Mail to:
IECDB
514 East Locust, Suite 104
Des Moines, Iowa 50309-1912
Or Fax: (515)281-3701

FORM
PFD

For office use only

Iowa Ethics and Campaign Disclosure Board

APR 23 2004

Required by Iowa Code section 68B.35 and Board rules in 351 IAC Chapter 7.

Personal Financial Disclosure Statement

Name: AMIR ARBISSER MD

Please type or print legibly

Agency or department: Regents

Position held Board

This statement is for Calendar Year 2003. Check if this is an amended statement. ☐

(This statement is required to cover the calendar year preceding the year the report is due.)

* *

General instructions: Complete each of Parts A, B and C below. Attach additional pages if necessary.

* *

Part A. Business, Occupation, or Profession. By position or job title, list each business, occupation, or profession in which you were engaged during the previous calendar year, including the name and nature of each business or employer.

1. physician - opthalmologist - Eye Surgeons Assoc PC Davenport Iowa
2. president - Comprehensive Health Admnistration third party admnistrator Davenport Iowa
3.
4.
5.

A ARBISSER

Part B. Income sources other than Business, Occupation, or Profession identified in Part A. As required by Iowa Code section 68B.35, in the categories below list each source from which you received **more than $1000** in gross annual income during the previous calendar year. **The amount or value of the holding is not required to be listed.** Include a source if the total amount of any income received jointly with one or more persons exceeds $1000, but do not report income received solely by your spouse or other family members. For the purposes of this Part, a source is reportable if the gross income produced was subject to federal or state income tax during the reporting period. You may wish to refer to your federal and state tax forms while completing this part.

If you received no other income more than $1000 from any source other than from a business, occupation, or profession identified in Part A, check here and proceed to Part C.

NO OTHER REPORTABLE INCOME: ___

1. Securities. You need not state the number or value of securities of any specific corporation or other entity you owned during the reporting period; you need only identify the nature of the business of any company in which you owned securities that generated over $1000 in gross income during the preceding calendar year. Securities "owned" through investment in a mutual fund is indicated by identifying only "mutual fund" as the source. Income generated by multiple holdings in a single company are deemed received from a single source.

1. "blind" managed equities portfolios
2. and mutual funds.
3.
4.
5.

2. Financial Institutions. State the types of institutions that you received financial instruments, such as certificates of deposit, savings accounts, etc., that produced annual gross income over $1000 during the preceding calendar year.

1.
2.
3.
4.
5.

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3. Trusts and Estates. State the nature or type of all trusts or estates that you received gross annual income over $1000 during the preceding calendar year. (You may wish to refer to tax schedule E.).

1. managed "blind" personal trust account.
2.
3.
4.
5.

4. Real Estate. List the general nature of real estate interests that generated more than $1000 in annual gross income during the preceding calendar year. Do not list the location, address, or legal description of the property. Include income derived from holding a seller's interest in a contract sale of real estate.

1. medical office building.
2.
3.
4.

5. Retirement Systems. List the name of the employer-sponsor of the retirement benefit system, if any, as well as the type of benefit, such as IRA or Keogh plan. Include only benefits that generated over $1000 in annual gross income actually distributed to you during the preceding calendar year.

1. managed accounts IRA + 401K
2. with no withdrawals.
3.
4.

6. Other. Identify by category other sources of annual gross income over $1000 during the preceding calendar year not reported above, but that were reported for tax purposes. For example: partnerships and capital gains.

1. Shareholder - ambulatory surgery center
2.
3.

Part C. Certified Signature.

I certify, under penalty of perjury, that the foregoing statements are true and accurate to the best of my knowledge and belief. I understand that I am subject to penalties for failing to file an accurate statement. In addition, I understand that I am subject to penalties for failing to file this statement by the required due date.

(Signature of person filing statement)

4/15/04
(Date)

second fax sent with this information

AARBISSER