JAN.

Statement of Affirmation:

2 Janus

IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD 510 EAST 12TH, SUITE 1A DES MOINES, IA 50319

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



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

FORM-GBG

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

	of the state
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<i>+</i> 2	•
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t fror	n above)
Numl	ber (if different from above)
	\$ 25

DEPARTMENT OR OFFICE RECEIVING THE GIFT, BEQUEST, OR GRANT:				
I owa Juvenile Home	TA 5221/2			
Name of Department or Office rch St. Toledo Mailing Address 641/484-2560 City, Sta	te, Zip Code			
Area Code & Telephone No.				
CONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFICE:				
Deb Hanus				
Name				
Mailing Address (if different from above) 1) Hanus (Cans. State, 19. US	City, State, Zip (if different from above)			
Email Address	Area Code & Telephone Number (if different from above)			
DONOR OF GIFT, BEQUEST, OR GRANT: JULE CHYMA Name AID W. 17th St. Tama, IA 5 2337 Mailing Address City, State, Zip Code NIA Area Code & Telephone Number NIA Email Address (optional)	\$ 2.5 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: 35 CMBS TO Lit WILD FOR CHRUSTMAN GREET FOR GONTH				
Criteria to use this form:				
Receipt of any gift, bequest, or grant that is received by any department of the s	state or received by the Governor on behalf of the state.			

I, Jahus 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.

IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD

510 EAST 12TH, SUITE 1A

DES MOINES, IA 50319

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DEPARTMENT OR OFFICE RECEIVING THE GIFT, BEQUEST, OR G	RANT:		
Towa Juvenile Home Name of Department or Office hourch St. Mailing Address / 41/484-2560 City, Sta	D. TA 52342 te, Zip Code		
Area Code & Telephone No.			
Deb Hanus			
Mailing Address (if different from above) DHANUSCANS STATE, 19. US	City, State, Zip (if different from above)		
Email Address	Area Code & Telephone Number (if different from above)		
DONOR OF GIFT, BEQUEST, OR GRANT: LOND VITCH DUM Name 400 S. WILLOW St. Toledo, 14 52342 Mailing Address City, State, Zip Code NA Area Code & Telephone Number NA Email Address (optional)	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: 10 Cashs of Abda to We wild y When the company of the gift, bequest, or grant and purpose thereof: 10 Cashs of Abda to We will y 10 Cashs of the gift, bequest, or grant and purpose thereof:	for Christmas gifts for		
Criteria to use this form:			
Receipt of any gift, bequest, or grant that is received by any department of the s	state or received by the Governor on behalf of the state.		

Statement of Affirmation:

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Dela Lianus
Signature

12 | 28 | 06 Date

IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD

510 EAST 12TH, SUITE 1A

DES MOINES, IA 50319

Fax: (515)281-3701

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DEPARTMENT OR	OFFICE RECEIVING	THE GIFT,	BEQUEST,	OR	GRANT:
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DEPARTMENT OR OFFICE RECEIVING THE GIFT, BEQUEST, OR C	JKANT.
Towa Juvenile Home Name of Department or Office of Church St. Mailing Address 641/484-2560 City, S	0, TA 52342 tate, Zip Code
Area Code & Telephone No.	
CONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFICE:	
Deb Hanus	
Mailing Address (if different from above) DHanus(Cahs. State, Ia. US)	City, State, Zip (if different from above)
Email Address	Area Code & Telephone Number (if different from above)
DONOR OF GIFT, BEQUEST, OR GRANT: Montezuma Methodist Youth Group-Miname	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: ALWA MW MACCUANUM I TO WARD COLOR	

Statement of Affirmation:

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

IAN

IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD 510 EAST 12TH, SUITE 1A

510 EAST 12¹⁸, SUITE 1A DES MOINES, IA 50319 Fax: (515)281-3701 www.iowa.gov/ethics



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.

FORM-GBG

Gift, Bequest, or Grant 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, BEQUEST, OR GRANT:
I Towa Juvenile Home
Name of Department or Office St. Toledo, IA 52342
Mailing Address 641/484-2560 City, State, Zip Code Area Code & Telephone No.
CONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFICE:
Deb Hanus
Mailing Address (if different from above) City, State, Zip (if different from above)
DHanus Cahs. State, 1a. US Email Address Area Code & Telephone Number (if different from above)
DONOR OF GIFT, BEQUEST, OR GRANT:
Name 732 Penvose SL Grinnell A 50112 Mailing Address City, State, Zip Code WANDSWAN NA Area Code & Telephone Number NA Email Address (optional) Email Address (optional) Email Address (optional) *500 60 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:
5 homemade guilts @\$10000 each for use as Christmas gifts
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, he have 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.

Dela Harres

N 27 06 Date

IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD
510 EAST 12TH, SUITE 1A
DES MOINES, IA 50319
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DEPARTMENT OR OFFICE RECEIVING THE GIFT, BEQUEST, OR GRANT:				
I owa	Juvenile	Home		
11 (5)	0.55			

I owa Juvenile Home		
Name of Department or Office rich St.	Toledo, IA 52342	
Mailing Address 641/484-2560	City, State, Zip Code	
Area Code & Telephone No.		
CONTACT PERSON FOR RECIPIENT DEPARTMENT C	OR OFFICE:	

CONTACT PERSON FOR RECIPIENT DEPARTMENT OR O	PFFICE:	
Deb Hanus		
Name		
Mailing Address (if different from above) DHanus Cahs . State . 10 . US	City, State, Zip (if different from above)	
Email Address	Area Code & Telephone Number (if different from above)	

DONOR OF GIFT, BEQUEST, OR GRANT:

Patri Carr	
Name 730 Phnoses Gannell A 50112 Mailing Address City, State, Zip Code 1141-231-4931 Area Code & Telephone Number NA Email Address (optional)	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 purp humeming \$100 lach	coose thereof:	Λ. Ι.	a. 0 6 44 40
15" gw115@ 4100 lach	to use	os Christmas	gitts for your
Criteria to use this form:			
Receipt of any gift, bequest, or grant that is received by an	y department of the	e state or received by the Gov	rernor on behalf of the state.

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Lanus