

DP 3299 12/21

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:

Bureau of Professional Licensure - Department of Public Health

Name of Department or Office: Lucas Building - 5th Floor
City, State, Zip Code: Des Moines, IA 50319

Mailing Address: 515-242-6985
City, State, Zip Code: _____

Area Code & Telephone No. _____

CONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFICE:

Name: Sarah Reisetter

Mailing Address (if different from above): sarah.reisetter@idph.iowa.gov
City, State, Zip (if different from above): _____

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

DONOR OF GIFT OR BEQUEST:

Cedar Memorial Funeral Home

Name: _____

Mailing Address: 4200 1st Ave. NE
City, State, Zip Code: Cedar Rapids, IA 52402

Area Code & Telephone Number: 319-393-8000

Email Address (optional): _____

12/21/2015 \$200.00

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 make "0.00".

Provide a description of the gift or bequest and purpose thereof:
Gift basket containing chocolates, crackers, cheese, meat, apple juice, olives.

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

12/21/15

Date