UICS & FOLLOWICS			FORM-GBG
FEB 2 0 2000	AND CAMPAIGN DISCLOS 510 EAST 12 <sup>™</sup> , SUITE 1A DES MOINES, IA 50319 Fax: (516)281-3701 www.iowa.gov/ethics	Reset Form	Gift, Bequest, or Grant information received by a department or accepted by the Governor on behalf of the state
nd Campaign Disclosure Board	Il gifts, bequests, and grants given t Sovernor on behalf of the state be re and the Government Oversight Con e Government Oversight Committee he gift, bequest, or grant.	nmittee. The Board will	For office use only Indexed Audited Checked Computer
	CEIVING THE GIFT, BEQUEST, OI	R GRANT:	
Governor's Office Name of Department or Office 1007 E. Grand		Moines, 1A 50319	
Malling Address 515/281-5211	City, State, Zip Code		
Area Code & Telephone No.	PIENT DEPARTMENT OR OFFICE		
Sonya Streit			
Name 1007 E. Gmnd		Des Moines, [A 503]	9
Mailing Address (if different from at sonya.streit@iowa.gov	bove)	City, State. Zip (if different from above) 515/281-3502	
Email Address		Area Code & Telephone Nun	nber (if different from above)
ONOR OF GIFT, BEQUEST, C	R GRANT:		
Craig Nelson			
4601 10th Place	Urbandale, IA 50322	0.11.7/07	1 1 <b>0 5</b> 0 0
Malling Address	City, State, Zip Code	2/17/06 Date of Gift, Bequest, or Grai	\$ 125.00
Area Code & Telephane Number			ket value" of Item as determined by
Email Address (optional)			
·	quest, or grant and purpose thereof: nter to be used for training pur	rposes.	
Criteria to use this form;			
		the state or received by the Govern	

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.

theit-Signature

2/20/06 Date -

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