

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 _____

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 E 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:

| | |
|------------------------------|--------------------------|
| Janice T Edmunds-Wells | |
| Name | |
| 686 26th St | Des Moines IA 50312-5116 |
| Mailing Address | City, State, Zip Code |
| 515-556-5476 | |
| Area Code & Telephone Number | |
| shoebe8@gmail.com | |
| Email Address (optional) | |

| | |
|--|---------------|
| 12/19/18 | \$100.00 |
| 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

12/19/18 a
Date