Revised 06/08	
IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD 510 EAST 12 TH , SUITE 1A DES MOINES, IA 50319 Fax: (515)281-4073 www.iowa.gov/ethics 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.	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 P
DEPARTMENT OR OFFICE RECEIVING THE GIFT OR BEQUEST: Auditor of Stati Name of Department or Office State Capitol Building Mailing Address 1007 E Grand Ave Des Mornes, 1000 Area Code & Telephone No. CONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFICE:	R GR R 50319
Email Address J Area Code & Telephone Nur	om above) 28/.5835 nber (if different from above)
DONOR OF GIFT OR BEQUEST: Swallow Yan Name <u>3816 laguesoll Ave</u> Mailing Address City, State, Zip Code <u>2//2/2014</u> Date of Gift or Bequest <u>Value is defined as "fair mar</u> receiving department or offic	Amount/Value* Amount/Value* rket value" of item as determined by re. If no value mark "0.00".
Provide a description of the gift or bequest and purpose thereof: ART WORLD CALENDAR IN DECORATIVE TUR 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 1	Co ^{lffee} and the fee fee fee fee fee fee fee fee fee f
Statement of Affirmation: I, <u>MUU MOSIMUL</u> affirm that the gift or bequest reported above is accurate. I further affirm that the assessment of the fair market value (if applicable) is correct and true to the best of my knowledge.	information concerning the donor and

Mary Morunan Signature