# IOUS ECUCS AND CAMPAIGN DISCLOSURE BOARD 510 EAST 12<sup>TH</sup>, 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

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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 filled within 20 days of receipt of the gift, bequest, or grant.	Indexed Audited Checked Computer
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	m above)
rashton@dhs.state.ia.us 515/438-3123 Email Address Area Code & Telephone Num	ber (if different from above)
DONOR OF GIFT, BEQUEST, OR GRANT:    A	et value" of item as determined by . If no value mark "0.00".
Receipt of any gift, bequest, or grant that is received by any department of the state or received by the Governo	
tatement of Affirmation:  Covery Taurollus and the gift, bequest, or grant reported above is accurate. I further affirm the phor and assessment of the fair market value (if applicable) is correct and true to the best of my knowledge.	at the information concerning the
Evelyn Launderwelle RN	11-9-06
<b>l</b> Signature	Date

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# 510 EAST 12TH, SUITE 1A DES MOINES, IA 50319

DES MOINES, IA SUSTANDA PROPERTIES DE CONTROL DE



www.iowa.gov/ethics section 8.7 requires all gifts, bequests, and grants given to any department of the

# **FORM-GBG**

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ovide a copy of this report to the Government Oversight Committee. This form is required to be ed within 20 days of receipt of the gift, bequest, or grant.		Computer
DEPARTMENT OR OFFICE RECEIVING THE GIFT, BEQUEST, OR G		
Woodward Resource Center Name of Department or Office		
1251 334th Street Wood	ward Iowa 50276	
515/438-2600	tate, 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 fro	m above)
Email Address	Area Code & Telephone Num	ber (if different from above)
DONOR OF GIFT, BEQUEST, OR GRANT:		
Am Region Oux		
720 Lyon It DM Iowa 50309		40
Mailing Address City, State, Zip Code	2/06	\$ 40
Not available Area Code & Telephone Number	Date of Gift, Bequest, or Gran	nt Amount/Value*
Area Code & Telephone Number	*value is defined as "fair mark receiving department or office	ket value" of item as determined by
Email Address (optional)	receiving department or office	s. II no value mark 0.00 .
Provide a description of the gift, bequest, or grant and purpose thereof:  To Be Used For Cleent action	ritina	
10 Be Usea For Cultur West	, CCC	
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Criteria 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 Goverr	or on behalf of the state.
L		
Statement of Affirmation:		
, <b>kuth Ashton</b> affirm that the gift, bequest, or grant reported about onor and assessment of the fair market value (if applicable) is correct and true to	ove is accurate. I further affirm the	nat the information concerning the
ionor and assessment of the fair market value (if applicable) is correct and true t	to the best of my knowledge.	
(Luth ashton)	,	12107
Signature	<del> </del>	Date

Revised 06/05  ALCOVA ETHICS AND CAMPAIGN DISCLOSU  JAN 4 2007  FILED  LONG BY 10 EAST 12 <sup>TH</sup> , SUITE 1A  DES MOINES, IA 50319  Fax: (515)281-3701  www.iowa.gov/ethics  Lowa Code section 2 Teopires all gifts, bequests, and grants given to a state of lowa or received by the Governor on behalf of the state be report and Campaign Disclosure Board and the Government Oversight Committee. filled within 20 days of receipt of the gift, bequest, or grant.	any department of the orted to the lowa Ethics nittee. 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 Audited Checked Computer
DEPARTMENT OR OFFICE RECEIVING THE GIFT, BEQUEST, OR	GRANT:	
Mailing Address City, S  515/438-2600  Area Code & Telephone No.	ward Iowa 50276 tate, 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 fro 515/438-3123 Area Code & Telephone Num	
DONOR OF GIFT, BEQUEST, OR GRANT:		
Carroll County am Legion  Name  1251 Grant Lood Carroll IA 51401  Mailing Address City, State, Zip Code  Not Available  Area Code & Telephone Number  Email Address (optional)	Date of Gift, Bequest, or Gran *value is defined as "fair mark receiving department or office	ret value" of item as determined by
Provide a description of the gift, bequest, or grant and purpose thereof:  Cash To Be Used For Clients	Activities	
Criteria 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 Govern	or on behalf of the state.
Statement of Affirmation:		

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

Signature 1/2/07

Revised 06/05  AND CAMPAIGN DISCLO  CAMPAIGN DESCRIPTION  CAMPAIGN DESCRIPTION  CAMPAIGN DES MOINES, IA 50319  Fax: (515)281-3701  www.iowa.gov/ethics  Iowa Code section 8-7 requires a gifts, bequests, and grants gives state of lowa or received by the governor on behalf of the state be and Campaign Disclosure Board and the Government Oversight Committed within 20 days of receipt of the gift, bequest, or grant.	n to any department of the reported to the lowa Ethics committee. The Board will
DEPARTMENT OR OFFICE RECEIVING THE GIFT, BEQUEST,	OR GRANT:
	Coodward Iowa 50276  City, State, Zip Code
Ruth Ashton	
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, BEQUEST, OR GRANT:  Latholic Daughters of America  Name  LOII Bunett Ames TA 50010  Mailing Address City, State, Zip Code  Not Available  Area Code & Telephone Number  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:  To be Used For Cleant Of	diriteis
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 donor and assessment of the fair market value (if applicable) is correct and	ed above is accurate. I further affirm that the information concerning the true to the best of my knowledge.
Ruth ashton	1/2/07 Date

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

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Ruth Ashton Name  Mailing Address (if different from above)	omice use only
Name of Department or Office 1251 334th Street Mailling Address 515/438—2600 CONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFICE:  Ruth Ashton Name Mailling Address (if different from above) Fashton@dhs.state.ia.us Famil Address City, State, Zip (if different from above) Fashton@dhs.state.ia.us Famil Address Code & Telephone Number (if different from above)  SONOR OF GIFT, BEQUEST, OR GRANT:  ALA No. 465 Breen Boat Name P.O. Box 251 Titonko IF 50480 Mailling Address City, State, Zip Code Not Unrilable Area Code & Telephone Number  Lity State, Zip Code Date of Gift, Bequest, or Grant Value is defined as "fair market value" of item receiving department or office. If no value me Email Address (optional)  Provide a description of the gift, bequest, or grant and purpose thereof: Coan To Be Used For Client Occurring 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 statement of Affirmation:  Lith As hton affirm that the gift, bequest, or grant reported above is accurate. I further affirm that the information and assessment of the fair market value (if applicable) is correct and true to the best of my knowledge.	
1251 334th Street   Woodward Iowa 50276     Mailling Address   City, State, Zip Code     S15/438-2600     Area Code & Telephone No.     CONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFICE:     Ruth Ashton     Name	
Ruth Ashton  Name  Mailing Address (if different from above)  rashton@dhs.state_ia_us  Email Address  CONOR OF GIFT, BEQUEST, OR GRANT:  ALA No 465 Breen Port  Name  P.O. Box 251 Titonka IA 50480  Mailing Address  City, State, Zip (if different from above)  515/438-3123  Area Code & Telephone Number (if different from above)  Date of Gift, Bequest, or Grant  Amo  value is defined as "fair market value" of item receiving department or office. If no value materials 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 statement of Affirmation:  Receipt of Affirmation:  Receipt of any gift, bequest, or grant that the gift, bequest, or grant reported above is accurate. I further affirm that the information onor and assessment of the fair market value (if applicable) is correct and true to the best of my knowledge.	
Name  Mailing Address (if different from above)	
Provide a description of the gift, bequest, or grant and purpose thereof:  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 or received by the Governor on behalf of the state on a sessment of the fair market value (if applicable) is correct and true to the best of my knowledge.	<u> </u>
Area Code & Telephone Number  Email Address (optional)  Provide a description of the gift, bequest, or grant and purpose thereof:  Coan To Be Used For Cleent 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 of Affirmation:  Statement of Affirmation:  Ashton affirm that the gift, bequest, or grant reported above is accurate. I further affirm that the information and assessment of the fair market value (if applicable) is correct and true to the best of my knowledge.	from above)
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 of the state of the Governor on behalf of the State of the Governor on th	
Ruth Ashton affirm that the gift, bequest, or grant reported above is accurate. I further affirm that the information one and assessment of the fair market value (if applicable) is correct and true to the best of my knowledge.	the state.
Path aspton 1/2/07	tion concerning the
Signature Date	
Date	:

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ID CAMPAIGN DISCLOSURE BOARD 10 EAST 12<sup>TH</sup>, SUITE 1A DES MOINES, IA 50319 Fax: (515)281-3701 www.iowa.gov/ethics



FILED lowa Gode 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

# 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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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.	CheckedComputer
DEPARTMENT OR OFFICE RECEIVING THE GIFT, BEQUEST, OR GRANT:	
Towa Juvenile Home Name of Department or Office Name of Department or Office Toledo, TA 52342 Mailing Address 641/484-2560 Area Code & Telephone No.  CONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFICE:  Deb Hanus Name	2
Mailing Address (if different from above)  City, State, Zip (if different from D) Hanus (C) Ans. State, Ia. US  Email Address Area Code & Telephone Num	
DONOR OF GIFT, BEQUEST, OR GRANT:    Land Grie Whip Club - Verena was Name   Sob Uh St. Jraer, VA 506 15     Mailing Address   City, State, Zip Code   Date of Gift, Bequest, or Grant Area Code & Telephone Number   Value is defined as "fair mark receiving department or office   NA     Email Address (optional)	ret value" of item as determined by
Provide a description of the gift, bequest, or grant and purpose thereof:  MUCLLIANUM NEW I TUNG TO WE WHA OW  GIFTS FOR YOUTH.	Christmas
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 Governo	or on behalf of <b>the</b> state.
tatement of Affirmation:    Del Hanus	at the information concerning the

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# Revised 06/05 FORM-GBG JOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD 510 EAST 12<sup>TH</sup>, SUITE 1A Gift, Bequest, or Grant information DES MOINES, IA 50319 received by a department or accepted by the Governor on behalf Fax: (515)281-3701 Reselt Folia. of the state www.iowa.gov/ethics was Dode section of Dequires all gifts, bequests, and grants given to any department of the For office use only Indexed \_\_\_ state of lowa or received by the Governor on behalf of the state be reported to the lowa Ethics Audited 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 Checked Computer \_\_ 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 50276 Woodward Iowa <u> 1251 334th Street</u> City, State, Zip Code Mailing Address 515/438-2600 Area Code & Telephone No. CONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFICE: Ruth Ashton City, State, Zip (if different from above) Mailing Address (if different from above) 515/438-3123 rashton@dhs.state.ia.us\_ Area Code & Telephone Number (if different from above) **Email Address** DONOR OF GIFT, BEQUEST, OR GRANT: 1251 Shant Road Carrie IA 51401 lina Address City, State, Zip' Code Date of Gift, Bequest, or Grant Not availab 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: General donation 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: 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.

12/21/06

Kuto ashton

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10WA ETHICS AND CAMPAIGN DISCLOSURE BOARD
510 EAST 12<sup>TH</sup>, 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

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DEPARTMENT OR OFFICE RECEIVING THE GIFT, BEQUE	L EST, OR GRANT:	
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 C	OFFICE:	
Ruth Ashton Name		,
Mailing Address (if different from above)	City, State, Zip (if different from 515/438-3123 Area Code & Telephone Number	
DONOR OF GIFT, BEQUEST, OR GRANT:    Weels Farge   Olsow Fund     Name   Des Maries   Source     Mailing Address   City, State, Zip Code     Area Code & Telephone Number     Email Address (optional)	Date of Gift, Bequest, or Grant  *value is defined as "fair market receiving department or office.	
Provide a description of the gift, beguest, or grant and purpose the senual ponation—youly du anna Olson for use by to	stubation from esta to Clients!	te of Clifford +
Criteria to use this form:  Receipt of any gift, bequest, or grant that is received by any depart	rtment of the state or received by the Governor	r on behalf of the state.
Statement of Affirmation:  I, Ruth Ophton affirm that the gift, bequest, or grant redonor and assessment of the fair market value (if applicable) is correct	reported above is accurate. I further affirm tha ct and true to the best of my knowledge.	t the information concerning the
Signature Oshton		21/06 Date

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



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

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rovide a copy of this point to the Government Oversight Committee. ed within 20 days of receipt of the gift, bequest, or grant.	I his form is required to be	Computer
EPARTMENT OR OFFICE RECEIVING THE GIFT, BEQUEST, OR	GRANT:	
Woodward Resource Center		
Name of Department or Office  1251 334th Street Wood Mailing Address City, 1	dward Iowa 50270 State, Zip Code	5
515/438-2600 Area Code & Telephone No.		
ONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFICE:		
Ruth Ashton		
Mailing Address (if different from above)	City, State, Zip (if different fro	om above)
rashton@dhs.state.ia.us Email Address	515/438-3123 Area Code & Telephone Nur	nber (if different from above)
ONOR OF GIFT, BEQUEST, OR GRANT:  Am Legion Avillary Name  911 + One Humboldt IA 50548  Mailing Address City, State, Zip Code  Not Available Area Code & Telephone Number  Email Address (optional)  Provide a description of the gift, bequest, or grant and purpose thereof:  To Be Used For Cleant Acte	receiving department or offic	ket value" of item as determined by
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 Gover	nor on behalf of the state.
tatement of Affirmation:  Ruth Ashton affirm that the gift, bequest, or grant reported a conor and assessment of the fair market value (if applicable) is correct and true	above is accurate. I further affirm e to the best of my knowledge.	that the information concerning the
(Den) Anhton	,	1/2/07

Signature UDIU070

Date

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

### 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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provide a copy of this report to the Government Oversight Committee. filed within 20 days of receipt of the gift, bequest, or grant.	This form is required to be CheckedComputer
DEPARTMENT OR OFFICE RECEIVING THE GIFT, BEQUEST, OR	GRANT:
Woodward Resource Center	
	ward Iowa 50276 State, Zip Code
CONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFICE:	
Ruth Ashton  Name  Mailing Address (if different from above)	City, State, Zip (if different from above)  515/438–3123  Area Code & Telephone Number (if different from above)
Mailing Address  Not Available  Area Code & Telephone Number  Email Address (optional)	\$ 1,200.00  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 Oction	ties.
Criteria to use this form:	
Receipt of any gift, bequest, or grant that is received by any department of th	ne state or received by the Governor on behalf of the state.
Statement of Affirmation:  I, <u>Ruth Ashton</u> affirm that the gift, bequest, or grant reported abdonor and assessment of the fair market value (if applicable) is correct and true	pove is accurate. I further affirm that the information concerning the to the best of my knowledge.
Signature Ashton	//2/07 Date

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IOW	ETHICS	CAMPAIGN DISCLOS	URE BOARD
FILED	\$ 200	2319 EAST 12TH, SUITE 1A	
	(00)	ES MOINES, IA 50319	

# FORM-GBG

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

www.iowa.gov/ethics	of the state  For office use only
owa Code section 8.7 require 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 filled within 20 days of receipt of the gift, bequest, or grant.	IndexedAuditedCheckedComputer
DEPARTMENT OR OFFICE RECEIVING THE GIFT, BEQUEST, OR GRANT:	
Woodward Resource Center	
Name of Department or Office  1251 334th Street  Mailing Address  515/438-2600  Area Code & Telephone No.	76
CONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFICE:	
Ruth Ashton Name	
Mailing Address (if different from above)  City, State, Zip (if different from above)  rashton@dbs.state.ia.us  515/438-3123	
Email Address Area Code & Telephone No	umber (if different from above)
Provide a description of the gift, bequest, or grant and purpose thereof:  Heneral donation for cleents.	
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 Gov	ernor 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 donor and assessment of the fair market value (if applicable) is correct and true to the best of my knowledge.	n that the information concerning the
Signature 12	7/21/06 Date

Revised 06/05
IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD
510 EAST 12 <sup>TH</sup> , SUITE 1A
DES MOINES, IA 50319
Fax: (515)281-3701 Rese
www.iowa.gov/ethics
owa Code section 8.7 requires all gifts, bequests, and grants given to any department of
state of lowa or recoved by the Governor on behalf of the state be reported to the Iowa E
and Campaign Disclosure Board and the Government Oversight Committee. The Board v
provide a copy of this report to the Government Oversight Committee. This form is require

# FORM-GBG

Gift, Bequest, or Grant information received by a department or

Fax: (515)281-370 www.iowa.gov/eth	01 Reset Form	accepted by the Governor on behalf of the state
owa Code section 8.7 requires all gifts, bequests, and grate of lowa or received by the Governor on behalf of the and Campaign Disclosure Bhard and the Government Overovide a copy of this report to the Government Oversight ed within 20 days of receipt of the gift, bequest, or grant.	ants given to any department of the state be reported to the lowa Ethics ersight Committee. The Board will Committee. This form is required to be	For office use only Indexed Audited Checked Computer
EPARTMENT OR OFFICE RECEIVING THE GIFT, BE	QUEST, OR GRANT:	
Name of Department or Office  1251 334th Street  Mailing Address  515/438-2600  Area Code & Telephone No.	Woodward Iowa 50276 City, State, Zip Code	5
ONTACT PERSON FOR RECIPIENT DEPARTMENT O	OR OFFICE:	
Ruth Ashton Name		,
Mailing Address (if different from above)  rashton@dhs.state.ia.us  Email Address	City, State, Zip (if different fro 515/438-3123 Area Code & Telephone Num	
Name  Mailing Address  City, State, Zip Code  Not Available  Area Code & Telephone Number  Email Address (optional)  Provide a description of the gift, bequest, or grant and purpos	Date of Gift, Bequest, or Gra *value is defined as "fair mar receiving department or office	nt Amount/Value*  ket value" of item as determined by
Seneral donation for a	Clients)	
Criteria to use this form:  Receipt of any gift, bequest, or grant that is received by any d	department of the state or received by the Gover	nor on behalf of the state.
tatement of Affirmation:  Ruth Ashton affirm that the gift, bequest, or gronor and assessment of the fair market value (if applicable) is constant.	rant reported above is accurate. I further affirm correct and true to the best of my knowledge.	that the information concerning the
Rum ashton	18/	21/06

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	IOWASET NCS AND CAM	PAIGN DISCLOSURE BOAR	D
Fi.		12 <sup>TH</sup> , SUITE 1A	_
	24 - 777 77	NES, IA 50319	



# FORM-GBG

Gift, Bequest, or Grant information received by a department or

Fax: (515)281-3701 www.iowa.gov/ethics	Reservant	accepted by the Governor on behalf of the state
owa Code section 3.7 requires all gifts, bequests, and grants given state of lowa or received by the Governor on behalf of the state be and Campaign Disclosure Board and the Government Oversight Corovide a copy of this report to the Government Oversight Committed within 20 days of receipt of the gift, bequest, or grant.	reported to the lowa Ethics ommittee. The Board will	For office use only Indexed Audited Checked Computer
DEPARTMENT OR OFFICE RECEIVING THE GIFT, BEQUEST, Woodward Resource Center	OR GRANT:	
Name of Department or Office		
1251 334th Street W Mailing Address C	oodward Iowa 50276 City, State, Zip Code	5
515/438-2600	my, otato, Esp oddo	
Area Code & Telephone No.		
CONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFI	CE:	
Ruth Ashton Name		
Mailing Address (if different from above)	City, State, Zip (if different fro	om above)
rashton@dhs.state.ia.us	515/438-3123	
Email Address	Area Code & Telephone Nur	nber (if different from above)
Mailing Address  Not Available Area Code & Telephone Number  Email Address (optional)  Provide a description of the gift, bequest, or grant and purpose thereof:  Lenual Advantion for Clus	receiving department or office	ket value" of item as determined by
Criteria to use this form:		
Criteria to use this form:  Receipt of any gift, bequest, or grant that is received by any department	t of the state or received by the Gover	nor on behalf of the state.
Receipt of any gift, bequest, or grant that is received by any department	t of the state or received by the Gover	nor on behalf of the state.
Receipt of any gift, bequest, or grant that is received by any department of Affirmation:		
	ed above is accurate. I further affirm the true to the best of my knowledge.	

IOWALE THICS AND CAMPAIGN DISCLOS 510 EAST 12 <sup>TH</sup> , SUITE 1A DES MOINES, IA 50319 Fax: (515)281-3701 www.iowa.gov/ethics  owa Code section 8.7 requires all gifts, bequests, and grants given tate of lowa or received by the Governor on behalf of the state be rend Campaign Disclosure Board and the Government Oversight Conrovide a copy of this report to the Government Oversight Committee led within 20 days of receipt of the gift, bequest, or grant.	to any department of the eported to the lowa Ethics nmittee. The Board will	FORM-GBG  Gift, Bequest, or Grant information received by a department or accepted by the Governor on behalt of the state  For office 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.  CONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFICE	odward Iowa 50276 r, State, Zip Code	j
Ruth Ashton  Name  Mailing Address (if different from above)  rashton@dhs.state.ia.us  Email Address	City, State, Zip (if different fro 515/438-3123 Area Code & Telephone Num	
Mailing Address  Area Code & Telephone Number  Email Address (optional)	Date of Gift, Bequest, or Grant value is defined as "fair mark receiving department or office	ket value" of item as determined by

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

Rute ashton	12/21/06
Signature	Date

JOWA ESTHIS AND CAMPAIGN DISCLOSURE BOARD  510 EAST 12 <sup>TH</sup> , SUITE 1A  DES MOINES, IA 50319  Fax: (515)281-3701  www.iowa.gov/ethics  owa Code section 8 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 Grant information received by a department or accepted by the Governor on beha of the state  For office 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.	5
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 515/438-3123) Area Code & Telephone Num	·
DONOR OF GIFT, BEQUEST, OR GRANT:  Ray + Alex Pastouro  Name  5350 De Armoun Road  Mailing Address City, State, Zip Code  Anchorogy AV 99516  Date of Gift, Bequest, or Gra	\$ <b>5</b> 00 °°

Ray + alex Pastorino		
Mailing Address City, State, Zip Code  Anchrage AK 99516  Area Code & Telephone Number  Email Address (optional)	/2/21/06 Date of Gift, Bequest, or Grant *value is defined as "fair market val receiving department or office. If n	

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

Cook to be used for clients at one of our homes. Fund activities that clients enjoy. 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, <u>Ruth Nathon</u> 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	12/21/06
Signature	Date

Revised 06/05

# IA ETHICS & CAMPAIGN AND CAMPAIGN DISCLOSURE BOARD 510 EAST 12<sup>TH</sup>, SUITE 1A IAN 4 2007 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

# 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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indexed
Audited
Checked
Computer

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.	Audited Checked Computer	
DEPARTMENT OR OFFICE RECEIVING THE GIFT, BEQUEST, OR GRANT:		
Lowg Juvenile Home  Name of Department or Office of St. Toledo, TA 52342  Mailing Address / 11/11/81/ 2560 City, State, Zip Code		
Malling 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 in a state)  City, State, Zip (if different in a state)  City, State, Zip (if different in a state)		
Email Address Area Code & Telephone No	umber (if different from above)	
DONOR OF GIFT, BEQUEST, OR GRANT:    Dr. Marshall Walker	ant Amount/Value*  arket value* of item as determined by ce. If no value mark "0.00".	
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 Gover	mor on behalf of the state.	
Statement of Affirmation:		

Lanus