

IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD

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

IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD
MAY 26 2006
Iowa 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.

FORM-GBG

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 _____

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

Mental Health Institute
Name of Department or Office
1200 E. Washington Mt. Pleasant, Iowa, 52641
Mailing Address City, State, Zip Code
(515) 285-7231
Area Code & Telephone No.

CONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFICE:

Nathan Beattie
Name
Nathan Beattie @ iowa.gov Ext 2371
Mailing Address (if different from above) City, State, Zip (if different from above)
Email Address Area Code & Telephone Number (if different from above)

DONOR OF GIFT, BEQUEST, OR GRANT:

American Legion Auxiliary Unit 584
Name
Wilton Wilton Iowa 52778
Mailing Address City, State, Zip Code
Area Code & Telephone Number
Email Address (optional)

5/23/06 \$ 10-
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:

Check for Volunteer patient fund.

Criteria to use this form:

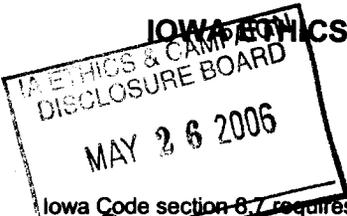
Receipt of any gift, bequest, or grant that is received by any department of the state or received by the Governor on behalf of the state.

Statement of Affirmation:

I, Nathan Beattie 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.

Nathan Beattie
Signature

5/24/06
Date



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

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Iowa Code section 6.7 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:

Mental Health Institute
Name of Department or Office
1100 E. Washington
Mailing Address
(319) 385-7731
Area Code & Telephone No.
Mt. Pleasant, Iowa, 52641
City, State, Zip Code

CONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFICE:

Nathan Beattie
Name
Mailing Address (if different from above)
Email Address
City, State, Zip (if different from above)
Area Code & Telephone Number (if different from above)
Ext 2271

DONOR OF GIFT, BEQUEST, OR GRANT:

American Legion Aux
Name
Unit 509 West Liberty, Iowa, 52776
Mailing Address
City, State, Zip Code
Area Code & Telephone Number
Email Address (optional)

5/23/06
Date of Gift, Bequest, or Grant
\$ 10.00
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:

Check for Volunteer ^{error} patient fund

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, Nathan Beattie 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.

Nathan Beattie
Signature

5/24/06
Date

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MAY 26 2006

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

Mental Health Institute
Name of Department or Office

1700 E. Washington Mt. Pleasant, Iowa, 52641
Mailing Address City, State, Zip Code

(319) 385-7231
Area Code & Telephone No.

CONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFICE:

Nathan Deatthe
Name

Nathan Deatthe @ iowa.gov Ext. 2371
Mailing Address (if different from above) City, State, Zip (if different from above)

Nathan Deatthe @ iowa.gov Ext. 2371
Email Address Area Code & Telephone Number (if different from above)

DONOR OF GIFT, BEQUEST, OR GRANT:

American Legion Aux.
Name

Edward B. Izer NO. 27 Muscatine, Iowa
Mailing Address City, State, Zip Code 52761

(563) 263-7770
Area Code & Telephone Number

Email Address (optional)

5/27/06 \$ 10⁻
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:

Check for Volunteer Patient fund

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, Nathan Deatthe 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.

Nathan Deatthe
Signature

5/24/06
Date