

IA ETHICS AND CAMPAIGN DISCLOSURE BOARD
DISCLOSURE BOARD
JAN 3 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



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 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.

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

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, BEQUEST, OR GRANT:

Angela Fisher Catholic Daughters
Name
5239 Thackerary Dr. Ames, IA 50014
Mailing Address City, State, Zip Code
Not available
Area Code & Telephone Number
Email Address (optional)

12/22/06 \$ 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:

To Be Used For Client 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.

Ruth Ashton
Signature

1/9/07
Date

IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD

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



IOWA ETHICS & CAMPAIGN
DISCLOSURE BOARD
JAN 9 2007
FILED

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 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.

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

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@dbw.state.ia.us 515/438-3123
Email Address Area Code & Telephone Number (if different from above)

DONOR OF GIFT, BEQUEST, OR GRANT:

M Duwa, Oxford Happy Hustlers, 4-H

Name
1200 170th St Lost Nation, IA 52254
Mailing Address City, State, Zip Code
Not Available
Area Code & Telephone Number
Email Address (optional)

12/22/06 \$ 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".

Provide a description of the gift, bequest, or grant and purpose thereof:
To Be Used For Client 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.

Ruth Ashton
Signature

1/9/07
Date

IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD

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



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 ETHICS AND CAMPAIGN DISCLOSURE BOARD
JAN 9 2007
FILED

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.

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

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)
rashtron@dhs.state.ia.us 515/438-3123
Email Address Area Code & Telephone Number (if different from above)

DONOR OF GIFT, BEQUEST, OR GRANT:

Marie Christian, St. Peters Lutheran Church Ladies Aid
Name
309 W. Neville St Woolstock, IA 50599
Mailing Address City, State, Zip Code
Not Available
Area Code & Telephone Number
Email Address (optional)

11/29/06 \$ 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".

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

To Be Used For Clients

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.

Ruth Ashton
Signature

11/9/07
Date

IA ETHICS AND CAMPAIGN DISCLOSURE BOARD
JAN 9 2007
FILED

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

Indexed _____
Audited _____
Checked _____
Computer _____

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.

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

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

DONOR OF GIFT, BEQUEST, OR GRANT:

Karen Gilbertson
Name
Am Legion Aux
Mailing Address
City, State, Zip Code Ledyard, IA 50556
NA
Area Code & Telephone Number
Email Address (optional)

9/11/06
Date of Gift, Bequest, or Grant
\$ 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, bequest or grant and purpose thereof.
To Be Used For Client 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

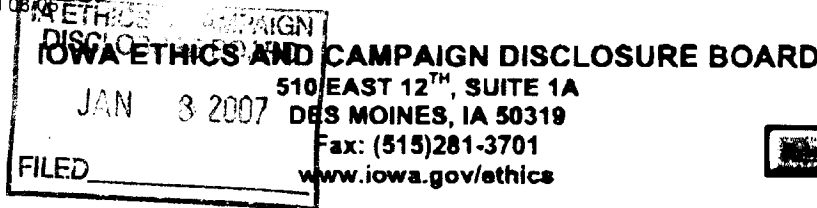
Statement of Affirmation:

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.

Ruth Ashton
Signature

1/9/07
Date

Revised 03/01/06



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 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.

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

State Training School

Name of Department or Office
 3211 Edginton Avenue Eldora, Iowa 50627
 Mailing Address City, State, Zip Code
 641-858-5402
 Area Code & Telephone No

CONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFICE:

Millie Dagit

Name
 3211 Edginton Avenue Eldora, Iowa 50627
 Mailing Address (if different from above) City, State, Zip (if different from above)
 mdagit@dhs.state.ia.us 641-858-5402, Ext. #135
 Email Address Area Code & Telephone Number (if different from above)

DONOR OF GIFT, BEQUEST, OR GRANT:

Sam's Club

Name
 305 Airport Rd. Ames, Iowa 50010
 Mailing Address City, State, Zip Code
 Area Code & Telephone Number
 Email Address (optional)

12/29/2006 \$ 50.00

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:

Gift certificate for boys used for x-mas bags.

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, Millie Dagit 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.

mdagit
 Signature

1-8-07
 Date

IA ETHICS & CAMPAIGN DISCLOSURE BOARD

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

Indexed _____
Audited _____
Checked _____
Computer _____

JAN 9 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.

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

Iowa Juvenile Home
Name of Department or Office
101 S. Church St. Toledo, IA 52342
Mailing Address City, State, Zip Code
641/484-2560
Area Code & Telephone No.

CONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFICE:

Deb Hanus
Name
DHanus@dhs.state.ia.us
Mailing Address (if different from above) City, State, Zip (if different from above)
Email Address
Area Code & Telephone Number (if different from above)

DONOR OF GIFT, BEQUEST, OR GRANT:

Cathy Currier
Name
613 E. Harrison Toledo, IA 52342
Mailing Address City, State, Zip Code
641 484 4802
Area Code & Telephone Number
N/A
Email Address (optional)

12/20/06 \$ 25
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.
One box of peanuts in the shell which were given as Christmas gifts for youth
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, Deb Hanus 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.

Deb Hanus
Signature

01/04/07
Date

IA ETHICS & CAMPAIGN DISCLOSURE BOARD
JAN 9 2007
FILED

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

Indexed _____
Audited _____
Checked _____
Computer _____

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.

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

Iowa Juvenile Home
Name of Department or Office
701 S. Church St. Toledo, IA 52342
Mailing Address City, State, Zip Code
641/484-2560
Area Code & Telephone No.

CONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFICE:

Deb Hanus
Name
DHanus@dhs.state.ia.us
Mailing Address (if different from above) City, State, Zip (if different from above)
Email Address Area Code & Telephone Number (if different from above)

DONOR OF GIFT, BEQUEST, OR GRANT:

Alice Campbell
Name
Willow Apts. 5C Toledo, IA 52342
Mailing Address City, State, Zip Code
(641) 484 2560
Area Code & Telephone Number
N/A
Email Address (optional)

12/20/06 \$ 25
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:
1. box of peanuts in the shell ~~to be~~ which were given as Christmas gifts for youth.
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, Deb Hanus 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.

Deb Hanus
Signature

01/04/07
Date

IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD

510 EAST 12TH, SUITE 1A

DES MOINES, IA 50319

Fax: (515)281-3701

www.iowa.gov/ethics

IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD

JAN 23 2007



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 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.

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

Iowa Juvenile Home
Name of Department or Office

701 S. Church St. Toledo, IA 52342
Mailing Address City, State, Zip Code

641/484-2560
Area Code & Telephone No.

CONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFICE:

Deb Hanus
Name

DHanus@dhs.state.ia.us City, State, Zip (if different from above)
Mailing Address (if different from above) Email Address

Area Code & Telephone Number (if different from above)

DONOR OF GIFT, BEQUEST, OR GRANT:

George Baack
Name

204 E. Ohio St. Toledo, IA 52342
Mailing Address City, State, Zip Code

414 484 2518
Area Code & Telephone Number

N/A
Email Address (optional)

12/20/06 \$ 150
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:
several food items which were given as Christmas gifts for youth

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, Deb Hanus 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.

Deb Hanus
Signature

01/04/07
Date