

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.

DEPARTMENT OR OFFICE RECEIVING THE GIFT OR BEQUEST:

Iowa Department of Human Rights	
Name of Department or Office 321 E 12th Street	Des Moines, IA 50319
Mailing Address 515-281-3274 OR 725-2816	City, State, Zip Code
Area Code & Telephone No.	

CONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFICE:

Kim Cheeks OR Heidi Smith	
Name	
Mailing Address (if different from above) kim.cheeks@iowa.gov; heidi.smith@iowa.gov	City, State, Zip (if different from above)
Email Address	Area Code & Telephone Number (if different from above)

DONOR OF GIFT OR BEQUEST:

Iowa Civil Rights Commission	
Name	
400 E 14th Street	Des Moines IA 50319
Mailing Address	City, State, Zip Code
515-281-4121	
Area Code & Telephone Number	
Email Address (optional)	

2/13/14	\$ 500.00
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:

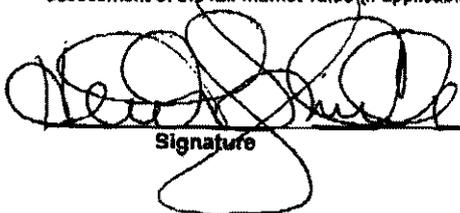
Donation to help with 2014 MLK. Jr. Celebration, Des Moines, IA

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 S. 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.


Signature

2/14/13
Date

Report ID: PACKET
 Source: I/3 Finance
 Cycle Date: 2/4/14 - 2/14/14
 Department: 379

STATE OF IOWA
 INTERNAL EXCHANGE TRANSFERS

Page: 1 of 4
 Run Date: 02/14/2014
 Run Time: 09:08:48 AM

2014 Doc Cd: IET Dept: 167 Doc #: IET02042014DSS04 Vers: 1 Cycle: 02/13/14

Seller Line:

Ln	No	Fund	Dept	Unit	Sub Unit	Activity	Function	Rev	Sub Rev	Obj	Rev	Obj	Rev	Obj	Rev
1		0352	379	8100	01			0304				0000			

Accounting Line(s):

Ln	No	Fund	Dept	Unit	Sub Unit	Activity	Function	Obj	Sub Obj	Dept Obj	App	Task	Program	Description	Amount
1		0001	167	2000				3904			J21				500.00
Sum:															500.00