

**IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD**  
DISCLOSURE BOARD  
JAN 17 2006  
FILED

**IOWA 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

Reset Form

**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 6.7 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 Department of Elder Affairs

Name of Department or Office  
510 East 12th Street, suite 2, Des Moines, IA 50319

Mailing Address City, State, Zip Code  
515-725-3330

Area Code & Telephone No.

**CONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFICE:**

Carlene Russell

Name

Mailing Address (if different from above) City, State, Zip (if different from above)  
carlene.russell@iowa.gov

Email Address Area Code & Telephone Number (if different from above)

**DONOR OF GIFT, BEQUEST, OR GRANT:**

US Dept of Health and Human Services/AHRQ/AoA

Name  
http://academyhealth.org/ahrq/elders/applicationform.cfm

Mailing Address City, State, Zip Code

Area Code & Telephone Number  
daniel.campion@academyhealth.org

Email Address (optional)

Febr 2006 \$ 666.00

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:

Iowa has been selected to participate in AHRQ health promotion workshop. Program provides \$300 airfare and \$366 food and lodging to attend two day workshop in Atlanta, GA. Febr 4-16, 2006.

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, Carlene Russell 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.

Carlene Russell  
Signature

1/13/06  
Date