Nelsese Plot 1006 B:5644 Revised 09/05 IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD FORM-GBG Gift, Bequest, or Grant information AURE BOARD received by a department or DES MOINES, IA 50319 accepted by the Governor on behalf Fax: (515)281-3701 148 - P 5) * P 5 of the state AUG 1 4 2006 www.iowa.gov/ethics For office use only lowa Code section 8. Frequires all gifts, bequests, and grants given to any department of the state of Howa of received by the Governor on behalf of the state be reported to the Iowa Ethics Indexed Audited and Campaign Disclosure Board and the Government Oversight Committee. The Board will Checked 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 Computer DEPARTMENT OR OFFICE RECEIVING THE GIFT, BEQUEST, OR GRANT: Governor's Office Name of Department or Office 1007 E. Grand Des Moines, LA 50319 City, State, Zip Code Malling Address 515/281-5211 Area Code & Telephone No CONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFICE: Sonya Streit Name 1007 F. Grand Des Moines, IA 50319 City, State, Zip (if different from above) Mailing Address (if different from above) 515/281-3502 sonya.streil@jowa.gov Area Code & Telephone Number (if different from above) Email Address DONOR OF GIFT, BEQUEST, OR GRANT: Benjamin Woods, President, 210th Basic Training Class Name Waterloo, IA 50701 4232 Krisline Drive \$ 185.00 8/12/06 City, State, Zip Code Malling Address 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) Provide a description of the gift, bequest, or grant and purpose thereof: An engraved rock to mark the two-mile turnaround point for the academy's four mile training runs.

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:

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 fair market value (if applicable) is correct and true to the best of my knowledge.

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8/14/06

Date

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510 EAST 12'", SUITE 1A DES MOINES, IA 50319 Fax: (515)281-3701 www.iowa.gov/ethlcs



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lowa Code section 6.7 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, BEQUEST, OR GRANT:

1007 E. Grand	Des Moines, 1A 50319 City. State. Zip (If different from above) 515/281-3502	
Name 1007 E. Graud Mailing Address (if different from above)		
	Des Moines, 1A 50319	
Sonya Streit		
ONTACT PERSON FOR RECIPIENT DEPARTI	MENT OR OFFICE:	
Area Cude & Telephone No.		
Mailing Address 515/241-5213	City, State, Zip Code	
Name of Department or Office 1907 E. Grand	Des Motnes, LA 50.319	
Governor's Office		

DONOR OF GIFT, BEQUEST, OR GRANT:

Roger Mallow, Presider	nt, 211th Basic Training Class		
Name			
415 Jackson Blvd.	Tabor, IA 51653		
Mailing Address	City, State, Zip Code	8/12/06	\$ 221.00
		Date of Gift, Bequest, or Grant	AmountValue*
Area Code à Telaphone 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)			

Provide a description of the gift, bequest, or grant and purpose thereof:

A cash gift to be used for the purchase of materials used in hands on training such as defensive tactics bags or weapon stimulator needs.

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:

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Sonya Streit I. 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

8/14/06

Date

Gift, Bequest, or Grant information
received by a department or
accepted by the Governor on behalf
of the state

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DEPARTMENT (
Governor's Name of Departm 1007 E. Gradd Mailing Address 515/281-5211	Office	Des Moures, LA 50319 City, State, Zip Code	
Governor's Name of Departm 1007 E. Grand Malling Address 215/231-5211 Area Code & Tele	Office ent or Office	Des Moines, LA 50319 Cily, Slate, Zip Code	
Governor's Name of Departm 1007 E. Grand Malling Address 215:231-5211 Area Code & Tele CONTACT PERS Sonya Streit	Office ont or Office phone No.	Des Moines, LA 50319 Cily, Slate, Zip Code	
Governor's Name of Departm 1007 E. Grand Malling Address 215/231-5211 Area Code & Tele CONTACT PERS Sonya Streit Name 1007 F. Grand	Office ent or Office phone No. ON FOR RECIPIENT DEPARTMENT OF f different from above)	Des Moines, LA 50319 Cily, Slate, Zip Code	

666 Grand Avenue, Suite 657 Des Moines, IA 50303 Mailing Address City, State, Zip Code

Area Code & Telephone Number

8/12/06	^{\$} 100.00		
Date of Gift, Bequest, or Grant	Amount/Value*		
8/12/06 \$ 100.00 Date of Gift, Bequest, or Grant Amount/Value* *value is defined as "fair market value" of Item as determin receiving department or office. If no value mark "0.00"			

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Email Address (optional)

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Provide a description of the gift, bequest, or grant and purpose thereof.

A used Mitsubishi color computer monitor (Model #XC-3730C, Serial Number 709004630) for training purposes.

Coteris to use this form:

Receipt of any glft, 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:

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Sonya Streit

affirm that the glft, 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

thet Mignature

8/14/06

Date