

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

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:

*Iowa State Penitentiary*  
 Name of Department or Office  
*#3 John Bennett Dr.*  
 Mailing Address  
*519-372-5432* City, State, Zip Code *Ft. Madison, IA 52627*  
 Area Code & Telephone No.

2013 NOV 20 AM 9:01

IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD

CONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFICE:

*Janu Whaley*  
 Name  
*#3 John Bennett Dr* City, State, Zip Code *Ft. Madison, IA 52627*  
 Mailing Address (if different from above) City, State, Zip (if different from above)  
*JANIE.WHALEY@IOWA.GOV* Email Address  
 Area Code & Telephone Number (if different from above)

DONOR OF GIFT OR BEQUEST:

*Mike Sanders*  
 Name  
*1672 Franklin St West Point, IA 52656*  
 Mailing Address City, State, Zip Code  
 Area Code & Telephone Number  
 Email Address (optional)

*11-15-13* \$  
 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:  
*Bikes left over from RAGBRAI display (approx 60 bikes)*  
 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.

*Mike Sanders*  
Signature

*11-15-13*  
Date