Revised 06/05

DISC SURE EQUAD

JAN 3 2007

A CHIOMALETHICS AND CAMPAIGN DISCLOSURE BOARD

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



FILED

Jowa 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 filled within 20 days of receipt of the gift, bequest, or grant.

FORM-GBG

Gift, Bequest, or Gran	t information
received by a departm	ent or
accepted by the Gover	rnor on behalt
of the state	

For affice use only Indexed
Audited
Checked
Computer

Woodward Resource Center	
Name of Department or Office 1251 334th Street Mailing Address 515/438-2600 Area Code & Telephone No.	Woodward Lowa 50276 City, State, Zip Code
ONTACT PERSON FOR RECIPIENT DEPARTMENT OR O	OFFICE:
Ruth Ashton	
Mailing Address (if different from above) rachton@dhs.statc.ia.us Email Address	City, State, Zip (if different from above) 515/438-3123 Area Code & Telephone Number (if different from above)
ONOR OF GIFT, BEQUEST, OR GRANT: Angela Fisher Catholic Daughters Name 5239 Thackerary Dr. Arnes IA 5 Mailling Address City. State, Zip Code	
5239 Thackerary Dr. Arnes IA 5 Walling Address City, State, Zip Code Not Ownidable Area Code & Telephone Number	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 ther To Be Used For Cleent Criteria to use this form: Receipt of any gift, bequest, or grant that is received by any departr	activities
Ruth Ashton affirm that the gift, bequest, or grant renor and assessment of the fair market value (if applicable) is correct	ported above is accurate. I further affirm that the information concerning the and true to the best of my knowledge.
Luca ashton	19107

19 M978:50 7005 60 .net

FAX NO. :5154383122

FROM : WRC BUSINESS OFFICE

IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD

IA ETHIUS & CAMPAIGN DISCLOSURE ECAND

JAN 9 2007

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



lowa Code section 8.7 requires all gifts, bequests, and grants given to any department of the related 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.

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

FORM-GBG

ndexed	For office use only
. belibuA	
Checked	
Compute	· C

Woodward Resource Center	
ome of Department or Office	odward Iowa 50276
	odward Towa 502/6 y, State, Zip Code
alling Address Crit 515/438=2600	, Clara, Alb Godd
ea Code & Telephone No.	
NTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFICE	
Ruth Ashton	
aine	
ailing Address (if different from above)	City, State, Zip (if different from above)
rashtonAdha etate ia.us	515/438-3123
nail Address	Area Code & Telephone Number (if different from above)
NOR OF GIFT, BEQUEST, OR GRANT:	
C. D. Bernstein (1994)	–
M Duwa Oxford Happy Hustlers, 4-H	
ome	
	-,,
200 170° St Lost Nation, IA 522	○♥∥∥
Lost Nation, TA 5225 Gilling Address City, State, Zip Code	12 22 06 \$ 10.00
	Date of Gift, Bequest, or Grant Amount/Value*
Not available	Date of Gill, Beddoer, of Grant Amount value
ea Code & Telephone Number	'value is defined as "fair market value" of item as determined b
	Target is defined as its investment of the control
	If receiving department or office III no value mark "0.00".
and Address (antinnal)	receiving department or office. If no value mark "0.00".
nali Address (optional)	receiving department or office. If no value mark "0.00".
The state of the s	receiving department or office. If no value mark "0.00".
2 (1)	
2 (1)	
2 (1)	
2011	
rovide a description of the gift, bequest, or grant and purpose thereof: To Be Used For Cleent	
2 (1)	
rovide a description of the gift, bequest, or grant and purpose thereof: To Be Used For Cleent criteria to use this form.	activities
rovide a description of the gift, bequest, or grant and purpose thereof: To Be Used For Cleent	activities
rovide a description of the gift, bequest, or grant and purpose thereof: To Be Used For Cleent criteria to use this form.	activities
rovide a description of the gift, bequest, or grant and purpose thereof: To Be Used For Cleent criteria to use this form.	activities
rovide a description of the gift, bequest, or grant and purpose thereof: To Be Used For Cleent riteria to use this form.	activities
rovide a description of the gift, bequest, or grant and purpose thereof: To Be Used For Cleent criteria to use this form.	activities
rovide a description of the gift, bequest, or grant and purpose thereof: To Be Used For Cleent Interia to use this form. Seculpt of any gift, bequest, or grant that is received by any department of Affirmation:	Octivities The state or received by the Governor on behalf of the state.
rovide a description of the gift, bequest, or grant and purpose thereof: To Be Used For Cleent riteria to use this form. scalpt of any gift, bequest, or grant that is received by any department of any of Affirmation: Ruth Ashton affirm that the gift, bequest, or grant reported	activities The state or received by the Governor on behalf of the state. Shove is accurate. I further affirm that the information concerning the
rovide a description of the gift, bequest, or grant and purpose thereof: To Be Used For Cleant interial to use this form. seculpt of any gift, bequest, or grant that is received by any department of	activities The state or received by the Governor on behalf of the state. Shove is accurate. I further affirm that the information concerning the
rovide a description of the gift, bequest, or grant and purpose thereof: To Be Used For Cleent Interia to use this form. Security of any gift, bequest, or grant that is received by any department of any of Affirmation: Ruth Ashton affirm that the gift, bequest, or grant reported	activities The state or received by the Governor on behalf of the state. Shove is accurate. I further affirm that the information concerning the
rovide a description of the gift, bequest, or grant and purpose thereof: To Be Used For Cleent Interia to use this form. Security of any gift, bequest, or grant that is received by any department of any of Affirmation: Ruth Ashton affirm that the gift, bequest, or grant reported	activities The state or received by the Governor on behalf of the state. Shove is accurate. I further affirm that the information concerning the
rovide a description of the gift, bequest, or grant and purpose thereof: To Be Used For Cleent Interia to use this form. Seculpt of any gift, bequest, or grant that is received by any department of ement of Affirmation: Ruth Ashton affirm that the gift, bequest, or grant reported in and assessment of the foir market value (If applicable) is correct and tr	activities The state or received by the Governor on behalf of the state. Shows is accurate. I further affirm that the information concerning the up to the best of my knowledge.
rovide a description of the gift, bequest, or grant and purpose thereof: To Be Used For Cleent Interia to use this form. Seculpt of any gift, bequest, or grant that is received by any department of ement of Affirmation: Ruth Ashton affirm that the gift, bequest, or grant reported in and assessment of the foir market value (If applicable) is correct and tr	activities The state or received by the Governor on behalf of the state. Shove is accurate. I further affirm that the information concerning the
rovide a description of the gift, bequest, or grant and purpose thereof: To Be Used For Cleent riteria to use this form. scalpt of any gift, bequest, or grant that is received by any department of any of Affirmation: Ruth Ashton affirm that the gift, bequest, or grant reported	activities The state or received by the Governor on behalf of the state. Shows is accurate. I further affirm that the information concerning the up to the best of my knowledge.

EHX NO: :2124383155

IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD

JAN 9 2007

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



FILIPME Code section 8.7 requires all gifts, bequests, and grants given to any department of the state of fewa or received by the Governor on behalf of the state be reported to the lowe 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 filled 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

For office use only
ndexed
Audited
Checked
Computer

Woodward Resource Center	
ame of Department or Office 1251 334th Street ailing Address 515/438-2600 rea Code & Telephone No.	Woodward Lowa 50276 City, State, Zip Code
NTACT PERSON FOR RECIPIENT DEPARTM	ENT OR OFFICE:
Ruth Ashton	
alling Address (if different from above)	City, State, Zip (if different from above) 515/438-3123
mall Address	Area Code & Telephone Number (If different from above)
NOR OF GIFT, BEQUEST, OR GRANT:	
Marie Christian, St Peters ame Church Ladies Oqu Neville St Woolstoo a ling Address City, State Zip (Not Available) rea Code & Telephone Number mali Address (optional)	Code 11 29 06 Date of Gift, Bequest, or Ofant Amount/Value* 'value is defined as "fair market value" of item as determined by receiving department or office. If no value mark "0.00".
To Be Used For Cui	
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.
Ruth Ashton affirm that the gift, bequest or and assessment of the fair market value (if applicable	, or grant reported above is accurate. I further affirm that the information concerning the a) is correct and true to the best of my knowledge.
Ruo ashton	119 07
Signature	Date

FFX NO. :5154383122

DISCLOSUPE BOARD 510 EAST 12TH, SUITE 1A

JAN - 3 2007

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



FILED: Code section 8.7 requires all gifts, bequests, and grants given to any department of the state of lows arreserved 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.

Gift, Bequest or Grant information received by a department or accepted by the Governor on beneit of the state
For office use only

FORM-GBG

	r office us	e only
indexed		· · · — .
Audited		
Checked		
Computer_		

Woodward Resource Center	
	Ward Lowa 50276 State Zip Code
ONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFICE:	A SAME
Ruth Ashton	
Malling Address (if different from above)	City, State, Zip (if different from above) 515/438-3123 Area Code & Telephone Number (if different from above)
ONOR OF GIFT, BEQUEST, OR GRANT:	
Karen Gilbertson Nam Legion Aux Ledward IA 50556 Mailing Address City, State, Zip Code NA Area Code & Telephone Number Email Address (optional) Provide a description of the giff, bequeet or grant and purpose thereof. To Be Used For Client C	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".
Oriteria to use this form: Receipt of any gift, bequest, or grant that is received by any department of the	e state or received by the Governor on behalf of the state.
atement of Affirmation: Puth Ashton affirm that the gift, bequest, or grant reported above and assessment of the fair market value (if applicable) is correct and true	ove is accurate. I further affirm that the information concerning the to the best of my knowledge

194. 09 2007 62:38PM P4

FAX NO. :5154383122

FROM : WRC BUSINESS OFFICE

Revised (PRETHIES	a:d:MIGN	ri	
	PUSSA CET JAN	THICS AND	CAMPAIGN DISCLOS EAST 12 TH , SUITE 1A ES MOINES, IA 50319	URE BOARD
	FILED		Fax: (515)281-3701 ww.iowa.gov/ethics	· ·

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

received by a department or accepted by the Governor on behalf of the state
For office use only
Audited
Checked
Compuler

rate of lowa or received by the Governor on behalf of the st nd Campaign Disclosure Board and the Government Overs rovide a copy of this report to the Government Oversight Co ed within 20 days of receipt of the gift, bequest, or grant.	ate be reported to the lowa Ethics	AuditedCheckedComputer
EPARTMENT OR OFFICE RECEIVING THE GIFT, BEQU	JEST, OR GRANT:	
State Training School		
Name of Department or Office 3211 Edginton Avenue	Eldora, Iowa 50627	
Mailing Address	City, State, Zip Code	
641-958-5402 Area Code & Telephone No		· · ·
		·
ONTACT PERSON FOR RECIPIENT DEPARTMENT OR	OFFICE;	
Millie Dagit		
lame 3211 Edgington Avenue	Eldora, Iowa 50627	
failing Address (if different from above)	City, State, Zip (if different fro	om above)
mdagit@dhs.state.ia.us	641-858-5402, Ext. #135	
asenbbA lism	Area Code & Telephone Num	nber (if different from above)
lame 105 Airport Rd. Ames, Iowa 50010 deiling Address City, State, Zip Code	12/29/2006	\$ 50.00
	Date of Gift, Bequest, or Gran	nt Amount/Value*
ea 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".	
nall Address (optional)		
rovide a description of the gift, bequest, or grant and purpose the	areot;	
Gift certificate for boys used for x-mas bags.		
ntena to use this form		
acolot of any off hadrons as were the largest		
teceipt of any gift, bequest, or grant that is received by any depar	tment of the state or received by the Govern-	or on behalf of the state.
ement of Affirmation:		
fillie Dagit	aported above is accurate. I further affirm th	of the Information approximation the

31

donor and assessment of the fair market value (if applicable) is correct and true to the best of my knowledge.

magit	1-8-07
Signature	Date

DISCLOSURE BOARD

JAN - 9 2007

IA ETHICS & CAMPAIGN ICS AND CAMPAIGN DISCLOSURE BOARD

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



Towa 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

FORM-GBG

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

F	or office use only	
Audited _		
Computer		

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.	Checked
DEPARTMENT OR OFFICE RECEIVING THE GIFT, BEQUEST, OR GRANT:	
Towa Juvenile Home Name of Department or Office Toledo, TA 52342 Mailing Address 641484-2560 Area Code & Telephone No. CONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFICE: Deb Hanus Name Mailing Address (If different from above) Email Address City, State, Zip (if different from D) Hanus Cans. State, Ia. US Email Address Contact Person For Recipient Department or Office: City, State, Zip (if different from D) Hanus Cans. State, Ia. US Email Address Contact Person For Recipient Department or Office: Area Code & Telephone Number 1000 Office of Telephone Number 100	m above)
Name US E Harrison Toledo, IA 52342 Mailing Address City, State, Zip Code UA 494 4602 Area Code & Telephone Number NA Email Address (optional) Toledo, IA 52342 12 20 06 Date of Gift, Bequest, or Grant "value is defined as "fair marker receiving department or office."	et value" of item as determined by
Provide a description of the gift, bequest, or grant and purpose thereof: MUXO PLANIES IN THE SHILL WHICH I WOUNT THAT 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	
And a series of the series of	

I, ______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.

Lanus

JAN - 9 2007

IA ETHICS & CAMAIGN HICS AND CAMPAIGN DISCLOSURE BOARD DISCLOSURE EQUARD 510 EAST 12TH, SUITE 1A DES MOINES, IA 50319

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



FILEDwa 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

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	<u> </u>
Audited	
Checked	
Computer	

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 rich St. Toledo, TA 52342 Mailing Address / /// // 25770 City, State, Zip Code	_
Mailing Address 641/484-2560 City, State, Zip Code Area Code & Telephone No.	_
CONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFICE:	
Deb Hanus	
Name	_
Mailing Address (if different from above) City, State, Zip (if different from above) DHanus Cans. State. 19. US	
Email Address Area Code & Telephone Number (if different from above)	
DONOR OF GIFT, BEQUEST, OR GRANT:	
Alice Campbell	
Name WILLOW APTS.5C Toledo, W 52342	
Area Code & Telephone Number Name	ed by
Provide a description of the gift, bequest, or grant and purpose thereof: 1 NOV OF Plantis in the Antil the Which were given	in
as Christmas gifts you 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.	1
tatement of Affirmation:	
affirm that the gift, bequest, or grant reported above is accurate. I further affirm that the information concerning oner and assessment of the fair market value (if applicable) is correct and true to the best of my knowledge.	the

S

Lanus

FORM-GBG IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD 510 EAST 12TH, SUITE 1A Gift, Bequest, or Grant information A ETHES & CAMPAIGN DES MOINES, IA 50319 received by a department or DISCLOSURE BOARD accepted by the Governor on behalf Fax: (515)281-3701 Rasar Form of the state www.iowa.gov/ethics JAN 2 2017 Iowa Code section 8.7 requires all gifts, bequests, and grants given to any department of the state of leave or received by the Governor on behalf of the state be reported to the Iowa Ethics For office use only indexed Audited imbalon Diselecture Board and the Government Oversight Committee. The Board will Checked 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. Computer DEPARTMENT OR OFFICE RECEIVING THE GIFT, BEQUEST, OR GRANT: Area Code & Telephone No CONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFICE: Name Mailing Address (if different from above) City, State, Zip (if different from above) Hanus(Jans.state.1a.US Area Code & Telephone Number (if different from above) **Email Address** DONOR OF GIFT, BEQUEST, OR GRANT: 12/20/06 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: Several food items to which wire given as O'mustmas 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:

Dela Hanus
Signature

01|04|07