

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 Secretary of State	
Name of Department or Office	Des Moines, IA 50319
321 E. 12th St	
Mailing Address	City, State, Zip Code
<small>Same as above</small>	
Area Code & Telephone No.	

CONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFICE:

Sarah Reisetter	
Name	
Mailing Address (if different from above)	City, State, Zip (if different from above)
sarah.reisetter@sos.iowa.gov	515-242-5071
Email Address	Area Code & Telephone Number (if different from above)

DONOR OF GIFT OR BEQUEST:

Mail Services	
Name	
4100 121st St.	Urbandale, IA 50323
Mailing Address	City, State, Zip Code
515-727-7700	
Area Code & Telephone Number	
Email Address (optional)	

12/17/2014	\$55.00
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:

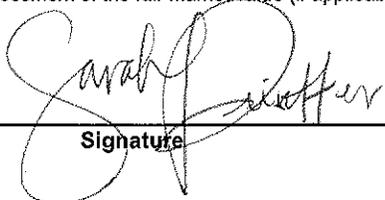
Cookie tray from Chocolate Storybook

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, Sarah Reisetter 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

12/17/2014

Date

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Iowa Secretary of State	
Name of Department or Office	Des Moines, IA 50319
Mailing Address	City, State, Zip Code
321 E. 12th St	
Area Code & Telephone No.	

CONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFICE:

Sarah Reisetter	
Name	
Mailing Address (if different from above)	City, State, Zip (if different from above)
sarah.reisetter@sos.iowa.gov	515-242-5071
Email Address	Area Code & Telephone Number (if different from above)

DONOR OF GIFT OR BEQUEST:

Search Network	
Name	
1503 42nd St. Ste 210	WDM, IA 50266
Mailing Address	City, State, Zip Code
515-223-1153	
Area Code & Telephone Number	
Email Address (optional)	

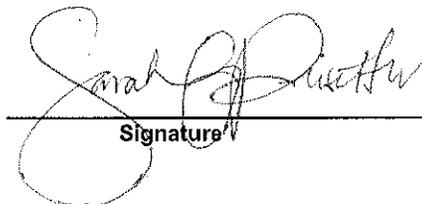
12/17/2014	\$84.00
Date of Gift or Bequest	Amount/Value*
*value is defined as "fair market value" of item as determined by receiving department or office. If no value mark "0.00".	

Provide a description of the gift or bequest and purpose thereof:
4 dozen warm cookies and 1/2 gallon of milk

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I, Sarah Reisetter 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

12/17/2014
Date