

IA ETHICS AND CAMPAIGN DISCLOSURE BOARD
MAR 29 2007
FILED

ETHICS AND CAMPAIGN DISCLOSURE BOARD
510 EAST 12TH, SUITE 1A
DES MOINES, IA 50319
Fax: (515)281-3701
www.iowa.gov/ethics

Reset Form

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 87 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:

Woodward Resource Center
Name of Department or Office
Mailing Address
Area Code & Telephone No

CONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFICE:

Ruth Ashton
Name
Mailing Address (if different from above)
Email Address

DONOR OF GIFT, BEQUEST, OR GRANT:

Knights of Columbus, St. Mary's Catholic Church
Name
Mailing Address
Area Code & Telephone Number
Email Address (optional)

2/4/07 \$ 255.00
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.

Donation to be used for client needs and activities.

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

Ruth Ashton
Signature

3/29/07
Date

IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD

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

IA ETHICS & CAMPAIGN
DISCLOSURE BOARD

MAR 29 2007

FILED

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.

Reset Form

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:

Woodward Resource Center
Name of Department or Office
125 32nd Street Woodward, Iowa 50276
City, State, Zip Code
Mailing Address
515 281 3701
Area Code & Telephone No

CONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFICE:

Ruth Ashton
Name
Mailing Address (if different from above)
515 281 3123
City, State, Zip (if different from above)
Email Address
Area Code & Telephone Number (if different from above)

DONOR OF GIFT, BEQUEST, OR GRANT:

American Legion Auxiliary, Luella Hett
Name
Claire, Iowa 50241
City, State, Zip Code
Mailing Address
Area Code & Telephone Number
Email Address (optional)

2/23/07 \$ 20.00
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


Donation to be used for client needs and activities.

Criteria to use this form:

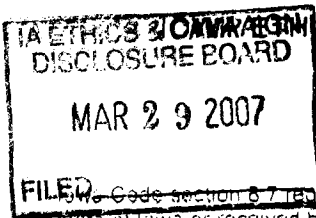
Receipt of any gift, bequest, or grant that is received by any department of the state or received by the Governor on behalf of the state

Statement of Affirmation:

I, Ruth Ashton 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

3/29/07
Date



ETHICS AND CAMPAIGN DISCLOSURE BOARD

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

Reset Form

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 _____

Code section 8.7 requires all gifts, bequests, and grants given to any department of the state of Iowa or received by the Governor or 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:

Woodward Resource Center
Name of Department or Office
125 12th Street Woodward Iowa 50276
Mailing Address City, State, Zip Code
563 282600
Area Code & Telephone No.

CONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFICE:

Ruth Ashton
Name
Mailing Address (if different from above) City, State, Zip (if different from above)
r.ashton@iowa-state.edu 515-438 3123
Email Address Area Code & Telephone Number (if different from above)

DONOR OF GIFT, BEQUEST, OR GRANT:

John Kiburz
Name
101 2nd Des Moines, Iowa 50266
Mailing Address City, State, Zip Code
Area Code & Telephone Number
Email Address (optional)

2/27/07 \$ 100.00
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
Donation to be used for client needs and activities.

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, Ruth Ashton, 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

3/29/07
Date

1/06/05

IA ETHICS AND CAMPAIGN DISCLOSURE BOARD
DISCLOSURE BOARD
MAR 29 2007
FILED

IA ETHICS AND CAMPAIGN DISCLOSURE BOARD

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

Reset Form

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 6.7 requires all gifts, bequests, and grants given to any department of the state of Iowa or received by the Governor or 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:

Woodward Resource Center
Name of Department or Office
212 4th Street Woodward, Iowa 50276
City, State, Zip Code
Mailing Address
Area Code & Telephone No

CONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFICE:

Ruth Ashton
Name
Mailing Address (if different from above)
City, State, Zip (if different from above)
Area Code & Telephone Number (if different from above)
Email Address

DONOR OF GIFT, BEQUEST, OR GRANT:

American Legion Auxiliary
Name
201 Lyon Street Des Moines, Iowa 50319
City, State, Zip Code
Mailing Address
Area Code & Telephone Number
Email Address (optional)

2/27/07 \$ 25.00
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
Donation to be used for client needs and activities.

Intend 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:

Ruth Ashton 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.

Ruth Ashton
Signature

3/29/07
Date