

Revised 06/08

IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD
 310 EAST 12TH, SUITE 1A
 DES MOINES, IA 50319
 Fax: (515)281-4073
 www.iowa.gov/ethics

2010 JAN 28 AM 11:05

FORM-GB

Gift or Bequest 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 and bequests 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 to be filed within 20 days of receipt of the gift or bequest.

DEPARTMENT OR OFFICE RECEIVING THE GIFT OR BEQUEST:

Iowa Workforce Development

Name of Department or Office _____
 1000 E Grand _____ Des Moines, IA 50319

Mailing Address _____
 515-281-3365 _____ City, State, Zip Code

Area Code & Telephone No. _____

CONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFICE:

Worker's Compensation Division - Chris Godfrey, Commissioner

Name _____

Mailing Address (if different from above) _____
 christopher.godfrey@iwd.iowa.gov _____ City, State, Zip (if different from above)
 515-281-8335

Email Address _____ Area Code & Telephone Number (if different from above) _____

DONOR OF GIFT OR BEQUEST:

Iowa Workers' Compensation Advisory Committee

Name _____

P O Box 7032, Grand Station Des Moines, IA 50309

Mailing Address _____
 515-252-1594 or 515-321-5838 _____ City, State, Zip Code

Area Code & Telephone Number _____

Email Address (optional) _____

May & November 2009 \$6,308.11

Date of Gift or Bequest _____ 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 or bequest and purpose thereof:

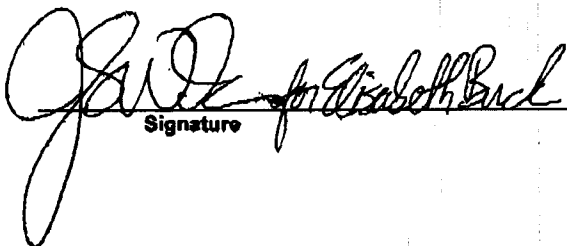
Iowa Workers' Compensation Advisory Committee provided travel expenses for two Work Comp staffers to attend the IAIABC conference. They also paid for IWD's Work Comp Division dues to the IAIABC; as well as a subscription/access to the Workers Compensation Research Institute data.

Criteria to use this form:

Receipt of any gift or bequest that is received by any department of the state or received by the Governor on behalf of the state.

Statement of Affirmation:

I, Elisabeth Buck affirm that the gift or bequest 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

1/28/10

 Date