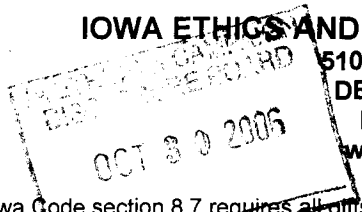


IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD

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 _____
Checked _____
Computer _____

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 State Office Building 3rd Floor	Des Moines, Iowa 50319
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)
Email Address	
515-281-6442	
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	
515-281-6899	City, State, Zip Code
Area Code & Telephone Number	
Email Address (optional)	

10/10/06-10/13/06	\$ 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.

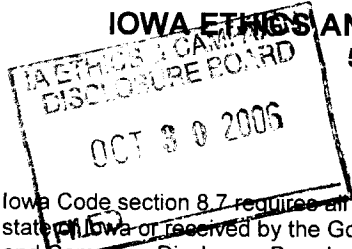
Statement of Affirmation:

I, 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

Date

10/25/06



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

Inspections and Appeals

Name of Department or Office
 321 E. 12th Street, Lucas State Office Building 3rd Floor Des Moines, Iowa 50319

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:

Food and Drug Administration

Name

Mail Code HFA-500, 5600 Fishers Land Rockville, MD 20857

Mailing Address
 301-827-2899 City, State, Zip Code

Area Code & Telephone Number

Email Address (optional)

9/30/06 \$ 8,750.00

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:

Non-competitive continuation funding for the Iowa Food Safety Task Force, including meetings and activities related to food defense.

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.

Dean Lerner
 Deputy Director
 Signature

10/25/06
 Date