Revised 06/08

IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD

510 EAST 12TH, SUITE 1A **CES MOINES, IA 50319** Fax: (515)281-4073 www.iowa.gov/ethics



lowa Code section 8.7 requires a ligite and bequests given to any department of the state of lowariantees. or received by the Governor or 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			
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 Department of Public Health - Bureau of Profes	ssional Licensure		5
Name of Department or Office Lucas Building - 5th Floot, 321 H. 12/2 St D	es Moines, IA 50319	"	
	City, State, Zip Code		
Area Code & Telephone No.		* 10 5 221 - 27 145 45	
CONTACT PERSON FOR FEC PENT DEPARTMENT OR OFFI	CE:	·=====	to:nu
Sarah Reisetter		5	
Name			38
Mailing Address (if different from above)	City, State, Zip (if cifierent from above)		. Ale C.D
P9 Add	0-1-0-1-0-1-0-1-0-1-0-1-0-1-0-1-0-1-0-1	<u> </u>	. <u>12</u> 2
Email Address	Area Code & Telephone Number (if different fro	n aboye.	
DONOR OF GIFT OR BEQUEST:		ထ္	
World of Beauty Academy		95	7.5
Name		<u> </u>	, .
3409 SE 14th St. DSM, IA 50320			1
Mailing Address City, State, Zip Code	3/23/2015 \$30.0	00	
515-280-9999		ount/Value*	
Area Code & Telephone Number			
	*value is defined as "fair market value" of item a receiving department or office. If no value mark		by
Email Address (optional)			
Provide a description of the gift of beginest and purpose thereof:			
Flower arrangement sent as a thank you for staff assi	iutanae rnovided		
Trower arrangement after to it themse you for some assi	mance provided.		
		-	
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		
		•	
itatement of Affirmation:			
Sarah Reisetter	the second of the second section is a second		
ssessment of the fair market value (if applicable) is correct and true to the	ve is accurate. I further affirm that the information concerts best of my knowledge.	ning the dono	or and
(
walf shother	3/25/2016		
Signature	- Date		