

Revised 06/05

IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD

IA ETHICS AND CAMPAIGN DISCLOSURE BOARD
 JAN 23 2006

510 EAST 12TH, SUITE 1A
 DES MOINES, IA 50319
 Fax: (515)281-3701
 www.iowa.gov/ethics

Reset Form

FORM-G3G

Gift, Bequest, or Grant information received by a department or accepted by the Governor on behalf of the state

For office use only

Indexed _____
 Audited _____
 Checked _____
 Computer _____

NOTE: Code section 8.7 requires all gifts, bequests, and grants given to any department of the state of Iowa or received by the Governor on behalf of the state be reported to the Iowa Ethics and Campaign Disclosure Board and the Government Oversight Committee. The Board will provide a copy of this report to the Government Oversight Committee. This form is required to be filed within 20 days of receipt of the gift, bequest, or grant.

DEPARTMENT OR OFFICE RECEIVING THE GIFT, BEQUEST, OR GRANT:

Iowa State Penitentiary	
Name of Department or Office P.O. Box 316	Fort Madison, IA 52627
Mailing Address 319-372-5432	City, State, Zip Code
Area Code & Telephone No.	

CONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFICE:

Brad Hier	
Name P.O. Box 316	Fort Madison, Ia 52627
Mailing Address (if different from above) brad.hier@state.gov	City, State, Zip (if different from above) 319-372-5432
Email Address	Area Code & Telephone Number (if different from above)

DONOR OF GIFT, BEQUEST, OR GRANT:

Dr. Pradeep Sarswat	
Name	
2105 W. Lincolnway	Marshalltown, IA 50158
Mailing Address	City, State, Zip Code
641-752-7301	
Area Code & Telephone Number	
pradeep.sarswat@state.gov	
Email Address (optional)	

12/21/05	\$ 10,000.00
Date of Gift, Bequest, or Grant	Amount/Value*
*value is defined as "fair market value" of item as determined by receiving department or office. If no value mark "0.00"	

Provide a description of the gift, bequest, or grant and purpose thereof:

Medical equipment and supplies, see attached list

Criteria to use this form:

Receipt of any gift, bequest, or grant that is received by any department of the state or received by the Governor on behalf of the state.

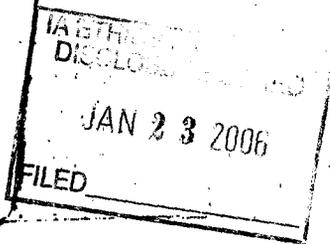
Statement of Affirmation:

I, BRAD HIER affirm that the gift, bequest, or grant reported above is accurate. I further affirm that the information concerning the donor and assessment of the fair market value (if applicable) is correct and true to the best of my knowledge.

Signature

Date

01-19-06



DR SARSWAT IS DONATING THE FOLLOWING ITEMS TO DOC:

1. 2-WALLED BP MACHINES
2. 1-EKG MACHINE WITH CART
3. 2-STAND-IN WEIGHING SCALES
4. 4-X-RAY VIEW BOXES
5. PORTABLE O2 TANK
6. 1-GOOSE NECK EXAM LAMP
7. 2- EXAM STOOLS
8. 1-XEROX COPY MACHINE
9. 1-SPIROMETER
10. 2-TYPE WRITERS
11. 1-HYFRECATOR
12. 1-TRANSCRIBER
13. 1-MICROSCOPE
14. 2-HON FILING CABINETS
15. 2-6 TIER STANDING CHART FILES
16. EAR IRRIGATION SET
17. MANY SURGICAL INSTRUMENTS
18. VAGINAL SPECULUMS
19. WALL MOUNT PAPER TOWEL HOLDERS
20. 1-CENTRIFUGE
21. PROCTOSCOPE WITH SUPPLIES
22. 3- CHAIR MATS