

Revised 06/08

IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD

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

IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD  
FORM-GB

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

2009 NOV 30  
Receipt Form

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 City, State, Zip Code  
319-385-9511  
Area Code & Telephone No.

CONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFICE:

Ron Mullen  
Name Same 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)

November 2009 \$38.00  
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 client and 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

# Mt. Pleasant Mental Health

Nov-09

Date	Name	Address	Reason	Amount
11/10/2009	anonymous		popcorn & oil	\$18.00
11/23/2009	anonymous		pens	\$20.00
Total Amount : \$				38.00

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