

IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD

510 EAST 12<sup>TH</sup>, SUITE 1A  
DES MOINES, IA 50319  
Fax: (615)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 \_\_\_\_\_  
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Computer \_\_\_\_\_

IOWA CAMPAIGN DISCLOSURE BOARD  
AUG 14 2006

Iowa Code section 8.1 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:

Governor's Office  
Name of Department or Office  
1007 E. Grand Des Moines, IA 50319  
Mailing Address City, State, Zip Code  
515/281-5211  
Area Code & Telephone No

CONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFICE:

Sonya Streit  
Name Des Moines, IA 50319  
1007 E. Grand  
Mailing Address (if different from above) City, State, Zip (if different from above)  
sonya.streit@iowa.gov 515/281-3502  
Email Address Area Code & Telephone Number (if different from above)

DONOR OF GIFT, BEQUEST, OR GRANT:

Benjamin Woods, President, 210th Basic Training Class  
Name  
4232 Krisline Drive Waterloo, IA 50701  
Mailing Address City, State, Zip Code  
Area Code & Telephone Number  
Email Address (optional)

8/12/06 \$ 185.00  
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:  
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:

I, 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.

Sonya Streit  
Signature

8/14/06  
Date

Revised 06/05

IA ETHICS & CAMPAIGN DISCLOSURE BOARD

AUG 14 2006

FILED

ETHICS AND CAMPAIGN DISCLOSURE BOARD

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DES MOINES, IA 50319  
Fax: (515)281-3701  
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FORM-GBG

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

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Iowa Code section 67 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:

Governor's Office  
Name of Department or Office  
1007 E. Grand Des Moines, IA 50319  
Mailing Address City, State, Zip Code  
515-281-5211  
Area Code & Telephone No.

CONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFICE:

Sonya Streit  
Name  
1007 E. Grand Des Moines, IA 50319  
Mailing Address (if different from above) City, State, Zip (if different from above)  
sonya.streit@iowa.gov 515-281-3502  
Email Address Area Code & Telephone Number (if different from above)

DONOR OF GIFT, BEQUEST, OR GRANT:

Roger Mallow, President, 211th Basic Training Class  
Name  
415 Jackson Blvd. Tabor, IA 51653  
Mailing Address City, State, Zip Code  
Area Code & Telephone Number  
Email Address (optional)

8/12/06 \$ 221.00  
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:  
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:

I, 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

Sonya Streit  
Signature

8/14/06  
Date

IA ETHICS & CAMPAIGN DISCLOSURE BOARD

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DES MOINES, IA 50319  
Fax: (515)281-3701  
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AUG 14 2006

FILED

Iowa Code section 87 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.

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 \_\_\_\_\_  
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Checked \_\_\_\_\_  
Computer \_\_\_\_\_

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

Governor's Office	
Name of Department or Office 1007 E. Grand	Des Moines, IA 50319
Mailing Address 515/281-3211	City, State, Zip Code
Area Code & Telephone No.	

CONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFICE:

Sonya Streit	
Name 1007 E. Grand	Des Moines, IA 50319
Mailing Address (if different from above) sonya.streit@iowa.gov	City, State, Zip (if different from above) 515/281-3502
Email Address	Area Code & Telephone Number (if different from above)

DONOR OF GIFT, BEQUEST, OR GRANT:

Craig Nelson, Mid American Energy Corp.	
Name	
Mailing Address 666 Grand Avenue, Suite 657 Des Moines, IA 50303	City, State, Zip Code
Area Code & Telephone Number	
Email Address (optional)	

8/12/06	\$ 100.00
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.

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

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, 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.

*Sonya Streit*  
Signature

8/14/06

Date