

IA ETHICS AND CAMPAIGN DISCLOSURE BOARD

2009 JUN -3 AM 10:37

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

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. Mt. Pleasant, IA 52641
Mailing Address City, State, Zip Code
319-385-9511
Area Code & Telephone No.

CONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFICE:

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

May, 2009 \$370.00
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:

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

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CAMPAIGN DISCLOSURE BOARD

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Mt. Pleasant Mental Health

May-09

Date	Name	Address	Reason	Amount
5/24/2009	American Legion Auxiliary	Muscatine County	Veteran's Day Meal	\$370.00

Total Amount : \$ 370.00