Revised 06/05

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.

DEPARTMENT OR OFFICE RECEIVING THE GIFT REQUEST OR GRANT:

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						
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Department of Education	
Name of Department or Office tate Office Bldg 2001	Tr Aesthrines IA 50319-0146
Mailing Address 291-8661 City, State, 2	Zip Code
Area Code & Telephone No.	
CONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFICE:	
Carol J. Greta	
Name	
Mailing Address (if different from above) Carol. areta (a) iowa. 90V	ty, State, Zip (if different from above)
	ea Code & Telephone Number (if different from above)

DONOR	OF	GIFT	BEQUEST,	ΩR	GRANT
DOMOR	ŲΓ	GIF 1,	BEGUESI,	Ou.	GIVAIA

Taiwan Ministry of Education	
Chen o IL Gobol	
Mailing Address City, State, Zip Code	3/27/06 Date of Gift, Bequest, or Gra
Area Code & Telephone Number hue; wen @ edut U. org	*value is defined as "fair man receiving department or offic
Email Address (optional)	

3/27/06 L\$ 100.00
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. One ceramic Trans horse and and one Taiwanese cup with squeer were presented to a query on the signing of a Memorandum of understanding fracher exchange program. (We did not reciprocate)	thir
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.	
Receipt of any girt, bequest, of grant that is received by any department of the state of received by the Governor on behalf of the state.	

Statement of Affirmation:

I, Carri T. Overa 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

7-5-0 6 Date