3 06 PARETHICS & CAMPAIGNP DISCLOSURE BOARD JUN - 6 2006	5152426390	p.2
		FORM-GBG
IOWA ETHICS AND GAMPAIGN DISCL 510 EAST 12 [™] , SUITE 1A	OSURE BOARD	Gift, Bequest, or Grant information
DES MOINES, IA 50319		received by a department or
Fax: (515)281-3701	Reset Form	accepted by the Governor on beh of the state
www.iowa.gov/ethics		
owa Code section 8.7 requires all gifts, bequests, and grants giv	en to any department of the	For office use only
state of lowa or received by the Governor on behalf of the state b	be reported to the Iowa Ethics	Audited
and Campaign Disclosure Board and the Government Oversight	Committee. The Board will	Checked
provide a copy of this report to the Government Oversight Comm filed within 20 days of receipt of the gift, bequest, or grant.	littee. This form is required to be	Computer
ned within 20 days of receipt of the girt, bequest, or grant		
Governor's Office of Drug Control Policy Name of Department or Office		
321 E. 12th St., Lucas St. Office Bildg., 1st Floor	Des Moines, IA 50319	
Mailing Address	City, State, Zip Code	
Area Code & Telephone No.		
CONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFF		
CONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFF Dale Woolery, Assistant Drug Policy Coordinator Name		m above)
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CONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFF Dal: Woolery, Assistant Drug Policy Coordinator Name Mailing Address (if different from above) date,wonlervænowa.gov Email Address DONOR OF GIFT, BEQUEST, OR GRANT: US Dept of Justice, Office of Justice Programs Name 810 7th St. NW, 4th Fl. Washington, DC Mailing Address City, State, Zip Code 202/616-1283 Area Code & Telephone Number judy.poston@usdoj.gov Email Address (optional) Provide a description of the gift, bequest, or grant and purpose thereo Grant #2006DDBX0147-Over the Counter/Prescription Drug Education umprove the health care system's response to prescription and over-the-counter/Prescription and over-the-dome	City, State, Zip (if different fro 315/281-3788 Area Code & Telephone Num 5/23/2006 Date of Gift, Bequest, or Gran "value is defined as "fair mark receiving department or office f: and Alert System to: 1)increase awarenes	ber (if different from above) \$ 49,361.00 Amount/Value* set value" of item as determined by a If no value mark "0.00". \$ of prescription drug abuse: 2)
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Statement of Affirmation:

L. Date Woolery 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.

Della Wooley Signature

05/23/2006

Date