

Revised 08/08

**IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD**510 EAST 12<sup>TH</sup>, 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 &amp; Telephone No.

**CONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFICE:**

Kim Checks

Name

Mailing Address (if different from above)

City, State, Zip (if different from above)

to:checks@iowa.gov

Email Address

Area Code &amp; Telephone Number (if different from above)

**DONOR OF GIFT OR BEQUEST:**

Helen N. Miller &amp; Brooke Axiotis

Name

1936 15th Ave N

Fort Dodge IA 50501

Mailing Address

City, State, Zip Code

Area Code &amp; Telephone Number

Email Address (optional)

12/3/18

\$ 150.00

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 for the 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, Kim 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.

Kim Checks  
Signature

12-6-18 w  
Date