

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



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:

DHS - Cherokee mental Health Institute	
Name of Department or Office	_____
Mailing Address	1251 West Cedar Loop Cherokee, IA 51012
Area Code & Telephone No.	712 225 2594

CONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFICE:

Katelyn Matheny	
Name	_____
Mailing Address (if different from above)	_____
Email Address	kmathen@dhs.state.ia.us

DONOR OF GIFT OR BEQUEST:

Anonymous	
Name	_____
Mailing Address	_____
Area Code & Telephone Number	_____
Email Address (optional)	_____

1-9-18	\$ 25.00
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 mark "0.00".	

Provide a description of the gift or bequest and purpose thereof:

One bag of used mens 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.

Statement of Affirmation:

I, Katelyn Matheny 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.

Katelyn Matheny
Signature

1-9-18
Date