

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.):				
Reason for potential conflict (e.g. family relationship, financial relationship, etc.): Son is Principal in District Chad Buchholz				
All facts pertinent to the conflicting or financial interest:				
I have no conflict 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: November 17, 2025				
Printed Name: Barry Buchholz Fiscal Year: 2025-26				
Complete additional forms for multiple conflicts/financial interests, as needed.				



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Utility Service area is assiste	e £ 1		
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that I will comply with the requirements of Policy 202.7 Board	of Directors Conflict of Interest.		
Board Member's Signature:	Date: November 17, 2025		
Printed Name:Justin Foss	Fiscal Year: 2025-26		
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Board Member's Signature: Jun Jean	Date: November 17, 2025		
Printed Name: Evan Langston	Fiscal Year:2025-26		

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Board Member's Signature: Attel Medicular uster			
Printed Name: Katie Lowe Lancaster	Fiscal Year:2025-26		

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Board Member's Signature: Date: November 17, 2025			
Printed Name: Brittania Morey Fiscal Year: 2025-26			
Complete additional forms for multiple conflicts/financial interests, as needed.			



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Reason for potential co	onflict (e.g. family relations	ship, financial relationship	o, etc.):	
All facts pertinent to the	e conflicting or financial ir	nterest:		
Reserved to the 100 to				
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	nat I have read and under ch I received a copy of, o			
	to the best of my knowle			
	he requirements of Policy			
	^ ^ •			
Board Member's Signa	ture: pullet ma	Date	e: November 17, 2025	
Printed Name: Midha		Fiscal Year: _	2025-26	
	orms for multiple conflicts/	financial interests as nee	ded	



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correct, and complete to the best of my knowledge, inform that I will comply with the requirements of Policy 202.7 Boar			
Board Member's Signature:	Date: November 17, 2025		
Printed Name:Laura Thomas	_ Fiscal Year:2025-26		

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