

Revised 06/08

IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD

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IA ETHICS AND CAMPAIGN DISCLOSURE BOARD
FORM-GB
2009 OCT -6 5:11 PM '09
Reset Form

Gift or Bequest information received by the 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 Institute	
Name of Department or Office 1200 E. Washington St.	Mt. Pleasant, IA 52641
Mailing Address 319-385-9511	City, State, Zip Code
Area Code & Telephone No.	

CONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFICE:

Ron Mullen	
Name Same	Same
Mailing Address (if different from above) Ron.Mullen@iowa.gov	City, State, Zip (if different from above) Same
Email Address	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)	

September 2009	\$30.00
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 clients/patients 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

Sep-09

Date	Name	Address	Reason	Amount
9/27/2009	Anonymous		shoes & ice cream	\$30.00

Total Amount : \$ 30.00