

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:

Clarinda Mental Health Institution
Name of Department or Office
1800 N. 16th Street
Mailing Address
712-542-6107
Area Code & Telephone No.
Clarinda, Iowa 51632
City, State, Zip Code

CONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFICE:

Meredith Baker
Name
Mailing Address (if different from above)
meredith.baker@iowa.gov
Email Address
City, State, Zip (if different from above)
Area Code & Telephone Number (if different from above)

DONOR OF GIFT OR BEQUEST:

Presbyterian Churches
Name
Mailing Address
City, State, Zip Code
Area Code & Telephone Number
Email Address (optional)

12/17/14 \$125.00
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:
Gifts for residents of the facility.
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, Meredith Baker 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.

Meredith Baker
Signature

12-22-14
Date

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DEPARTMENT OR OFFICE RECEIVING THE GIFT OR BEQUEST:

Clarinda Mental Health Institution	
Name of Department or Office 1800 N. 16th Street	Clarinda, Iowa 51632
Mailing Address 712-942-6107	City, State, Zip Code
Area Code & Telephone No.	

CONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFICE:

Meredith Baker	
Name	
Mailing Address (if different from above) meredith.baker@iowa.gov	City, State, Zip (if different from above)
Email Address	
Area Code & Telephone Number (if different from above)	

DONOR OF GIFT OR BEQUEST:

Area Lutheran Churches	
Name	
Mailing Address	City, State, Zip Code
Area Code & Telephone Number	
Email Address (optional)	

12/12/14	\$1,100.00
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".	

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Meredith Baker
Signature

12-22-14
Date