

Policy Series 200 – Board of Directors
Specific Duties of the Board



Policy 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.):

Chad Buchholz

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

Chad Buchholz, son, Principal Hazel Point

All facts pertinent to the conflicting or financial interest:

 I have no conflict of interest to disclose.

 X 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: Barry L. Buchholz **Date:** 11/28/2024

Printed Name: Barry L. Buchholz **Fiscal Year:** 2024-25

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

Please return this form to:
LMCSD School Board Secretary/Treasurer
3556 Winslow Road, Marion, IA 52302

Adopted: 1/22
Revised: 10/22; 9/24
Related Policy: 202.7
IASB Reference: 203

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

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

All facts pertinent to the conflicting or financial interest:

X I have no conflict of interest to disclose.

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Board Member's Signature:

Date:

Printed Name:

Fiscal Year:

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

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

All facts pertinent to the conflicting or financial interest:

☒ I have no conflict of interest to disclose.

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Board Member's Signature: Katie Lowe Lancaster **Date:** 10-28-24

Printed Name: Katie Lowe Lancaster **Fiscal Year:** '24-'25

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

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

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

All facts pertinent to the conflicting or financial interest:

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Board Member's Signature: Midhat Mansoor Date: 10/28/2024

Printed Name: MIDHAT MANSOOR Fiscal Year: 24-25

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

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

N/A

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

All facts pertinent to the conflicting or financial interest:

X

I have no conflict of interest to disclose.

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Board Member's Signature:

Brittania Morey

Date:

10/28/24

Printed Name:

Brittania Morey

Fiscal Year:

2025

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

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

All facts pertinent to the conflicting or financial interest:

X I have no conflict of interest to disclose.

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Board Member's Signature: Laura Thomas **Date:** 10/28/24

Printed Name: Laura Thomas **Fiscal Year:** 2025

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

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

~~Chicago~~ none

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

All facts pertinent to the conflicting or financial interest:

While I work at Tanager, I have zero financial benefit from any relationship that may come from a partnership with LMCSO. My employment + position are not related to school contracts.

☒ I have no conflict of interest to disclose.

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Board Member's Signature:  Date: 10/28/24

Printed Name: Melissa Walker Fiscal Year: 24-25

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

Please return this form to:
LMCSO School Board Secretary/Treasurer
3556 Winslow Road, Marion, IA 52302

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Revised: 10/22; 9/24
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