the requirements of Policy 202.7- Board of Directors Conflict of Interest.

Board Member's Signature

4/11/22

Date

Melissa Walker

Printed Name

FY22

Fiscal Year

Please return this form to JT Anderson, Board Secretary/Treasurer
2999 N 10th Street, Marion IA 52302 or via email to: jtanderson@Linnmar.k12.ia.us

Complete additional forms for multiple conflicts/financial interests, as needed.



Code: 202.7-E

BOARD OF DIRECTORS
CONFLICT OF INTEREST DISCLOSURE FORM

I hereby certify that I have, or may have, a financial interest or conflicting interest as noted below. The potential conflict is with the following individual and/or organization with which the Linn-Mar CSD has, or might reasonably have in the future, a relationship with; or which Linn-Mar CSD may enter into a transaction with or compete with.

Name of conflicting or financial interest (individual or company, etc.): Please print

Hannah Meadows

Reason for potential conflict (e.g. family relationship, financial relationship, etc.): Please print

Family Relationship

All facts pertinent to the conflicting or financial interest: Please print

Hannah is a seasonal swim instructor for Linn-Mar

☒ I have no conflicts of interest to disclose.

☒ I hereby certify that I have read and understand Policy 202.7-Board of Directors Conflict of Interest, which I received a copy of, and that the above information is true, correct, and complete to the best of my knowledge, information, and belief. I further certify that I will comply with the requirements of Policy 202.7- Board of Directors Conflict of Interest.

Rachel Wall

Board Member's Signature

4/11/22

Date

Rachel Wall

Printed Name

2021/2022

Fiscal Year

Please return this form to JT Anderson, Board Secretary/Treasurer
2999 N 10th Street, Marion IA 52302 or via email to: jtanderson@Linnmar.k12.ia.us

Complete additional forms for multiple conflicts/financial interests, as needed.



Code: 202.7-E

BOARD OF DIRECTORS
CONFLICT OF INTEREST DISCLOSURE FORM

I hereby certify that I have, or may have, a financial interest or conflicting interest as noted below. The potential conflict is with the following individual and/or organization with which the Linn-Mar CSD has, or might reasonably have in the future, a relationship with; or which Linn-Mar CSD may enter into a transaction with or compete with.

Name of conflicting or financial interest (individual or company, etc.): Please print

Reason for potential conflict (e.g. family relationship, financial relationship, etc.): Please print

All facts pertinent to the conflicting or financial interest: Please print

☒ I have no conflicts of interest to disclose.

☒ I hereby certify that I have read and understand Policy 202.7-Board of Directors Conflict of Interest, which I received a copy of, and that the above information is true, correct, and complete to the best of my knowledge, information, and belief. I further certify that I will comply with the requirements of Policy 202.7- Board of Directors Conflict of Interest.

Clark Weaver
Board Member's Signature

4/11/2022
Date

Clark Weaver
Printed Name

4/11/2022
Fiscal Year

Please return this form to JT Anderson, Board Secretary/Treasurer
2999 N 10th Street, Marion IA 52302 or via email to: jtanderson@Linnmar.k12.ia.us

Complete additional forms for multiple conflicts/financial interests, as needed.