# IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD 510 EAST 12<sup>TH</sup>, SUITE 1A DES MOINES, IA 50319

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

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 RECEIVING THE GIFT, BEQUEST, OR GRANT:
Name of Department for the Blind Name of Department or Office Lef Des Moines IA 50309  Mailing Address 81-1336  Area Code & Telephone No.
CONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFICE:
Johns Horsman  Name 4 4th Struct  Mailing Address  Morsman: whene a blind. Stall. 1a. us  Email Address  Area Code & Telephone Number
DONOR OF GIFT, BEQUEST, OR GRANT:
Charlote Fagerhaug
A541 5 Mulberry Street  Mailing Address  City, State Zip Code  T-8-2005 \$ 10,00  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:  hibrary Service we provide to have
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,
Signature 7-8-2005  Date

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

Namo of penantment for the Blind		
Mailing Address 281-1336  Naming Address 281-1336  City, State, Zip Code		
Area Code & Telephone No.		
CONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFICE:		
Name of the Street Ils Mohls TA 50309 Mailing Address MOYS Man. in law a blind. Stall. 19. US  Email Address  Area Code & Telephone Number		
DONOR OF GIFT, BEQUEST, OR GRANT:		
Keith + Athea Hoxins		
Mailing Address City, State, Zip Code 7-8-2005 \$ 10.00		
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".		
Email Address (optional)		
Provide a description of the gift, bequest, or grant and purpose thereof:  Almorial for Helen Faust		
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:  1,		
Delle Horsman 7-8-2005		
Signature Date		

## IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD 510 EAST 12<sup>TH</sup>, SUITE 1A DES MOINES, IA 50319

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DEPARTMENT OR OFFICE RECEIVING THE GIFT, BEQUEST, OR GRANT:
Tour Doorthul To the Blvd  Plame of Department or Office  Mailing Address 281-1336  Area Code & Telephone No.  CONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFICE:
Name 24 4th Street Jes Maries TA 50309  Mailing Address NOYSWAN. Jolene Wand. Starl. 12. W 515-281-1336  Email Address  Area Code & Telephone Number
DONOR OF CIET REQUEST OR CRANT.
DONOR OF GIFT, BEQUEST, OR GRANT:  Flizabeth Jones Name 132-5336
Fizabeth Jones Name Szy 7th trenue S Clinton FA Mailing Address  City, State, Zip Code  7-8-2005 \$ 10.00  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:  Memorial for Helen Faust
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. DETECTION OF 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.
Signature $\frac{7-8-2005}{Date}$

## IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD

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510 EAST 12<sup>TH</sup>, SUITE 1A DES MOINES, IA 50319 Fax: (515)281-3701 www.iowa.gov/ethics

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DEPARTMENT OR OFFICE RECEIVING THE GIFT, BEQUEST, OR GRANT:    Department or Office   Depar	50309
Name 4 4th Street Mailing Address Dene Dim. Stall. [a.115] Email Address Area Code & Telephone Num	sines TA 50309 281-1336 aber
DONOR OF GIFT, BEQUEST, OR GRANT:	
Mailing Address City, State, Zip Code  City, State, Zip Code  Date of Gift, Bequest, or Grar  Area Code & Telephone Number  Email Address (optional)  The Avenue S  City, State, Zip Code  Date of Gift, Bequest, or Grar  *value is defined as "fair mark receiving department or office"	ket value" of item as determined by
Provide a description of the gift, bequest, or grant and purpose thereof:  Memorial for Helen Faust	
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 Govern	or on behalf of the state.
Statement of Affirmation:  Statement of Affirmation:  One of the fair market value (if applicable) is correct and true to the best of my knowledge.	nat the information concerning the
Signature	7-8-605 Date

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## IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD

510 EAST 12<sup>TH</sup>, SUITE 1A DES MOINES, IA 50319 Fax: (515)281-3701

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### **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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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.	Audited Checked Computer
DEPARTMENT OR OFFICE RECEIVING THE GIFT, BEQUEST, OR GRANT:	
Name of Department or Stide  Mailing Addressy 1 – 1336  Area Code & Telephone No.	- 50309
CONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFICE:	
Name 24 4th Steet DS Mins Mailing Address ACY 5 proper Color State A. 19 City, State, Zip Signal Address Email Address Area Code & Telephone Number	TA 50309 -221-1336 ber
DONOR OF GIFT, BEQUEST, OR GRANT:	
Hoger + Sharm Kokensuller  ZU33 344 Sheet Leakuk TA 52632  Mailing Address City, State, Zip Code  319-54-9089  Area Code & Telephone Number  Email Address (optional)  Email Address (optional)	et value" of item as determined by
Provide a description of the gift, bequest, or grant and purpose thereof:  Wenterial by Helen Fauch	
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 Governo	or on behalf of the state.
Statement of Affirmation:  Statement of Affirmation:  One of the fair market value (if applicable) is correct and true to the best of my knowledge.	at the information concerning the $1-8-2005$
Signature Townsear	Date

#### Revised 06/05

## IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD 510 EAST 12TH. SUITE 1A

DES MOINES, IA 50319 Fax: (515)281-3701 www.iowa.gov/ethics

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

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

Name of Department or Office Iowa Department For The Blind

Mailing Address 524 4th St

City, State, Zip Code Des Moines, IA 50309

Area Code & Telephone No. 515-281-1333

CONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFICE:

Name Jolene Horsman

Mailing Address 524 4th St

City, State, Zip Des Moines, IA 50309

Area Code & Telephone Number 515-281-1336

DONOR OF GIFT, BEQUEST, OR GRANT:

Email Address: horsman.jolene@blind.state.ia.us

Name	Iowa Lions Foundation		
Mailing Address	City, State, Zip Code	July 7, 2005 \$4,000.00	
2300 S Duff	Ames IA 50010	Date of Gift, Bequest, or Grant Amount/Value'	
Area Code & Telephone Number	515-232-2215	*value is defined as "fair market value" of item as determin- by receiving department or office. If no value mark "0.00".	
Email Address (optional)		Toociving department of onice. If no value mark 0.00 .	

Provide a description of the gift, bequest, or grant and purpose thereof: We receive 4 payments from the lowa Lions Foundation to purchase Bibles in alternative media, large print books for the library collection and pay for our Summer Reading Club.

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

Statement of Affirmation:

I, Jolene K. Horsman, 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.

	July 11, 2005
Signature	Date