IA EIDMA ENDICS AND CAMPAIGN DISCLOSURE BOARD CAMPAIGN DISCLOSURE BO. 510 EAST 12TH, SUITE 1A DES MOINES, IA 50319

2007 JUN 29 PM 12: 56

Fax: (515)281-3701 www.iowa.gov/ethics Reset Form

lowa Code section 8.7 requires all gifts, bequests, and grants given to any department of the state of lowa or received by the Governor on behalf of the state be reported to the lowa 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 required to be filed within 20 days of receipt of the gift, bequest, or grant.

FORM-GBG

Gift, Bequest, or Grant information received by a department or accepted by the Governor on behalf of the state

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DEPARTMENT	OR OFFICE	PECEIVING	THE CIET	RECHEST	OD CDANT
DELAKTMENT	OK OFFICE	RECEIVING	INE GIFT.	DEWUESI.	UR GRANI

Iowa Attorney General's Office - Crime Victim A	Assistance Division			
Lucas Building, Ground Floor, 321 E. 12th St Des Moines, IA 50319				
ailing Address City, State, Zip Code				
Area Code & Telephone No.				
CONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFICE	:			
Kristi Etzel, CPA				
Name				
Mailing Address (if different from above)	City, State, Zip (if different from above)			
ketzel@ag.state.ia.us	515-281-8616			
Email Address	Area Code & Telephone Number (if different from above)			
DONOR OF GIFT, BEQUEST, OR GRANT:	¬			
Alliant Energy Foundation, Inc.				
Name				
P.O. Box 2325 Princeton, NJ 08543-2325				
Mailing Address City, State, Zip Code	 05/30/2007			
1-866-746-7902	Date of Gift, Bequest, or Grant Amount/Value*			
Area Code & Telephone Number	*value is defined as "fair market value" of item as determined by			
	receiving department or office. If no value mark "0.00".			
Email Address (optional)				
Provide a description of the gift, bequest, or grant and purpose thereof:				
Attorney General's Victim Justice Conference				
Criteria to use this form:				
Receipt of any gift, bequest, or grant that is received by any department of t	the state or received by the Governor on behalf of the state			
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tatement of Affirmation:				

S

I, KIISH ELZEI	_affirm that the gift, be	equest, or grant reporte	ed above is accurate.	I further affirm that t	the information	concerning the
donor and assessment of the fa	ir market value (if ap	plicable) is correct and	true to the best of my	knowledge.		Ū

Signature

06/27/2007

Date

IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD 510 EAST 12TH, SUITE 1A DES MOINES, IA 50319

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DEPARTMENT OR OFFICE RECEIVING THE GIFT, BEQUEST, OF	COMMIT.				
Iowa Department of Justice					
Name of Department or Office Hoover State Office Building, 1305 East Walnut Des	Name of Department or Office Hoover State Office Building, 1305 East Walnut Des Moines, IA 50319-0001				
Mailing Address City.	, State, Zip Code				
515-281-5044 Area Code & Telephone No.					
CONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFICE					
Kristi Etzel, CPA - Crime Victim Assistance Division					
Name Lucas State Office Building, Ground Floor, 321 E. 12th Street	Des Moines, IA 50319-5635				
Mailing Address (if different from above)	City, State, Zip (if different from above)				
ketzel@ag.state.ia.us	515-281-8616				
Email Address	Area Code & Telephone Number (if different from above)				
OONOR OF GIFT, BEQUEST, OR GRANT:					
U.S. Dept. of Justice - Office for Victims of Crime					
Name					
Office of Justice Programs Washington, D.C. 20531					
Mailing Address City, State, Zip Code	\$ 3,886,150.00				
800-458-0786	Date of Gift, Beguest, or Grant Amount/Value*				
Area Code & Telephone Number					
ask.oc@usdoj.gov	*value is defined as "fair market value" of item as determined by receiving department or office. If no value mark "0.00".				
Email Address (optional)	receiving department of onice. If no value mark 0.00.				
Provide a description of the gift, bequest, or grant and purpose thereof:					
VOCA Assustance Grant Program - provides funds to enhance crime vic	tim services in the State Victims of Crime Act (VOCA) assistance				
funds are competitively awarded by the State to local community-based of	organizations that provide direct services to crime victims.				
Criteria to use this form:					
Receipt of any gift, bequest, or grant that is received by any department of	the state or received by the Covernor on hehelf of the state				
	the state of received by the Governor on behalf of the state.				
tatement of Affirmation:					
Kristi Etzel	above is accurate. I further affirm that the information concerning the				
onor and assessment of the fair market value (if applicable) is correct and true	e to the best of my knowledge.				
50/2-1 et //					
White Charl	06/27/2007				
Signature					

Revised 06/05

TA ETHICS AND CAMPAIGN DISCLOSURE BOARD 510 EAST 12TH, SUITE 1A DES MOINES, IA 50319

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Reset Form

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Gift, Bequest, or Grant information received by a department or accepted by the Governor on behalf of the state

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DEPARTMENT	OR OFFICE	RECEIVING	THE GIFT.	BEQUEST.	OR GRANT:

ed within 20 days of receipt of the giπ, bequest, or grant. PEPARTMENT OR OFFICE RECEIVING THE GIFT, BEQUEST, OR	GRANT:
Iowa Department of Justice	
Name of Department or Office Hoover State Office Building, 1305 East Walnut Des !	Moines, IA 50319-5635
Mailing Address City,	State, Zip Code
515-281-5044 Area Code & Telephone No.	
ONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFICE:	
Kristi Etzel, CPA - Crime Victim Assistance Division	
Name Lucas State Office Building, Ground Floor, 321 E. 12th Street	Des Moines, IA 50319-5635
Mailing Address (if different from above)	City, State, Zip (if different from above)
ketzel@ag.state.ia.us	515-281-8616
Email Address	Area Code & Telephone Number (if different from above)
Mailing Address City, State, Zip Code 800-458-0786 Area Code & Telephone Number ask.oc@usdoj.gov Email Address (optional)	06/15/2007 \$ 2,359,000.00 Date of Gift, Bequest, of Grant 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, bequest, of grant and purpose thereof: FY07 Victims of Crime Act (VOCA) Compensation Program - Grant payments to eligible crime victims. VOCA compensation funds prov	
Criteria to use this form:	ride illianciai assistance to rederar and state victims of crime.
Receipt of any gift, bequest, or grant that is received by any department of t	he state or received by the Governor on behalf of the state.
tatement of Affirmation:	

Kristi Etzel affirm that the gift, bequest, or grant 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.

06/21/2007

Date