

IA ETHICS AND CAMPAIGN DISCLOSURE BOARD
Revised 06/05
2007 AUG 23 AM 9:52

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:

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

nathanbeattie@iowa.gov Mailing Address (if different from above) Ext. 7371 City, State, Zip (if different from above)
Email Address Area Code & Telephone Number (if different from above)

DONOR OF GIFT, BEQUEST, OR GRANT:

Megan Shwalms-Bell
Name

mt. Pleasant Ia. 52641
Mailing Address City, State, Zip Code

(319) 936-8656
Area Code & Telephone Number

Email Address (optional)

8/16/07 Date of Gift, Bequest, or Grant \$ 570⁰⁰ 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:

Clothing, including shoes, coats, shirts, and pants

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

8/16/07
Date

Revised 06/06
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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
nathanbeattie@iowa.gov Mailing Address (if different from above) Ext. 2371 City, State, Zip (if different from above)
 Email Address Area Code & Telephone Number (if different from above)

DONOR OF GIFT, BEQUEST, OR GRANT:

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

8-1-07 \$ 25⁰⁰
 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:
Gift card for patient activities
 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 ATJ
 Signature

8-16-07
 Date