

**Mail to:**  
 IECDB  
 510 East 12th, Suite 1A  
 Des Moines, Iowa 50319  
 Or Fax: (515)281-3701



APR 6 2005

**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: Lorinda Inman  
 Please type or print legibly

Agency or department: Iowa Board of Nursing

Position held Executive Director

This statement is for Calendar Year 2005. 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.** List each business, occupation, or profession in which you were engaged during the previous calendar year, including the nature of each unless already apparent. If you were not employed by anyone other than the agency and for the position held as disclosed above, check here

1. Executive Director, Iowa Board of Nursing

2. \_\_\_\_\_

**Part B. Income sources.** 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.** This includes 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. A source is reportable if the gross income produced was subject to federal or state income tax during the reporting period.

**1. Securities.**

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 in a mutual fund are indicated by identifying "mutual fund" as the source. Income generated by multiple holdings in a single company is deemed received from a single source.

- 1. NA
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_

**2. Instruments of Financial Institutions.** List the institutions that you received annual gross income over \$1000 from during the preceding calendar year such as certificates of deposit, savings accounts, etc.

- 1. NA
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_

**3. Trusts.** State the nature or type of all trusts that you received gross annual income over \$1000 during the preceding calendar year.

- 1. NA
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_

**4. Real Estate.** List the nature of real estate that generated more than \$1000 in annual gross income during the preceding calendar year, including income derived from the selling of property. Do not list the location, address, or legal description of the property.

- 1. NA
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_

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

- 1. NA
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_

**6. Other.** List other sources of annual gross income over \$1000 during the preceding calendar year not reported above, but that were reported for tax purposes.

- 1. NA
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_

**Part C. Certified Signature.**

I certify, under penalty of perjury, that this statement is true and accurate to the best of my knowledge. I understand that I am subject to penalties for failing to file an accurate statement, or for failing to file this statement by the required due date.

Levinda K. Inman  
 (Signature of person filing statement)

4/06/05  
 (Date)