

IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD  
2009 JAN 29 AM 8:07

Revised 03/26/08

### IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD

510 EAST 12<sup>TH</sup>, SUITE 1A  
DES MOINES, IA 50319  
Fax: (515)281-4073  
www.iccma.gov/ethics

Reset Form

#### FORM-GB

Gift or Bequest 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 and bequests given to any department of the state of Iowa 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 to be filed within 20 days of receipt of the gift or bequest.

#### DEPARTMENT OR OFFICE RECEIVING THE GIFT OR BEQUEST:

Human Services - Jasper County Office	
Name of Department or Office 115 N. 2nd Ave. E.	Newton, IA 50208
Mailing Address 641-792-1055	City, State, Zip Code
Area Code & Telephone No.	

#### CONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFICE:

Lee Bergen	
Name 126 S. Kollogg, Suite 002	Ames, IA 50010
Mailing Address (if different from above) lbergen@desmoinesarea.org	City, State, Zip (if different from above) 515-954-2583
Email Address Area Code & Telephone Number (if different from above)	

#### DONOR OF GIFT OR BEQUEST:

Kirk and Theresa Langmaid	
Name	
7344 Hwy 14N	Newton, IA 50208
Mailing Address	City, State, Zip Code
641-792-0701	
Area Code & Telephone Number	
Email Address (optional)	

Unknown	\$25.00
Date of Gift or Bequest	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 or bequest and purpose thereof:  
Flowers. No purpose.

Criteria to use this form:  
Receipt of any gift or bequest that is received by any department of the state or received by the Governor on behalf of the state.

#### Statement of Affirmation:

I, Lee Bergen affirm that the gift or bequest 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.

Lee Bergen  
Signature

1/28/09  
Date

Revised 06/08

### IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD

610 EAST 12<sup>TH</sup>, SUITE 1A  
DES MOINES, IA 50319  
Fax: (515)261-4073  
www.iowa.gov/ethics

Reset Form

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IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD

JAN 28 8:03 AM '09

Iowa Code section 8.7 requires all gifts and bequests 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 to be filed within 20 days of receipt of the gift or bequest.

#### DEPARTMENT OR OFFICE RECEIVING THE GIFT OR BEQUEST:

**Human Services - Jasper County Office**

Name of Department or Office  
115 N. 2nd Ave. E. Newton, IA 50208

Mailing Address  
641-792-1935 City, State, Zip Code

Area Code & Telephone No.

#### CONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFICE:

**Lee Bergen**

Name  
126 S. Kellogg, Suite 003 Ames, IA 50010

Mailing Address (if different from above)  
lbergen@ihsa.state.ia.us City, State, Zip (if different from above)  
515-936-2583

Email Address  
Area Code & Telephone Number (if different from above)

#### DONOR OF GIFT OR BEQUEST:

**Andrea Shepard - Newton Health Care**

Name  
200 S. 8th Ave. E. Newton, IA 50208

Mailing Address  
641-792-7440 City, State, Zip Code

Area Code & Telephone Number

Email Address (optional)

**Unknown** **\$ 15.00**

Date of Gift or Bequest \_\_\_\_\_ 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 or bequest and purpose thereof:  
**3 small flashlights. They'll stay in office to use if needed due to utility interruption.**

Criteria to use this form:  
Receipt of any gift or bequest that is received by any department of the state or received by the Governor on behalf of the state.

#### Statement of Affirmation:

I, **Lee Bergen** affirm that the gift or bequest 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.

Lee Bergen  
Signature

1/28/09  
Date