

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 Public Defense - Military Division
Name of Department or Office
7105 NW 70th Ave. Johnston, Iowa 50131
Mailing Address
515-252-4222 City, State, Zip Code
Area Code & Telephone No.

CONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFICE:

Michael A. Gardner
Name
7105 NW 70th Ave, Bldg 3465 Johnston, Iowa 50131
Mailing Address (if different from above) City, State, Zip (if different from above)
Michael.Gardner@iowa.gov 515-252-4222
Email Address Area Code & Telephone Number (if different from above)

DONOR OF GIFT OR BEQUEST:

Doris Lohrman ck# 9284
Name
8042 Suncrest Dr Des Moines, IA 50320
Mailing Address
City, State, Zip Code
Area Code & Telephone Number
Email Address (optional)

February 8, 2014 \$ 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.

Cash gift for support of the Iowa National Guard Family Assistance Program

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, Michael A. Gardner 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.

Michael A. Gardner
Signature

February 26, 2014
Date

Revised 06/08

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Mailing Address
515-252-4222 City, State, Zip Code
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CONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFICE:

Michael A. Gardner
Name
7105 NW 70th Ave, Bldg 3465 Johnston, Iowa 50131
Mailing Address (if different from above) City, State, Zip (if different from above)
Michael.Gardner@iowa.gov 515-252-4222
Email Address Area Code & Telephone Number (if different from above)

DONOR OF GIFT OR BEQUEST:

Jarry Hargis ck# 4544
Name
905 Lincoln St SE Bondurant, Ia 50035
Mailing Address
Area Code & Telephone Number
Email Address (optional)

February 8, 2014 \$25.00
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".

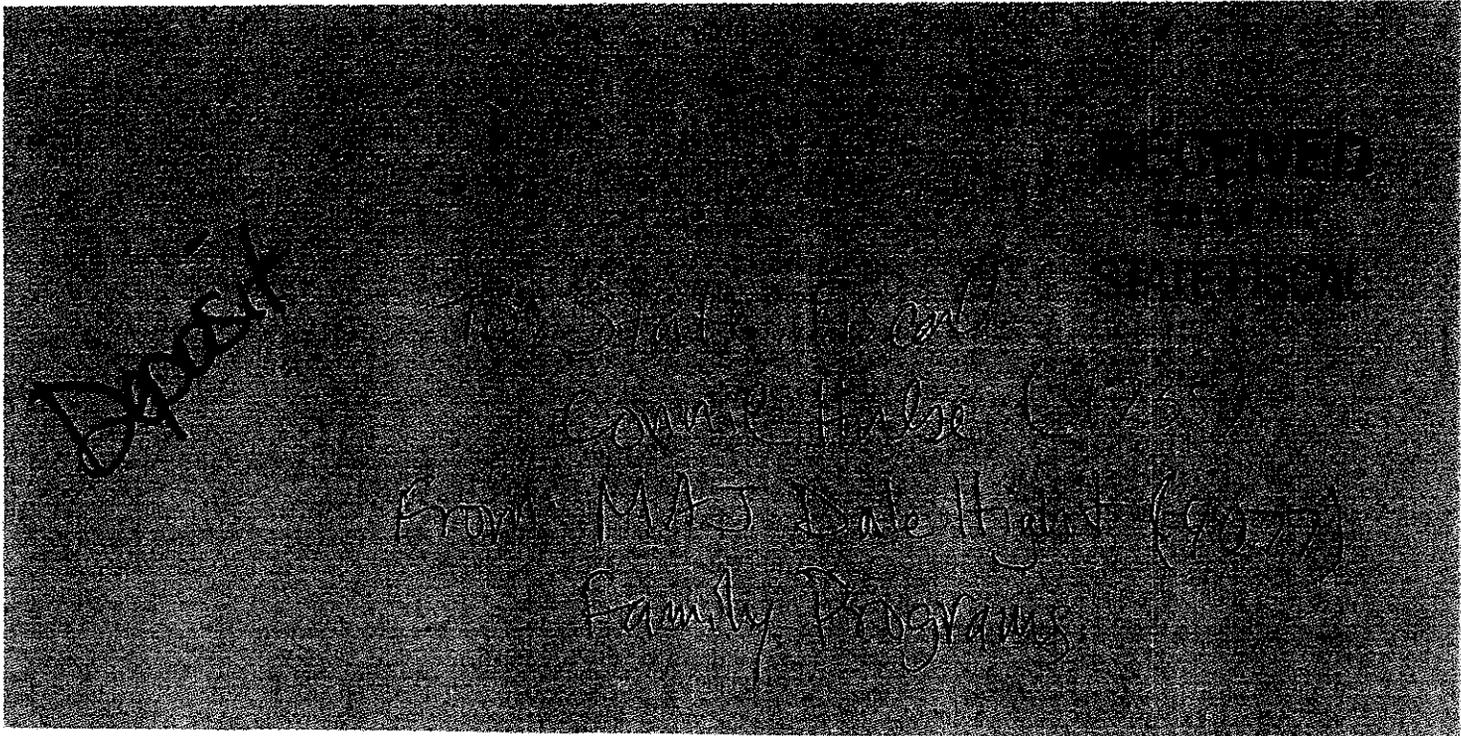
Provide a description of the gift or bequest and purpose thereof:
Cash gift for support of the Iowa National Guard Family Assistance Program
Criteria to use this form:
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Statement of Affirmation:

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Signature: Michael A. Gardner

Date: February 26, 2014



ROBERT LOHRMAN, JR.
 DORIS LOHRMAN
 8042 SUNCREST DR.
 DES MOINES, IA 50320

33-79/730 9284

DATE 2-8-14

PAY TO THE ORDER OF Iowa National Guard Family Support Group \$ 50.00

fifty no 100 DOLLARS

MEMO Donation VALUE 55 Doris Lohman

H LARRY OR KRISTINA HARGIS
 906 LINCOLN ST. SE
 BONDURANT, IA 50086

4544 33-7440/2730

DATE 2/8/14

Pay to the Order of Iowa National Guard Family Support Group \$ 25.00

Twenty-Five and 00/100 DOLLARS

FOR In honor of Tim Reding Lina Hargis

Invoice # 309885