Revised 06/08

IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD

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

Reset Form

FORM-GB

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

2009 MAR 31 PM 1:12

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 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:

Mt. Pleasant Mental Health
Name of Department or Office

1200 E. Washington St.
Mailing Address

Mt. Pleasant, IA 52641
City, State, Zip Code

319-385-9511
Area Code & Telephone No.

CONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFICE:

John Mathes
Name

Same
Mailing Address (if different from above)

Same
City, State, Zip (if different from above)

John.Mathes @iowa.gov
Email Address

Same
Area Code & Telephone Number (if different from above)

DONOR OF GIFT OR BEQUEST:

Name

Mailing Address

City, State, Zip Code

Area Code & Telephone Number

Email Address (optional)

March 2009
Date of Gift or Bequest

$17.00
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 or bequest and purpose thereof:

Items for patient use.

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, _____ 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.

_____
Signature

_____
Date

2009 MAR 31 PM 1:42

Mt. Pleasant Mental Health

Mar-09

Date	Name	Address	Reason	Amount
3/3/2009	Anonymous		Candy	$17.00

Total Amount : $ 17.00