Revised 06/08

IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD 510 EAST 12TH, 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.

FORM-GB

Glft or Bequest Information received by a department or accepted by the Governor on behalf of the state

	For office use only
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DEPARTMENT OR OFFIC	E RECEIVING THE GIFT OR BEQUEST:			
DHS - Chevokee MH1 Name of Department or Office 1251 West Cector 1500 (Nevokee, 14 51012				
Malling Address 112 125 259L City, State, Zip Code				
Area Code & Telephone No. CONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFICE:				
Katelyn Name	Matheny			
Mailing Address (if different	nom above) D.C.N.S. State. 1A.U.S	City, State, Zip (If different from above) Area Code & Telephone Number (If different from above)		
Email Address		Area Code & Telephone Number (It officient from above)		
DONOR OF GIFT OR BEG	AUEST:	=		
HONYM Name	10US			
Mailing Address	City, State, Zip Code	12-19-17 \$ 25.00 Date of Gift or Bequest Amount/Value*		
Area Code & Telephone Nui Email Address (optional)	nber	*value is defined as "fair market value" of item as determined by receiving department or office. If no value mark "0.00".		
Ethali Address (optional)				
Provide a description of the	gift or bequest and purpose thereof:	/boys clothes.		
Criteria to use this form: Receipt of any gift or beque	st that is received by any department of the state	or received by the Governor on behalf of the state.		
Statement of Affirmation: ACTENTY MUTALLY assessment of the fair market	\	accurate. I further affirm that the information concerning the donor and tof my knowledge.		

Signature