



IA ETHICS AND CAMPAIGN DISCLOSURE BOARD  
CAMPAIGN DISCLOSURE BOARD

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

2008 JUL 21 PM 12:18

**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:**

Woodward Resource Center	
Name of Department or Office 1251 334th Street	Woodward, Iowa 50276
Mailing Address 515/438-2600	City, State, Zip Code
Area Code & Telephone No.	

**CONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFICE:**

Ruth Ashton	
Name	
Mailing Address (if different from above) rashon@dhs.state.ia.us	City, State, Zip (if different from above) 515/438-3123
Email Address	Area Code & Telephone Number (if different from above)

**DONOR OF GIFT OR BEQUEST:**

Unknown	
Name	
Mailing Address	City, State, Zip Code
Area Code & Telephone Number	
Email Address (optional)	

8/8/07	\$ 11.30
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:  
Donation to be used for clients needs & activites

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, Ruth Ashton 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.

Ruth Ashton  
Signature

7/17/08  
Date

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

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DEPARTMENT OR OFFICE RECEIVING THE GIFT OR BEQUEST:

Woodward Resource Center  
Name of Department or Office  
1251 334th Street  
Mailing Address  
515/438-2600  
Area Code & Telephone No.  
Woodward, Iowa 50276  
City, State, Zip Code

CONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFICE:

Ruth Ashton  
Name  
Mailing Address (if different from above)  
rashon@dhs.state.ia.us  
Email Address  
City, State, Zip (if different from above)  
515/438-3123  
Area Code & Telephone Number (if different from above)

DONOR OF GIFT OR BEQUEST:

Unknown  
Name  
Mailing Address  
City, State, Zip Code  
Area Code & Telephone Number  
Email Address (optional)

8/20/07  
Date of Gift or Bequest  
\$9.52  
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:

Donation to be used for clients needs & activites

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, Ruth Ashton 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.

*Ruth Ashton*  
Signature

7/17/08  
Date

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**DEPARTMENT OR OFFICE RECEIVING THE GIFT OR BEQUEST:**

Woodward Resource Center

Name of Department or Office  
1251 334th Street

Mailing Address  
515/438-2600

Area Code & Telephone No.

Woodward, Iowa 50276

City, State, Zip Code

**CONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFICE:**

Ruth Ashton

Name

Mailing Address (if different from above)  
rashon@dhs.state.ia.us

Email Address

City, State, Zip (if different from above)  
515/438-3123

Area Code & Telephone Number (if different from above)

**DONOR OF GIFT OR BEQUEST:**

Unknown

Name

Mailing Address

Area Code & Telephone Number

Email Address (optional)

City, State, Zip Code

8/29/07

\$ 7.23

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:

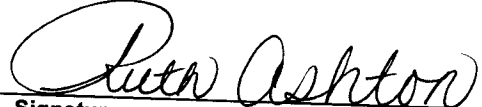
Donation to be used for clients needs & activites

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, Ruth Ashton 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.

  
 Signature

7/17/08  
 Date



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Woodward Resource Center

Name of Department or Office  
1251 334th Street

Mailing Address  
515/438-2600

Area Code & Telephone No.

Woodward, Iowa 50276

City, State, Zip Code

**CONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFICE:**

Ruth Ashton

Name

Mailing Address (if different from above)  
rashon@dhs.state.ia.us

Email Address

City, State, Zip (if different from above)  
515/438-3123

Area Code & Telephone Number (if different from above)

**DONOR OF GIFT OR BEQUEST:**

Unknown

Name

Mailing Address

Area Code & Telephone Number

Email Address (optional)

City, State, Zip Code

9/5/07

Date of Gift or Bequest

\$6.97

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:

Donation to be used for clients needs & activites

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, Ruth Ashton 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.

*Ruth Ashton*

Signature

7/17/08

Date



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

Woodward Resource Center

Name of Department or Office  
1251 334th Street

Mailing Address  
515/438-2600

Area Code & Telephone No.

Woodward, Iowa 50276  
City, State, Zip Code

### CONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFICE:

Ruth Ashton

Name

Mailing Address (if different from above)  
rashon@dhs.state.ia.us

Email Address

City, State, Zip (if different from above)  
515/438-3123

Area Code & Telephone Number (if different from above)

### DONOR OF GIFT OR BEQUEST:

Chapel Offerings

Name

Mailing Address  
City, State, Zip Code

Area Code & Telephone Number

Email Address (optional)

10/2/07

\$ 8.60

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:

Donation to be used for the fellowship of clients

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, Ruth Ashton, 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.

*Ruth Ashton*

Signature

7/17/08

Date



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Woodward Resource Center

Name of Department or Office  
1251 334th Street

Mailing Address  
515/438-2600

Area Code & Telephone No.

Woodward, Iowa 50276

City, State, Zip Code

**CONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFICE:**

Ruth Ashton

Name

Mailing Address (if different from above)  
rashon@dhs.state.ia.us

Email Address

City, State, Zip (if different from above)  
515/438-3123

Area Code & Telephone Number (if different from above)

**DONOR OF GIFT OR BEQUEST:**

American Legion Auxiliary

Name

Mailing Address  
Arcadia, Iowa 51430

Area Code & Telephone Number

Email Address (optional)

10/15/07

Date of Gift or Bequest

\$ 35.00

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:

Donation to be used for client needs and activities

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, Ruth Ashton, 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.

*Ruth Ashton*

Signature

7/17/08

Date



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Woodward Resource Center  
Name of Department or Office  
1251 334th Street Woodward, Iowa 50276  
Mailing Address City, State, Zip Code  
515/438-2600  
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)  
rashon@dhs.state.ia.us 515/438-3123  
Email Address Area Code & Telephone Number (if different from above)

DONOR OF GIFT OR BEQUEST:

American Legion Auxiliary  
Name  
Des Moines, Iowa 50313  
Mailing Address City, State, Zip Code  
Area Code & Telephone Number  
Email Address (optional)

12/6/07 \$ 500.00  
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:  
Donation to be used for client needs and activities

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, Ruth Ashton 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.

*Ruth Ashton*  
Signature

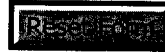
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Date



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Woodward Resource Center	
Name of Department or Office 1251 334th Street	Woodward, Iowa 50276
Mailing Address 515/438-2600	City, State, Zip Code
Area Code & Telephone No.	

CONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFICE:

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

DONOR OF GIFT OR BEQUEST:

American Legion Auxiliary	
Name	
Mailing Address Lacoma, Iowa 50139	City, State, Zip Code
Area Code & Telephone Number	
Email Address (optional)	

11/09/07	\$25.00
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:

Donation to be used for client needs and activities

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, Ruth Ashton 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.

*Ruth Ashton*

Signature

7/17/08

Date





**IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD**

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DES MOINES, IA 50319  
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**DEPARTMENT OR OFFICE RECEIVING THE GIFT OR BEQUEST:**

Woodward Resource Center	
Name of Department or Office 1251 334th Street	Woodward, Iowa 50276
Mailing Address 515/438-2600	City, State, Zip Code
Area Code & Telephone No.	

**CONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFICE:**

Ruth Ashton	
Name	
Mailing Address (if different from above) rashon@dhs.statc.ia.us	City, State, Zip (if different from above) 515/438-3123
Email Address	Area Code & Telephone Number (if different from above)

**DONOR OF GIFT OR BEQUEST:**

St. Peters Luthern Church/Ladies Aid	
Name	
Mailing Address	Webster City, Iowa 50595
City, State, Zip Code	
Area Code & Telephone Number	
Email Address (optional)	

12/6/07	\$ 10.00
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:

Donation to be used for client needs and activities

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, Ruth Ashton 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.

Signature

7/17/08  
Date

2008 JUL 21 PM 12:19

IA ETHICS AND CAMPAIGN DISCLOSURE BOARD

IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD

510 EAST 12<sup>TH</sup>, SUITE 1A  
DES MOINES, IA 50319  
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Woodward Resource Center  
Name of Department or Office  
1251 334th Street Woodward, Iowa 50276  
Mailing Address City, State, Zip Code  
515/438-2600  
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@dhs.state.ia.us 515/438-3123  
Email Address Area Code & Telephone Number (if different from above)

DONOR OF GIFT OR BEQUEST:

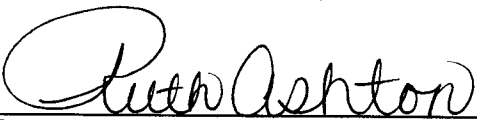
Chapel Offerings  
Name  
Mailing Address City, State, Zip Code  
Area Code & Telephone Number  
Email Address (optional)

11/30/07 \$4.88  
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:  
Donation to be used for client fellowship  
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, Ruth Ashton 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.

  
Signature

7/17/08  
Date



IA ETHICS AND CAMPAIGN DISCLOSURE BOARD

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DEPARTMENT OR OFFICE RECEIVING THE GIFT OR BEQUEST:

Woodward Resource Center

Name of Department or Office  
1251 334th Street Woodward, Iowa 50276

Mailing Address  
515/438-2600 City, State, Zip Code

Area Code & Telephone No.

CONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFICE:

Ruth Ashton

Name

Mailing Address (if different from above)  
rashon@dhs.state.ia.us City, State, Zip (if different from above)  
515/438-3123

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

DONOR OF GIFT OR BEQUEST:

Chapel Offerings

Name

Mailing Address  
City, State, Zip Code

Area Code & Telephone Number

Email Address (optional)

1/4/08 \$ 15.02

Date of Gift or Bequest Amount/Value\*

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Provide a description of the gift or bequest and purpose thereof:

Donation to be used for client fellowship

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, Ruth Ashton 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.

Ruth Ashton  
Signature

7/17/08  
Date



IA ETHICS AND CAMPAIGN DISCLOSURE BOARD  
2008 JUL 21 PM 12:19

**IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD**  
510 EAST 12<sup>TH</sup>, SUITE 1A  
DES MOINES, IA 50319  
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Woodward Resource Center  
Name of Department or Office  
1251 334th Street  
Mailing Address  
515/438-2600  
Area Code & Telephone No.  
Woodward, Iowa 50276  
City, State, Zip Code

**CONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFICE:**

Ruth Ashton  
Name  
Mailing Address (if different from above)  
rashton@dhs.state.ia.us  
Email Address  
City, State, Zip (if different from above)  
515/438-3123  
Area Code & Telephone Number (if different from above)

**DONOR OF GIFT OR BEQUEST:**

Chapel Offerings  
Name  
Mailing Address  
City, State, Zip Code  
Area Code & Telephone Number  
Email Address (optional)

3/19/08  
Date of Gift or Bequest  
\$6.28  
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:  
Donation to be used for client fellowship

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, Ruth Ashton 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.

Signature

7/17/08

Date



IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD

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

2008 JUL 21 PM 12:19

FORM-GB

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

For office use only

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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:

Woodward Resource Center  
Name of Department or Office  
1251 334th Street Woodward, Iowa 50276  
Mailing Address City, State, Zip Code  
515/438-2600  
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@dhs.state.ia.us 515/438-3123  
Email Address Area Code & Telephone Number (if different from above)

DONOR OF GIFT OR BEQUEST:

Chapel Offerings  
Name  
Mailing Address City, State, Zip Code  
Area Code & Telephone Number  
Email Address (optional)

4/11/08 \$8.99  
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:  
Donation to be used for client fellowship  
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, Ruth Ashton 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.

Signature

7/17/08  
Date



IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD

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

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FORM-GB

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

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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:

Woodward Resource Center  
Name of Department or Office  
1251 334th Street  
Mailing Address  
515/438-2600  
Area Code & Telephone No.  
Woodward, Iowa 50276  
City, State, Zip Code

CONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFICE:

Ruth Ashton  
Name  
Mailing Address (if different from above)  
rashton@dhs.state.ia.us  
Email Address  
City, State, Zip (if different from above)  
515/438-3123  
Area Code & Telephone Number (if different from above)

DONOR OF GIFT OR BEQUEST:

Chapel Offerings  
Name  
Mailing Address  
City, State, Zip Code  
Area Code & Telephone Number  
Email Address (optional)

4/16/08 \$ 13.30  
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:  
Donation to be used for client fellowship  
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, Ruth Ashton 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.

Signature

7/17/08  
Date



IA ETHICS AND CAMPAIGN DISCLOSURE BOARD

IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD

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

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**FORM-GB**

Gift or Bequest 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 OR BEQUEST:**

Woodward Resource Center

Name of Department or Office  
1251 334th Street  
Woodward, Iowa 50276

Mailing Address  
515/438-2600  
City, State, Zip Code

Area Code & Telephone No.

**CONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFICE:**

Ruth Ashton

Name

Mailing Address (if different from above)  
r Ashton@dhs.state.ia.us  
City, State, Zip (if different from above)  
515/438-3123

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

**DONOR OF GIFT OR BEQUEST:**

Chapel Offerings

Name

Mailing Address  
City, State, Zip Code

Area Code & Telephone Number

Email Address (optional)

5/28/08 \$4.41

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:

Donation to be used for client fellowship

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, Ruth Ashton 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.

Signature

7/17/08

Date



# IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD

510 EAST 12<sup>TH</sup>, 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

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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:

Woodward Resource Center	
Name of Department or Office 1251 334th Street	Woodward, Iowa 50276
Mailing Address 515/438-2600	City, State, Zip Code
Area Code & Telephone No.	

### CONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFICE:

Ruth Ashton	
Name	
Mailing Address (if different from above) rashon@dhs.state.ia.us	City, State, Zip (if different from above) 515/438-3123
Email Address	Area Code & Telephone Number (if different from above)

### DONOR OF GIFT OR BEQUEST:

Iowa State council Knights of Columbus	
Name	
Mailing Address	Davenport, Iowa
City, State, Zip Code	
Area Code & Telephone Number	
Email Address (optional)	

6/16/08	\$ 146.37
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:

Donation to be used for client needs & activities

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, Ruth Ashton 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.

*Ruth Ashton*  
Signature

7/17/08  
Date





**IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD**

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

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**FORM-GB**

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

**For office use only**

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**DEPARTMENT OR OFFICE RECEIVING THE GIFT OR BEQUEST:**

Woodward Resource Center	
Name of Department or Office 1251 334th Street	Woodward, Iowa 50276
Mailing Address 515/438-2600	City, State, Zip Code
Area Code & Telephone No.	

**CONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFICE:**

Ruth Ashton	
Name	
Mailing Address (if different from above) rashon@dhs.state.ia.us	City, State, Zip (if different from above) 515/438-3123
Email Address	Area Code & Telephone Number (if different from above)

**DONOR OF GIFT OR BEQUEST:**

Humboldt County American Legion	
Name	
Mailing Address	Humboldt, Iowa
City, State, Zip Code	
Area Code & Telephone Number	
Email Address (optional)	

5/2/08	\$ 13.30
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:  
Donation to be used for client needs & activities

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, Ruth Ashton 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.

*Ruth Ashton*  
Signature

7/17/08  
Date

IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD

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

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FORM-GB

Gift or Bequest 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 OR BEQUEST:

Woodward Resource Center  
Name of Department or Office  
1251 334th Street  
Mailing Address  
515/438-2600  
Area Code & Telephone No.  
Woodward, Iowa 50276  
City, State, Zip Code

CONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFICE:

Ruth Ashton  
Name  
Mailing Address (if different from above)  
rashon@dhs.state.ia.us  
Email Address  
City, State, Zip (if different from above)  
515/438-3123  
Area Code & Telephone Number (if different from above)

DONOR OF GIFT OR BEQUEST:

Josephine Smith  
Name  
Mailing Address  
Monona, Iowa 52159  
City, State, Zip Code  
Area Code & Telephone Number  
Email Address (optional)

4/1/08  
Date of Gift or Bequest  
\$250.00  
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:

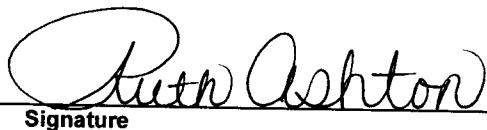
Donation to be used for client needs & activities at 302 Pine

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, Ruth Ashton 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.

  
Signature

7/17/08  
Date

IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD

510 EAST 12<sup>TH</sup>, SUITE 1A

DES MOINES, IA 50319

Fax: (515)281-4073

www.iowa.gov/ethics

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FORM-GB

Gift or Bequest 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 OR BEQUEST:

Woodward Resource Center
Name of Department or Office
1251 334th Street
Mailing Address
515/438-2600
Area Code & Telephone No.
Woodward, Iowa 50276
City, State, Zip Code

CONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFICE:

Ruth Ashton
Name
Mailing Address (if different from above)
rashton@dhs.state.ia.us
Email Address
City, State, Zip (if different from above)
515/438-3123
Area Code & Telephone Number (if different from above)

DONOR OF GIFT OR BEQUEST:

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

12/17/07 \$ 100.00
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:
Donation to be used for client needs & activities at 303 Pine

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, Ruth Ashton 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.

Ruth Ashton
Signature

7/17/08

Date



IA ETHICS AND CAMPAIGN DISCLOSURE BOARD  
2008 JUL 21 PM 12:19

**IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD**  
510 EAST 12<sup>TH</sup>, 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

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**DEPARTMENT OR OFFICE RECEIVING THE GIFT OR BEQUEST:**

Woodward Resource Center  
Name of Department or Office  
1251 334th Street  
Mailing Address  
515/438-2600  
Area Code & Telephone No.  
Woodward, Iowa 50276  
City, State, Zip Code

**CONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFICE:**

Ruth Ashton  
Name  
Mailing Address (if different from above)  
rashon@dhs.state.ia.us  
Email Address  
City, State, Zip (if different from above)  
515/438-3123  
Area Code & Telephone Number (if different from above)

**DONOR OF GIFT OR BEQUEST:**

Angela Fisher  
Name  
Ames, Iowa 50014  
Mailing Address  
City, State, Zip Code  
Area Code & Telephone Number  
Email Address (optional)

12/19/07  
Date of Gift or Bequest  
\$20.00  
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:  
Donation to be used for client needs & activities.

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, Ruth Ashton 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.

Signature

7/17/08  
Date



IA ETHICS AND

# IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD

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

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## FORM-GB

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

### For office use only

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

Woodward Resource Center	
Name of Department or Office 1251 334th Street	Woodward, Iowa 50276
Mailing Address 515/438-2600	City, State, Zip Code
Area Code & Telephone No.	

### CONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFICE:

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

### DONOR OF GIFT OR BEQUEST:

Henze Family	
Name	
Mailing Address	City, State, Zip Code
Area Code & Telephone Number	
Email Address (optional)	

12/21/07	\$ 100.00
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:

Donation to be used for client needs & activities at 204 Pine

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, Ruth Ashton 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.

Signature

7/17/08  
Date

IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD

510 EAST 12<sup>TH</sup>, SUITE 1A

DES MOINES, IA 50319

Fax: (515)281-4073

www.iowa.gov/ethics

2008 JUL 21 PM 12:12

FORM-GB

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

For office use only

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DEPARTMENT OR OFFICE RECEIVING THE GIFT OR BEQUEST:

Woodward Resource Center
Name of Department or Office
1251 334th Street
Mailing Address
515/438-2600
Area Code & Telephone No.
Woodward, Iowa 50276
City, State, Zip Code

CONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFICE:

Ruth Ashton
Name
Mailing Address (if different from above)
rashon@dhs.state.ia.us
City, State, Zip (if different from above)
515/438-3123
Email Address
Area Code & Telephone Number (if different from above)

DONOR OF GIFT OR BEQUEST:

Good Hope Lutheran Welca
Name
Titonka, Iowa 50480
Mailing Address
City, State, Zip Code
Area Code & Telephone Number
Email Address (optional)

12/21/07 \$30.00
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:
Donation to be used for client needs & activities.

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, Ruth Ashton 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.

Signature: Ruth Ashton

Date: 7/17/08

IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD

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

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FORM-GB

Gift or Bequest 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 OR BEQUEST:

Woodward Resource Center  
Name of Department or Office  
1251 334th Street  
Mailing Address  
515/438-2600  
Area Code & Telephone No.  
Woodward, Iowa 50276  
City, State, Zip Code

CONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFICE:

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

DONOR OF GIFT OR BEQUEST:

Brenda Anderson  
Name  
Mailing Address  
Dallas Center, Iowa 50063  
City, State, Zip Code  
Area Code & Telephone Number  
Email Address (optional)

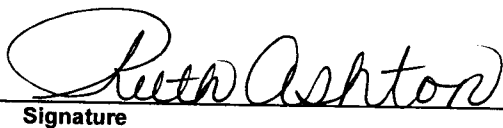
12/29/07  
Date of Gift or Bequest  
\$ 500.00  
Amount/Value\*  
\*value is defined as "fair market value" of item as determined by receiving department or office. If no value mark "0.00".

Provide a description of the gift or bequest and purpose thereof:  
Donation to be used for client needs & activities at 203 FR.

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, Ruth Ashton 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.

  
Signature

7/17/08  
Date



IA ETHICS AND CAMPAIGN DISCLOSURE BOARD

IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD

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

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FORM-GB

Gift or Bequest 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 OR BEQUEST:

Woodward Resource Center  
Name of Department or Office  
1251 334th Street  
Woodward, Iowa 50276  
Mailing Address  
515/438-2600  
City, State, Zip Code  
Area Code & Telephone No.

CONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFICE:

Ruth Ashton  
Name  
Mailing Address (if different from above)  
rashton@dhs.state.ia.us  
City, State, Zip (if different from above)  
515/438-3123  
Email Address  
Area Code & Telephone Number (if different from above)

DONOR OF GIFT OR BEQUEST:

Raymond Pastorino  
Name  
Anchorage, AK 99516  
Mailing Address  
City, State, Zip Code  
Area Code & Telephone Number  
Email Address (optional)

12/31/07 \$ 500.00  
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:  
Donation to be used for client needs & activities at 108 FR.

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, Ruth Ashton 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.

Signature

7/17/08  
Date



Revised 06/08

# IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD

510 EAST 12<sup>TH</sup>, 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

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2008 JUL 21 PM 12:19

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:

Woodward Resource Center	
Name of Department or Office 1251 334th Street	Woodward, Iowa 50276
Mailing Address 515/438-2600	City, State, Zip Code
Area Code & Telephone No.	

### CONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFICE:

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

### DONOR OF GIFT OR BEQUEST:

Barb Jeffress	
Name	
Mailing Address	City, State, Zip Code
Area Code & Telephone Number	
Email Address (optional)	

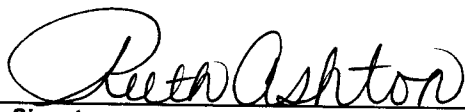
1/4/08	\$ 15.00
Date of Gift or Bequest	Amount/Value*
*value is defined as "fair market value" of item as determined by receiving department or office. If no value mark "0.00".	

Provide a description of the gift or bequest and purpose thereof:  
Donation to be used for employee recognition.

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, Ruth Ashton 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.

  
Signature

7/17/08  
Date

# IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD

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

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

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IA ETHICS AND CAMPAIGN DISCLOSURE BOARD  
JUL 21 PM 12:20

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:

Woodward Resource Center	
Name of Department or Office 1251 334th Street	Woodward, Iowa 50276
Mailing Address 515/438-2600	City, State, Zip Code
Area Code & Telephone No.	

### CONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFICE:

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

### DONOR OF GIFT OR BEQUEST:

Steven & Margaret Sears	
Name	
Mailing Address	City, State, Zip Code
Area Code & Telephone Number	
Email Address (optional)	

1/16/08	\$20.00
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:  
Donation to be used for client activities.

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, Ruth Ashton 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.

*Ruth Ashton*  
Signature

7/17/08  
Date

Revised 06/08

IA ETHICS AND CAMPAIGN DISCLOSURE BOARD

# 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 OR BEQUEST:

Woodward Resource Center	
Name of Department or Office	
1251 334th Street	Woodward, Iowa 50276
Mailing Address	City, State, Zip Code
515/438-2600	
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)
rashton@dhs.state.ia.us	515/438-3123
Email Address	Area Code & Telephone Number (if different from above)

### DONOR OF GIFT OR BEQUEST:

Janis Kiburz	
Name	
	West Des Moines, Iowa 50266
Mailing Address	City, State, Zip Code
Area Code & Telephone Number	
Email Address (optional)	

1/31/08	\$ 100.00
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:

Donation to be used for client activities at 303 Pine.

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, Ruth Ashton 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.

  
Signature

7/17/08  
Date

Revised 06/08

# IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD

510 EAST 12<sup>TH</sup>, SUITE 1A  
DES MOINES, IA 50319  
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www.iowa.gov/ethics

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

Woodward Resource Center	
Name of Department or Office 1251 334th Street	Woodward, Iowa 50276
Mailing Address 515/438-2600	City, State, Zip Code
Area Code & Telephone No.	

### CONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFICE:

Ruth Ashton	
Name	
Mailing Address (if different from above) rashon@dhs.state.ia.us	City, State, Zip (if different from above) 515/438-3123
Email Address	Area Code & Telephone Number (if different from above)

### DONOR OF GIFT OR BEQUEST:

Oxford Happy Hustlers 4-H Club	
Name	
Mailing Address	Oxford Junction, Iowa 52323
Area Code & Telephone Number	City, State, Zip Code
Email Address (optional)	

1/31/08	\$ 10.00
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:  
Donation to be used for client activities.

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, Ruth Ashton 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.

*Ruth Ashton*  
Signature

7/17/08  
Date



IA ETHICS AND CAMPAIGN DISCLOSURE BOARD  
2008 JUL 21 PM 12:20

# IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD

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

Woodward Resource Center	
Name of Department or Office 1251 334th Street	Woodward, Iowa 50276
Mailing Address 515/438-2600	City, State, Zip Code
Area Code & Telephone No.	

### CONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFICE:

Ruth Ashton	
Name	
Mailing Address (if different from above) rashon@dhs.state.ia.us	City, State, Zip (if different from above) 515/438-3123
Email Address	Area Code & Telephone Number (if different from above)

### DONOR OF GIFT OR BEQUEST:

Breen Post American Legion Auxiliary	
Name	
Mailing Address	Titonka, Iowa 50480
City, State, Zip Code	
Area Code & Telephone Number	
Email Address (optional)	

3/14/08	\$75.00
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:  
Donation to be used for client activities.

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, Ruth Ashton 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.

Ruth Ashton  
Signature

7/17/08  
Date

Revised 06/08

IA ETHICS AND CAMPAIGN DISCLOSURE BOARD

# IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD

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

Woodward Resource Center	
Name of Department or Office 1251 334th Street	Woodward, Iowa 50276
Mailing Address 515/438-2600	City, State, Zip Code
Area Code & Telephone No.	

### CONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFICE:

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

### DONOR OF GIFT OR BEQUEST:

American Legion Auxiliary	
Name	
	Claire, Iowa 50524
Mailing Address	City, State, Zip Code
Area Code & Telephone Number	
Email Address (optional)	

3/19/08	\$ 20.00
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:

Donation to be used for client activities.

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, Ruth Ashton 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.

Signature

7/17/08

Date