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

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 Department of Human Rights - Office of Deaf Services
Name of Department or Office

321 E 12th Street — Des Moines IA 50319
Mailing Address — City, State, Zip Code

515.281.3164
Area Code & Telephone No.

CONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFICE:

Jill Avery
Name

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

jill.avery@iowa.gov — 515-242-6334
Email Address — Area Code & Telephone Number (if different from above)

2013 APR 30 PM 12:40 ETHICS AND CAMPAIGN DISCLOSURE BD

DONOR OF GIFT OR BEQUEST:

Dr. James Snyder (by check from Jeff Reese)
Name

275 Doe Ct — Dubuque, IA 52003
Mailing Address — City, State, Zip Code

563-556-1407 (text only)
Area Code & Telephone Number

djs0544@aol.com
Email Address (optional)

4/29/13 — $50.00
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:

Kathryn Baumann-Reese memorial contribution to be applied to the Junior Commissioner Program (JCP) Camp

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, Jill Avery 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.

Jill Avery
Signature

4/30/13
Date