



IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD

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

Reset Form

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 Code section 9.7 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:

Department of Inspections and Appeals - Child Advocacy Board	
Name of Department or Office 321 E. 12th Street - Lucas Building 3rd Floor	Des Moines, Iowa 50319-0083
Mailing Address 515-281-5457	City, State, Zip Code
Area Code & Telephone No.	

CONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFICE:

Beverly Zylstra	
Name	
Mailing Address (if different from above) beverly.zylstra@dia.state.ia.us	City, State, Zip (if different from above) 515-281-6442
Email Address	Area Code & Telephone Number (if different from above)

DONOR OF GIFT, BEQUEST, OR GRANT:

The National court Appointed Special Advocate Association	
Name	
100 West Harrison Street, North Tower, Suite 500	Seattle, WA 98119
Mailing Address	City, State, Zip Code
1-800-628-3233	
Area Code & Telephone Number	
grantmgr@nationalcasa.org	
Email Address (optional)	

7-1-2006	\$ 50,000.00
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:

This is a NATIONAL CASA "State Organization" Grant awarded to assist the Child Advocacy Board's administration of its Iowa CASA 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:

I, Dean Lerner 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

7/19/06
Date