Revised 06/08

IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD 510 EAST 12TH, SUITE 1A

510 EAST 12'", SUITE 1A DES MOINES, IA 50319 Fax: (515)281-4073 www.lowa.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 lowa 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.

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FORM-GB

is report to the Government Oversight Committee. This form is to be fileceipt of the gift or bequest.	led within 20 days of	Compute	
EPARTMENT OR OFFICE RECEIVING THE GIFT OR BEQUEST:			
Name of Department or Office 1751 1110st Codar 1	ith Institute o <u>Cherokee</u> . ale, zip code		1012
Name Mailing Address (if different from above) KMOTHEN & ANS, STATE, IA. US Email Address	City, State, Zlp (if different l	1	erent from above)
DONOR OF GIFT OR BEQUEST: AND NYMOUS			
Malling Address Cliy, State, Zip Code Area Code & Telephone Number	1-10-18 Date of Gift or Bequest *value is defined as "fair m receiving department or of	arket value* fice. If no v	S 40.00
Email Address (optional)			
Provide a description of the gift or bequest and purpose thereof: Two large bags of used	boys cloth	ing	
Criteria to use this form: Receipt of any glft or bequest that is received by any department of the state			the state.
Statement of Affirmation:	, , , , , , , , , , , , , , , , , , ,	the inference	ion concerning the donor and

i, KTHOLUN MOTHER 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

1-10-18 Date