

IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD

IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD

510 EAST 12<sup>TH</sup>, 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 \_\_\_\_\_  
Checked \_\_\_\_\_  
Computer \_\_\_\_\_

**FILED** Iowa Code section 8.7 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:

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

CONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFICE:

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

DONOR OF GIFT, BEQUEST, OR GRANT:

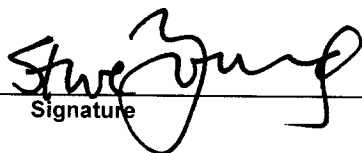
Department of Human Services  
Name  
Hoover State Office Building Des Moines, IA 50319  
Mailing Address City, State, Zip Code  
515-281-6899  
Area Code & Telephone Number  
Email Address (optional)

9/26/06-9/29/06 \$ 260.00  
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:  
Registration for four DIA staff to attend training for people who investigate incidents and allegations of abuse and neglect and on recognizing signs of abuse.  
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, Steven K. Young 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

10/2/06  
Date