

**(Agency Symbol/Letterhead)**

**Name of Agency or Office:** \_\_\_\_\_

**Name of Recipient:** \_\_\_\_\_

**Title of Recipient:** \_\_\_\_\_

**Brief Description of Item Solicited, Accepted, or Received and approximate value of item:**

\_\_\_\_\_  
\_\_\_\_\_

**Date of Receipt:** \_\_\_\_\_

**Name of Donor:** \_\_\_\_\_

**Donor's Address:** \_\_\_\_\_

**Nature of Business Relationship with Agency:** \_\_\_\_\_

\_\_\_\_\_

**State Why Acceptance is in the Public Interest:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
**(Name of Approving Appointing Authority  
Or Ethics Officer)**

\_\_\_\_\_  
**(Date)**

**Must be filed with the State Ethics Commission within thirty days of event or receipt of item,  
whichever comes first.**