

Revised 06/08

IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD

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



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:

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	_____
Same	_____
Mailing Address (if different from above) Erinn.sprouse@iowaagriculture.gov	City, State, Zip (if different from above) 515-281-8611
Email Address	Area Code & Telephone Number (if different from above)

DONOR OF GIFT OR BEQUEST:

U.S. Dept of Interior Surface Mining	
Name	_____
501 Belle Street, Ste 216	Alton, IL 62002
Mailing Address	City, State, Zip Code
618-463-6463 Ext. 5114	_____
Area Code & Telephone Number	
jbautista@osmre.gov	
Email Address (optional)	

06/27/2008	\$83,074.00
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: Reclamation of affected lands to encourage productive use of surface or underground mining operations.
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, Erinn Sprouse 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.

Erinn A. Sprouse
Signature

6-30-08
Date

Revised 06/08

IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD
2008
PM 12:50

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CONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFICE:

Erinn Sprouse	
Name State	
Mailing Address (if different from above) Erinn.sprouse@iowaagriculture.gov	City, State, Zip (if different from above) 515-281-8611
Email Address	Area Code & Telephone Number (if different from above)

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Area Code & Telephone Number	
jbautista@osmre.gov	
Email Address (optional)	

06/27/2008	\$ 1,756,241.47
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:

The primary objective of this grant is to operate the Iowa Abandoned Mine Land program to insure the timely reclamation of Iowa's abandoned mine land problems.

Criteria to use this form:

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Statement of Affirmation:

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Erinn A. Sprouse
Signature

6-30-08
Date