

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:

| | |
|--|------------------------|
| Mental Health Institute | |
| Name of Department or Office 1200 East Washington St. | Mt. Pleasant, IA 52641 |
| Mailing Address 319-385-9511 | City, State, Zip Code |
| Area Code & Telephone No. | |

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 IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD

CONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFICE:

| | |
|--|--|
| Ron Mullen | |
| Name Same | Same |
| Mailing Address (if different from above) Ron.Mullen@iowa.gov | City, State, Zip (if different from above) 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 2013 | \$ 330.00 |
| 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:

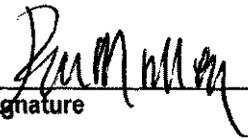
Dinner donation for clients and patients

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

6/18/13

 Date

Mt. Pleasant Mental Health

May-13

| Date | Name | Address | Reason | Amount |
|-----------|---------------------------|------------------|--------|----------|
| 5/15/2013 | American Legion Auxiliary | Muscatine County | Dinner | \$300.00 |

Total Amount : \$ 300.00