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



lowa Code section 8.7 requires all gifts and bequests given to any department of the state of lowa 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

Indexed	For office u	ise only
Checked		
Compute	r	<u>-</u>
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DEPARTMENT OR OFFICE RECEIVING THE GIFT OR BEG	TOE91:	
DHS - Cherokee Mental Health Institute		
Name of Department or Office 1251 West Cedar Loop	Cherokee, Iowa 51012	
Mailing Address	City, State, Zip Code	
712 225 2594 Area Code & Telephone No.		
CONTACT PERSON FOR RECIPIENT DEPARTMENT OR C	OFFICE:	
Katelyn Matheny Name		
	City, State, Zip (if different from above)	
Mailing Address (if different from above) kmathen@dhs.slate.ia.us	·	
Email Address	Area Code & Telephone Number (If different from above)	
CHIMITY TOUR OOD		
DONOR OF GIFT OR BEQUEST:		
Anonymous		
Name		
Malling Address Clty, State, Zip Code	June 20, 2019 \$5.00	
Malling Address City, State, Zip Code	Date of Gift or Bequest AmountValue*	
- Number	— Date of City to Dequest	
Area Code & Telephone Number	*value is defined as "fair market value" of item as determined by receiving department or office. If no value mark "0.00".	
Email Address (optional)	Teceiving department of offices. If the factor	
Email Address (optional)		
Provide a description of the gift or bequest and purpose thereof:		
One small bag of used adult clothing.		
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.	
Receipt of any gift or bequest trial is received by any department.	010000000000000000000000000000000000000	
Statement of Affirmation:		
Katelyn Matheny affirm that the gift or bequest reporte	ed 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.	
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WAUXIMAN ALLA	12/20/19	
HULLINGUIUMALI	U.JOUII	
Signature	Date	

