

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

MAY 03 2004
 4/30
 Reset Form

FORM
 PFD
 For office use only

Iowa Ethics and Campaign Disclosure Board

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

Personal Financial Disclosure Statement

Name: William E. Campbell
 Please type or print legibly

Agency or department: Department of Human Services-Field Operations-Glenwood

Position held Institution Superintendent 2

This statement is for Calendar Year 20 03. 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. Superintendent, Glenwood Resource Center
Employer: State of Iowa Business: Facility for persons with MR and other disabilities
2. Private Practice, Psychologist Iowa License 00421 -
Practice focused on psychotherapy for addictive persons
3. Licensed Health Services Provider Iowa #00112 - Predominantly volunteer contributions
4. _____
5. _____

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. Mutual Funds _____
- 2. _____
- 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. Banking Accounts (savings, checking, interest) _____
- 2. _____
- 3. _____
- 4. _____
- 5. _____

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. None
- 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. None
- 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.

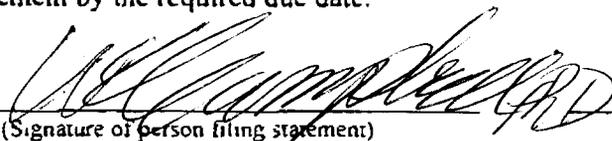
- 1. United States Army Medical Services (United States Military Services Pension)
- 2. Social Security
- 3. _____
- 4. _____

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. None
- 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.

 04-27-04
 (Signature of person filing statement) (Date)