



DATE:

I have received, read, understand and agree to abide by the Aitkin County Code of Ethics Policy.

NAME

DEPARTMENT/TITLE

MARK WEE  
Board of Commissioners/District 1

Laurie W. ...  
Board of Commissioners/District 2

Con ...  
Board of Commissioners/District 3

Don ...  
Board of Commissioners/District 4

John ...  
Board of Commissioners/District 5

Kath ...  
County Administrator

...  
County Attorney

Lou ...  
County Treasurer

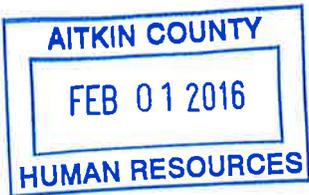
Michael ...  
County Recorder

...  
County Auditor

Christie ...  
Human Resources Director

John ...  
County Engineer

...  
County Assessor



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NAME

DEPARTMENT/TITLE

*[Signature]*  
Veterans Service Officer

*[Signature]*  
Environmental Services Director

*[Signature]*  
IT Director

*[Signature]*  
County Sheriff

*[Signature]*  
Land Commissioner

*[Signature]*  
Health & Human Services Director