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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FORM-GBG

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

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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 of the Governor on behalf of the state be reported of the Governor on behalf of the state be reported of the Governor on behalf of the state be reported of the Governor on behalf of the state be reported of the Governor on behalf of the state be reported of the Governor on behalf of the state be reported of the Governor on behalf of the state be reported of the Governor on behalf of the state be reported of the Governor on behalf of the state be reported of the Governor on behalf of the state be reported of the Governor on behalf of the state be reported of the Governor on behalf of the state be reported of the Governor on behalf of the state be reported of the Governor on behalf of the state be reported of the Governor on behalf of the State be and Campaign Disclosure Board and the Government Oversight Committee TDISCLOS 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 GRANTILED

| | Department of Administrative Services | | | |
|--|---|-----------------------|--|--|
| | Name of Department or Office 1303 E. Walnut, Hoover State Office Building, 3rd floor | Des Moines, IA 50319 | | |
| | Mailing Address 515 781 5360 | City, State, Zip Code | | |
| | Area Code & Telephone No. | | | |
| CONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFICE: | | | | |

| CONTACT PERSON FOR RECIPIENT DEFARTMENT OR OTTICE. | | | | |
|--|--|--|--|--|
| Dean Ibsen | | | | |
| Name 109 SE 13th Seest | Des Moines, IA 50319 | | | |
| Mailing Address (it different from above) | City, State, Zip (if different from above) | | | |
| dean ibsem@iowa.gov | 515 281.6051 | | | |
| Email Address | Area Code & Telephone Number (if different from above) | | | |

DONOR OF GIFT, BEQUEST, OR GRANT:

| US Dept of Homeland Security, | through EMD, Iowa Department of Public De | | |
|-------------------------------|---|---|-----------------------|
| Name | | | |
| Camp Dodge | Johnston, IA 50131 | } (I | |
| Mailing Address | City, State, Zip Code | Nov. 16, 2005 | \$ 498,370.5 9 |
| 515.281.3231 | | Date of Gift, Bequest, or Grant | Amount/Value* |
| Area Code & Telephone Numb | per | *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 Grant money shall be used to purchase equipment for use by agencies housed at the labs facility in Ankeny, lowa 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:

Paul Carlson affirm that the gift, bequest, or grant reported above is accurate. I further affirm that the information concerning the denor and assessment of the fair market value (if applicable) is correct and true to the best of my knowledge

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



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

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| and Campaign Disclosure Board and the Government Oversight Committorovide a copy of this report to the Government Oversight Committee. The | e. Lifte Board wi RE BOAF is form is required to be | Chec | ked |
| iled within 20 days of receipt of the gift, bequest, or grant | AUF 22 2006 | Com | outer |
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| state of Iowa or received by the Governor on behalf of the sand Campaign Disclosure Board and the Government Overprovide a copy of this report to the Government Oversight (filled within 20 days of receipt of the gift, bequest, or grant DEPARTMENT OR OFFICE RECEIVING THE GIFT, BEQ | state be reported to the lowa Eth CAMPAIGN, ed right Committee. DIG Board wife BOARD. Committee The form is required to be Computer |
|--|--|
| Department of Administrative Services | |
| Name of Department or Office 1305 E. Walnut, Hoover State Office Building, 3rd floor | Des Moines, IA 50319 |
| Mailing Address 515.081,3360 | City. State, Zip Code |
| Area Code & Telephone No | |
| CONTACT PERSON FOR RECIPIENT DEPARTMENT OF | R OFFICE: |
| Dean Ibsen | |
| Name 100 SE Joh Story | Des Moines, IA 50319 |
| Mailing Address (if different from above) | City, State, Zlp (if different from above) |
| dianibaen @iowa.gov | 515.281.6051 |
| Email Address | Area Code & Telephone Number (if different from above) |
| DONOR OF GIFT, BEQUEST, OR GRANT: | |
| Ken Thornton | |
| Name | |
| Mailing Address City, State Zip Code | July 10, 2006 \$ 6,500.00 |
| | 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:

Two (2) anodized doors/frames with side and top transon lights for use in reconfigured space at CCM building

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:

Paul Carlson 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