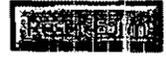


dhc-121

Revised 06/08

IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD
510 EAST 12TH, SUITE 1A
DES MOINES, IA 50319
Fax: (515)281-4073
www.icvra.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:

IA Department of Human Rights

Name of Department or Office: IA Department of Human Rights

321 E 12th Street Des Moines, IA 50319

Mailing Address: 321 E 12th Street Des Moines, IA 50319

Area Code & Telephone No: 515-281-3274

CONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFICE:

Kim Cheeks

Name: Kim Cheeks

Mailing Address (if different from above): kim.cheeks@icvra.gov

City, State, Zip (if different from above): Des Moines, IA 50319

Email Address: kim.cheeks@icvra.gov

Area Code & Telephone Number (if different from above): 515-281-3274

DONOR OF GIFT OR BEQUEST:

IA Workforce Development

Name: IA Workforce Development

1000 E Grand Ave Des Moines, IA 50319

Mailing Address: 1000 E Grand Ave Des Moines, IA 50319

Area Code & Telephone Number: _____

Email Address (optional): _____

1/21/16 \$1,000.00

Date of Gift or Bequest: 1/21/16 Amount/Value*: \$1,000.00

*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 2016 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, Kim Cheeks 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.

Kim Cheeks
Signature

2/4/16
Date