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DEC 2 1 2006

DISCLOSURE BOARD

510 EAST 12<sup>TH</sup>, SUITE 1A DES MOINES, IA 60319 Fax: (515)281-3701

www.iowa.gov/ethics



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towa Gode section 8.7 requires all gifts, bequests, and grants given to any department of the state of lows or received by the Governor on behalf of the state be reported to the lows 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
Audited
Checked
Computer

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

Governor's Office	
Name of Department or Office 1007 E. Crind	Des Moines, IA 50319
Malling Address City, State, Zip Code	
Area Code & Telephone No.	
SONTACT PERSON FOR RECIPIENT DEPART Sonya Streit	MICH ON OFFICE.
Name	-
Malling 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:

Kiwanis Club of Fort Do	dge		
Name			
1234 N. 25th Street	Fort Dodge, IA 50501		
Malling Address	City, State, Zip Code	12/21/2006	s 50.00
515/576-5736		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:

Monetary gift to the Iowa State Patrol from the Kiwanis Club of Fort Dodge in the amount of \$50 to be used for the purchase of Junior Trooper Badges.

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 Strett	affirm that the gift, bequest, or grant reported above is accurate. I further affirm that the information concerning th
donor and assessment of the f	If market value (if applicable) is correct and true to the best of my knowledge

Mil Street December 21, 2006

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# IAETHIC TOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD 510 EAST 12<sup>TH</sup>, SUITE 1A DES MOINES, IA 50319 DEC 3 1 2006

Fax: (515)281-3701 www.iowa.gov/ethlcs



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F	or office use only	
Audited		
Checked _		

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

Name of Department of Office	
Name of Department or Office 1007 E. Grand	Des Moines, IA 50319
illing Address Clly, State, Zip Code	
Area Code & Telephone No.	
ONTACT PERSON FOR RECIPIENT DEPARTM	ENT OR OFFICE:
Sonya Streit	
Sonya Streit Name	
	Clty, State, Zip (if different from above)
Name	Clty, State, Zip (if different from above) 515/281-3502

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

The Lisle Corporation	2		
Name			
807 E. Main Street	Clarinda, IA 51632	1 1	
Malling Address	City, State, Zip Code	12/21/2006	\$ 25.00
712/328-8001		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)	DINOS III		

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

Monetary gift received by the Iowa State Patrol from The Lisle Corporation in the amount of \$25 to be used for the Safety Education Officer program.

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.

December 21, 2006

Date