

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 Institute

Name of Department or Office
 1800 N. 16th Street
 Clarinda, Iowa 51632

Mailing Address
 712-542-2161
 City, State, Zip Code

Area Code & Telephone No.

IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD
 2015 JUN 17 AM 11:09

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)
 712-542-6107

Email Address
 Area Code & Telephone Number (if different from above)

DONOR OF GIFT OR BEQUEST:

Charnette Harvey

Name

Mailing Address
 Clarinda, Iowa 51632
 City, State, Zip Code

Area Code & Telephone Number

Email Address (optional)

06/17/15 **\$40.00**

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.

\$40 worth of fabric to make tied blankets for the 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, 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

06/17/15

Date

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DEPARTMENT OR OFFICE RECEIVING THE GIFT OR BEQUEST:

Clarinda Mental Health Institute
Name of Department or Office
1800 N. 16th Street
Clarinda, Iowa 51632
Mailing Address
712-542-2161
City, State, Zip Code
Area Code & Telephone No.

2015 JUN 17 AM 11:08

IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD

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)
712-542-6107
Area Code & Telephone Number (if different from above)

DONOR OF GIFT OR BEQUEST:

Scrap Happy Quilt Group
Name
Clarinda, Iowa 51632
City, State, Zip Code
Area Code & Telephone Number
Email Address (optional)

06/17/15 \$75.00
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:
\$75 worth of fabric to make tied blankets for the 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, 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

06/17/15
Date