

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:

IA Department of Human Rights	
Name of Department or Office 321 B 12th Street	Des Moines IA 50319
Mailing Address 515-281-3274	City, State, Zip Code
Area Code & Telephone No.	

CONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFICE:

Kimberly Checks	
Name	
Mailing Address (if different from above) kim.checks@iowa.gov	City, State, Zip (if different from above)
Email Address	Area Code & Telephone Number (if different from above)

DONOR OF GIFT OR BEQUEST:

Iowa College Aid	
Name	
475 SW 5th Street, Ste D	Des Moines IA 50309
Mailing Address	City, State, Zip Code
515-725-3400	
Area Code & Telephone Number	
info@iowacollegeaid.gov	
Email Address (optional)	

11/30/18	\$ 50.00
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:

Donation - 2019 MLK Event - "I Have a Dream" - to be held in DSM 1/19/19

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, Kimberly Checks 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.

Kimberly Checks
Signature

12/12/18
Date

STATE OF IOWA
INTERNAL EXCHANGE TRANSFERS

Report ID: PACKET
Source: I/3 Finance
Cycle Date: 12/1/18 - 12/9/18
Department: 379

Page: 2 of 3
Run Date: 12/10/2018
Run Time: 08:29:03 AM

2019 Doc Cd: IET Dept: 284 Doc #: 12031800072 Vers: 1 Cycle: 12/05/18

Seller Line:

Ln	Yo	Fund	Dep	Unit	Acctg	Function	Obj	Sub Obj	Proj	Task	Program	Description
1	0186	379	SADN	01		0304				0000		

Accounting Line(s):

Ln	Yo	Fund	Dep	Unit	Acctg	Function	Obj	Sub Obj	Proj	Task	Program	Description	Amount
1	0163	284		2001		3904				0000		2019 MLK CELEBRATION	50.00
Sum:													50.00