Revised 06/05

IOWA	ETHICS	AND	CAMPAIG	N DISCI	OSURE	BOARD
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CAMPAIGN E BOARD NET CIC APR 2 4 2006

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



Ibwa Code section 8.7 requires all gifts, bequests, and grants given to any department of the state of the state of the 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

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					
ndexed .					
Audited_					
Checked					
Compute	r				

filed within 20 days of receipt of the gift, bequest, or grant.	Computer				
DEPARTMENT OR OFFICE RECEIVING THE GIFT, BEQUI	EST, OR GRANT:				
Governor's Office					
Name of Department or Office	Dos Moines, IA 50319				
Malling Address	City, State, Zip Code				
Area Code & Telephone No.					
CONTACT PERSON FOR RECIPIENT DEFARTMENT OR	OFFICE:				
Sonya Streit					
Name 1007 E. Grand	Des Maines, IA 50319				
Malling Address (if different from above)	City, State, Zip (if different from above)				
sonya.strcit@iowa.gov	515/281-3502 Area Code & Telephone Number (if different from above)				
	ing a morting of the second of				
DONOR OF GIFT, BEQUEST, OR GRANT:					
208th Basic Training Class - Lester Kirkpairick, Class Presid	lent				
Name	7				
1809 Bronson Blacktop Bronson, IA 5110 Mailing Address City, State, Zip Code	4/24/06 \$ 585.00				
	Date of Gift, Bequest, or Grant Amount/Value*				
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)	the state of the s				
Provide a description of the gift, bequest, or grant and purpose the	ereof:				
The gift of \$585 cash was donated by members of	of the 208th Basic Taining Class for the purchase of				
miscellaneous training equipment.	or are good. Danie ramming crass for any parentage or				
Criteria to use this form:	3.044				
Receipt of any oift, bequest, or grant that is required by any depart	tment of the state or received by the Governor on behalf of the state.				
	,				
Statement of Affirmation:					
Sonya Streit affirm that the gift, bequest, or grant or	eported above is accurate. I further affirm that the information concerning the				
onor and assessment of the fair market value (if applicable) is correct	and true to the best of my knowledge.				
0 0					
Soura Strat	04/24/06				

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

Signature

Date