

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**  
**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

For office use only

Indexed \_\_\_\_\_

Audited \_\_\_\_\_

Checked \_\_\_\_\_

Computer \_\_\_\_\_

SEP 20 2005

**DEPARTMENT OR OFFICE RECEIVING THE GIFT, BEQUEST, OR GRANT:**

**Governor's Office of Drug Control Policy**

Name of Department or Office  
321 E. 12th Street, Lucas State Office Bldg. Des Moines, IA 50319

Mailing Address  
515/242-6391 City, State, Zip Code

Area Code & Telephone No.

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

Dale Woolery, Associate Coordinator

Name

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

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

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

**U.S. Dept of Justice, Office of Justice Programs**

Name

810 7th St. NW, 4th Floor Washington, DC 20531

Mailing Address City, State, Zip Code

202/616-1283

Area Code & Telephone Number

Email Address (optional)

09/15/05 \$ 754,782.00

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:

Grant #005DDBX 176, Drug Interdiction Program - The purpose of the project is to develop and implement a coordinated and cooperative enforcement effort to disrupt the organized distribution of narcotics into and through the State of Iowa. This initiative is a partnership between the Iowa DNE, State Patrol, local law enforcement and prosecution agencies. The project will also work closely with the Midwest HIDTA, DEA and US Attorney's Offices. Goals and objectives are to 1) train law enforcement to identify and investigate drug traffickers, 2) improve the collection, analysis, and dissemination of intelligence related to drug trafficking, and 3) reduce the availability of illicit drugs in Iowa communities. The anticipated impact is that significant levels of seizures will take place and will lead to high level investigations of trafficking organizations.

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, Dale 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.

Dale Woolery  
Signature

September 16, 2005  
Date

Revised 06/05

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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.

**DEPARTMENT OR OFFICE RECEIVING THE GIFT, BEQUEST, OR GRANT:**

SEP 20 2005

<b>Governor's Office of Drug Control Policy</b>	
Name of Department or Office 321 E. 12th Street, Lucas State Office Bldg.	Des Moines, IA 50319
Mailing Address 515/242-6391	City, State, Zip Code
Area Code & Telephone No.	

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

<b>Dale Woolery, Associate Coordinator</b>	
Name	
Mailing Address (if different from above) dale.woolery@iowa.gov	City, State, Zip (if different from above) 515/242-6391
Email Address	Area Code & Telephone Number (if different from above)

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

<b>US Dept. of Justice, Community Oriented Policing Services</b>	
Name	
Mailing Address Methamphetamine Control Desk, 4th Fl., 1100 Vermont Ave.	Washington, DC 20005
Mailing Address 800-421-6770	City, State, Zip Code
Area Code & Telephone Number	
Email Address (optional)	

<b>09/12/2005</b>	<b>\$ 246,661.00</b>
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:**

Methamphetamine Hot Spot Congressional Appropriation Sensitive, 2005 Iowa Lieft Drug Diversion and Abuse Program (LDDAP) - To identify, investigate and disrupt the diversion of lost drugs for illicit purposes. Proactive identification, investigation, and prosecution of those involved in diverting prescription and over the counter medications. To focus on individuals who knowingly participate in fraudulent and illegal practices to divert legal medications to illegal/inappropriate uses. As time permits, staff will also work with retailers and pharmacies to prevent the diversion of over the counter medications and other products commonly used in the production of methamphetamine.

**Criteria to use this form:**

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**Statement of Affirmation:**

I, Dale 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.

Dale Woolery  
Signature

09/16/2005  
Date

Revised 06/05

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DEPARTMENT OR OFFICE RECEIVING THE GIFT, BEQUEST, OR GRANT:

SEP 20 2005

Form for Department or Office Receiving the Gift, Bequest, or Grant. Includes fields for Name of Department or Office, Mailing Address, and Area Code & Telephone No.

CONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFICE:

Form for Contact Person for Recipient Department or Office. Includes fields for Name, Mailing Address, and Email Address.

DONOR OF GIFT, BEQUEST, OR GRANT:

Form for Donor of Gift, Bequest, or Grant. Includes fields for Name, Mailing Address, and Area Code & Telephone Number.

Form for Date of Gift, Bequest, or Grant and Amount/Value. Includes fields for Date of Gift, Bequest, or Grant and Amount/Value.

Form for Description of the gift, bequest, or grant and purpose thereof. Includes a text area for description and criteria to use this form.

Statement of Affirmation:

I, Dale 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.

Signature of Dale Woolery

Date: 09/16/2005