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

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.

2013 SEP 18 PM 8:27
IA ETHICS AND CAMPAIGN DISCLOSURE BOARD

DEPARTMENT OR OFFICE RECEIVING THE GIFT OR BEQUEST:

Iowa Department of Human Rights
Name of Department or Office
321 E. 12th Street, 2nd Floor Lucas Building — Des Moines, Iowa 50319
Mailing Address — City, State, Zip Code
515-725-2816
Area Code & Telephone No.

CONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFICE:

Heidi Smith
Name
Mailing Address (if different from above) — City, State, Zip (if different from above)
heidi.smith@iowa.gov
Email Address — Area Code & Telephone Number (if different from above)

DONOR OF GIFT OR BEQUEST:

Friends of the Commission of Persons with Disabilities
Name
400 E 14th Street, Grimes Bldg — Des Moines, IA 50319
Mailing Address — City, State, Zip Code
515/281-5295
Area Code & Telephone Number
Email Address (optional)

Sept. 6, 2013 — $2,505.61
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:

Per the Commission on Persons with Disabilities meeting on August 15, 2013 the vote was unanimous to accept the remaining funds in the Friends account to be applied to YLF with the Friday Resource Fair to be named in Marilyn Turners honor.

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, Heidi Smith 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.

Heidi Smith
Signature

9/6/2013
Date