

Revised 06/05

IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD
510 EAST 12TH, SUITE 1A
DES MOINES, IA 50319
Fax: (515)281-4073
www.iowa.gov/ethics

2008 JUN 16 PM 4:34

FORM-GBG

Gift, Bequest, or Grant 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, bequests, and grants 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 required to be filed within 20 days of receipt of the gift, bequest, or grant.

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

Iowa Department of Agriculture and Land Stewardship

Name of Department or Office _____

502 East 9th _____ Des Moines, IA 50319

Mailing Address _____ City, State, Zip Code

515-281-8611 _____

Area Code & Telephone No. _____

CONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFICE:

Erinn Sprouse _____

Name _____

Same _____

Mailing Address (if different from above) _____ City, State, Zip (if different from above)

Erinn.sprouse@iowaagriculture.gov _____

Email Address _____ Area Code & Telephone Number (if different from above)

DONOR OF GIFT, BEQUEST, OR GRANT:

USDA

Name _____

2150 Centre Ave, Bldg B, MS-3E-13 Fort Collins, CO 80526-8117

Mailing Address _____ City, State, Zip Code

970-494-7400 _____

Area Code & Telephone Number _____

Email Address (optional) _____

04/11/2008 \$ 147,450.00

Date of Gift, Bequest, or 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, or grant and purpose thereof.

This agreement is for the activities relating to conducting the Pseudorabies eradication and control program.

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 Governor on behalf of the state.

Statement of Affirmation:

I, Erinn Sprouse 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.

Erinn A. Sprouse
 Signature

6-13-08
 Date

Revised 06/05

IA ETHICS AND CAMPAIGN DISCLOSURE BOARD

2008 JUN 16 PM 4:34

IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD

510 EAST 12TH, SUITE 1A
DES MOINES, IA 50319
Fax: (515)281-4073
www.iowa.gov/ethics



FORM-GBG

Gift, Bequest, or Grant 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, bequests, and grants 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 required to be filed within 20 days of receipt of the gift, bequest, or grant.

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

Iowa Department of Agriculture and Land Stewardship

Name of Department or Office _____

502 East 9th _____ Des Moines, IA 50319

Mailing Address _____ City, State, Zip Code _____

515-281-8611 _____

Area Code & Telephone No. _____

CONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFICE:

Erinn Sprouse _____

Name _____

Same _____

Mailing Address (if different from above) _____ City, State, Zip (if different from above) _____

Erinn.sprouse@iowaagriculture.gov _____ 515-281-8611

Email Address _____ Area Code & Telephone Number (if different from above) _____

DONOR OF GIFT, BEQUEST, OR GRANT:

USDA

Name _____

2150 Centre Ave, Bldg B MS-3E-13 Fort Collins, CO 80526-8117

Mailing Address _____ City, State, Zip Code _____

970-494-7400 _____

Area Code & Telephone Number _____

Email Address (optional) _____

04/14/2008 \$ 75,500.00

Date of Gift, Bequest, or 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, or grant and purpose thereof.

Cooperative agreement relating to conducting surveillance for the Foreign Animal Disease (FAD) program.

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 Governor on behalf of the state.

Statement of Affirmation:

I, Erinn Sprouse 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.

Erinn A. Sprouse
Signature

6-13-08
Date

Revised 06/05

IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD

510 EAST 12TH, SUITE 1A
DES MOINES, IA 50319
Fax: (515)281-4073
www.iowa.gov/ethics

FORM-GBG

Gift, Bequest, or Grant 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, bequests, and grants 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 required to be filed within 20 days of receipt of the gift, bequest, or grant.

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

Iowa Department of Agriculture and Land Stewardship
Name of Department or Office
502 East 9th Des Moines, IA 50319
Mailing Address City, State, Zip Code
515-281-8611
Area Code & Telephone No.

CONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFICE:

Erinn Sprouse
Name
Same
Mailing Address (if different from above) City, State, Zip (if different from above)
Erinn.sprouse@iowaagriculture.gov
Email Address Area Code & Telephone Number (if different from above)

DONOR OF GIFT, BEQUEST, OR GRANT:

Iowa Agriculture Innovation Center
Name
502 East 9th Street Des Moines, IA 50319
Mailing Address City, State, Zip Code
515-281-7825
Area Code & Telephone Number
www.IowaAgInnovationCenter.com
Email Address s (optional)

06/02/2008 \$ 45,500.00
Date of Gift, Bequest, or 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, or grant and purpose thereof.

Support of the Choose Iowa program and multi media equipment

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 Governor on behalf of the state.

Statement of Affirmation:

I, Erinn Sprouse 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.

Erinn A. Sprouse
Signature

6-13-08
Date

Revised 06/05

IA IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD

510 EAST 12TH, SUITE 1A
DES MOINES, IA 50319
Fax: (515)281-4073
www.iowa.gov/ethics

2008 JUN 16 PM 4:34

Iowa Code section 8.7 requires all gifts, bequests, and grants 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 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

For office use only

Indexed _____

Audited _____

Checked _____

Computer _____

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

Iowa Department of Agriculture and Land Stewardship

Name of Department or Office _____

502 East 9th Des Moines, IA 50319

Mailing Address _____

City, State, Zip Code _____

515-281-8611

Area Code & Telephone No. _____

CONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFICE:

Erinn Sprouse

Name _____

Same _____

Mailing Address (if different from above) _____

City, State, Zip (if different from above) _____

Erinn.sprouse@iowaagriculture.gov

Email Address _____

Area Code & Telephone Number (if different from above) _____

DONOR OF GIFT, BEQUEST, OR GRANT:

USDA

Name _____

2150 Centre Ave, Bldg B, MS-3E-13 Fort Collins, CO 80526-8117

Mailing Address _____

City, State, Zip Code _____

970-494-7400

Area Code & Telephone Number _____

Email Address (optional) _____

04/04/2008 \$ 331,800.00

Date of Gift, Bequest, or 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, or grant and purpose thereof:

This agreement is for the activities relating to conducting the National Animal Identification program.

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 Governor on behalf of the state.

Statement of Affirmation:

I, Erinn Sprouse 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.

Erinn A. Sprouse
Signature

6-13-08
Date

Revised 06/05

IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD

510 EAST 12TH, SUITE 1A
DES MOINES, IA 50319
Fax: (515)281-4073
www.iowa.gov/ethics



FORM-GBG

Gift, Bequest, or Grant 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, bequests, and grants 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 required to be filed within 20 days of receipt of the gift, bequest, or grant.

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

Iowa Department of Agriculture and Land Stewardship

Name of Department or Office _____
502 East 9th _____ Des Moines, IA 50319

Mailing Address _____
515-281-8611 _____ City, State, Zip Code

Area Code & Telephone No. _____

CONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFICE:

Erinn Sprouse

Name _____

Mailing Address (if different from above) _____ City, State, Zip (if different from above)
Erinn.sprouse@iowaagriculture.gov _____ 515-281-8611

Email Address _____ Area Code & Telephone Number (if different from above)

DONOR OF GIFT, BEQUEST, OR GRANT:

USDA

Name _____

2150 Centre Ave, Bldg B MS-3E-13 Fort Collins, CO 80526-8117

Mailing Address _____ City, State, Zip Code

970-494-7400

Area Code & Telephone Number _____

Email Address (optional) _____

04/10/2008 \$ 157,000.00

Date of Gift, Bequest, or 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, or grant and purpose thereof:

Cooperative agreement relating to conducting Scrapie eradication and certification program

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 Governor on behalf of the state.

Statement of Affirmation:

I, Erinn Sprouse 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.

Erinn A. Sprouse
Signature

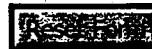
6-13-08
Date

Revised 06/05

IA ETHICS AND CAMPAIGN DISCLOSURE BOARD
2008 JUN 16 PM 4:34

IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD

510 EAST 12TH, SUITE 1A
DES MOINES, IA 50319
Fax: (515)281-4073
www.iowa.gov/ethics



FORM-GBG

Gift, Bequest, or Grant 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, bequests, and grants 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 required to be filed within 20 days of receipt of the gift, bequest, or grant.

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

Iowa Department of Agriculture and Land Stewardship
Name of Department or Office
502 East 9th Des Moines, IA 50319
Mailing Address City, State, Zip Code
515-281-8611
Area Code & Telephone No.

CONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFICE:

Erinn Sprouse
Name
Same
Mailing Address (if different from above) City, State, Zip (if different from above)
Erinn.sprouse@iowaagriculture.gov
Email Address Area Code & Telephone Number (if different from above)

DONOR OF GIFT, BEQUEST, OR GRANT:

U.S. Environmental Protection Agency
Name
901 North Fifth Street Kansas City, MO 66101
Mailing Address City, State, Zip Code
913-551-7363
Area Code & Telephone Number
Email Address (optional)

05/18/2008 \$ 841,043.00
Date of Gift, Bequest, or 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, or grant and purpose thereof:

Performance Partnership grant w/ EPA: The purpose of this cooperative agreement is to support IDALS efforts to implement Federal Insecticide, Fungicide and Rodenticide Act (FIFRA) for regulation of pesticides in Iowa.

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 Governor on behalf of the state.

Statement of Affirmation:

I, Erinn Sprouse 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.

Erinn A. Sprouse
Signature

6-16-08
Date