

IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD

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



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 _____

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.

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

Name of Department or Office <u>Mental Health Institute</u>	
Mailing Address <u>1200 E. Washington</u>	City, State, Zip Code <u>Mt. Pleasant, Iowa. 52641</u>
Area Code & Telephone No. <u>(319) 385-7231</u>	

CONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFICE:

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

DONOR OF GIFT, BEQUEST, OR GRANT:

Name <u>V.F.W. Aux. of Mt. Pleasant</u>	
Mailing Address <u>806 E. Monroe St. Mt. Pleasant, Ia.</u>	City, State, Zip Code <u>52641</u>
Area Code & Telephone Number <u>(319) 385-2337</u>	
Email Address (optional)	

<u>2/12/07</u>	<u>\$ 25⁰⁰</u>
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:

\$25⁰⁰ cash for ^{error} pt. patient/client activities/events

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

2/20/07
Date

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Mental Health Institute	
Name of Department or Office	
1200 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 Beattie	
Name	
Mailing Address (if different from above)	City, State, Zip (if different from above)
nathanbeattie@iowa.gov	Ext. 7371
Email Address	Area Code & Telephone Number (if different from above)

DONOR OF GIFT, BEQUEST, OR GRANT:

Walmart	
Name	
1501 Mapleleaf dr. Mt. Pleasant, Ia	City, State, Zip Code 52641
Mailing Address	
(319) 385-4600	
Area Code & Telephone Number	
Email Address (optional)	

2/7/07	\$ 50 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:

\$50⁰⁰ gift card for purchase of items for client activities

Criteria to use this form:

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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 A.T.
Signature

2/20/07
Date