

IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD

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

Reset Form

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 _____

2018 AUG 30 PM 1:35

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 - Glenwood Resource Center | |
| Name of Department or Office 711 S Vine St | Glenwood, Iowa 51534 |
| Mailing Address 712-525-1252 | City, State, Zip Code |
| Area Code & Telephone No. | |

CONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFICE:

| | |
|---|--|
| James Thompson | |
| Name | |
| Mailing Address (if different from above) | City, State, Zip (if different from above) |
| Email Address | Area Code & Telephone Number (if different from above) |

DONOR OF GIFT OR BEQUEST:

| | |
|------------------------------|-----------------------|
| Anonymous donation to GRC | |
| Name | |
| 711 S. Vine St. | Glenwood, IA 51534 |
| Mailing Address | City, State, Zip Code |
| 712-525-1252 | |
| Area Code & Telephone Number | |
| Email Address (optional) | |

| | |
|--|---------------|
| 8/23/2018 | \$3.35 |
| 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:

Anonymous donation of IA \$.05 Deposit containers - for activities of individuals residing at Glenwood Resource Center.

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, James Thompson 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.

James Thompson

Signature

8/27/18

Date