

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



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 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: Mt. Pleasant, IA 52641

1200 E. Washington St. City, State, Zip Code

Mailing Address: 319-385-9511

Area Code & Telephone No.

2009 MAY - 4 AM 11:05

I A ETHICS AND

CONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFICE:

John Mathes

Name: Same

Mailing Address (if different from above): City, State, Zip (if different from above)

John.Mathes@iowa.gov Area Code & Telephone Number (if different from above)

Email Address

DONOR OF GIFT OR BEQUEST:

Name _____

Mailing Address _____ City, State, Zip Code _____

Area Code & Telephone Number _____

Email Address (optional) _____

April 2009 \$314.00

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:

For patients and client 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

Mt. Pleasant Mental Health

Apr-09

Date	Name	Address	Reason	Amount	
4/1/2009	Anonymous	115 E Monroe #302, Mt. Pleasant IA 52641	popcorn supplies	\$34.00	
4/3/2009	Dan Hall		7 pks underwear	\$35.00	
4/3/2009	Dan Hall		Same as above	30 pr socks	\$30.00
4/3/2009	Dan Hall		Same as above	Garmin GPS	\$195.00
4/8/2009	Anonymous			cake mixes	\$20.00
Total Amount :				\$ 314.00	