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

IA ETHICS & CAMPAIGN DISCLOSURE BOARD
APR 02 2007
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FORM
PFD

For office use only

Iowa Ethics and Campaign Disclosure Board

Required by Iowa Code section 68B.35, 68B.3(2), and rules in 351 – Chapter 7.

Personal Financial Disclosure Statement

Name: Daniel W. Gillette, MD, SM, FAPA, CME
Please type or print legibly

Agency or department: DHS

Position held: Superintendent, Cherokee MHI

Statewide office sought (non-incumbent candidates only): 6

This statement is for Calendar Year 2006. 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. If you were not employed by anyone other than the agency and for the position held above check here. ☐

1. Psychiatrist - Siouxland Mental Health Center
2. Psychiatrist - Plains Area Mental Health Center

Part B. Income sources of more than $1,000. 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 the total amount of any income received jointly with one or more persons exceeding $1000. 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. If you have nothing to report under Part B check here. ☐

1. Securities. List any company in which you owned securities

1. NA
2.
3.

2. Instruments of Financial Institutions. List the institutions from which you received annual gross income such as certificates of deposit or savings accounts.

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1. NA
2.
3.

3. Trusts. State the nature or type of the trusts.

1. NA
2.
3.

4. Real Estate. List the nature of real estate interests including an interest from which income was derived from the selling of property. Do not list the location, address, or legal description

1. NA
2.
3.

5. Retirement Systems. List the name of the employer/sponsor of any retirement benefit system.

1. NA
2.
3.

6. Sales to political subdivisions. List any sales of a good or service to a political subdivision of the state if a commission from the sale was received.

1. NA
2.
3.

7. Other. List other sources of annual gross income not reported above that were reported for tax purposes.

1. Professional services - Siouxland Mental Health Center
2. Professional services - Plains Area Mental Health Center
3.

Part C. Certified Signature.

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

(Signature of person filing statement)

3.29.7
(Date)