

### IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD

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

### 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:**

Iowa Department for the Blind	
Name of Department or Office	
524 4 <sup>th</sup> Street	Des Moines IA 50309
Mailing Address	City, State, Zip Code
515-281-1336	
Area Code & Telephone No.	

**CONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFICE:**

Jolene Horsman	
Name	
524 4 <sup>th</sup> Street	Des Moines IA 50309
Mailing Address	City, State, Zip
horsman.jolene@blind-state-ia.us	515-281-1336
Email Address	Area Code & Telephone Number

**DONOR OF GIFT, BEQUEST, OR GRANT:**

Charlotte Fagerhaug	
Name	
2541 S Mulberry Street	
Mailing Address	City, State, Zip Code
	Sioux City IA
Area Code & Telephone Number	515-60-8402
Email Address (optional)	

7-8-2005	\$ 10.00
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:  
library service we provide to her

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, Jolene Horsman 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.

Jolene Horsman  
Signature

7-8-2005  
Date

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Iowa Department for the Blind  
Name of Department or Office  
524 4<sup>th</sup> Street Des Moines IA 50309  
Mailing Address City, State, Zip Code  
515-281-1336  
Area Code & Telephone No.

**CONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFICE:**

Jolene Horsman  
Name  
524 4<sup>th</sup> Street Des Moines IA 50309  
Mailing Address City, State, Zip  
Horsman.jolene@blind.state.ia.us 515-281-1336  
Email Address Area Code & Telephone Number

**DONOR OF GIFT, BEQUEST, OR GRANT:**

Keith + Althea Hoskins  
Name  
730 12<sup>th</sup> Avenue S Clinton IA 52732  
Mailing Address City, State, Zip Code  
563-242-9021  
Area Code & Telephone Number  
Email Address (optional)

7-8-2005 \$ 10.00  
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.  
Memorial for Helen Faust

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**Statement of Affirmation:**

I, Jolene Horsman, 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.

Jolene Horsman  
Signature

7-8-2005  
Date

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Iowa Department for the Blind	
Name of Department or Office	
524 4 <sup>th</sup> Street	Des Moines IA 50309
Mailing Address	City, State, Zip Code
515-281-1336	
Area Code & Telephone No.	

**CONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFICE:**

Jolene Horsman	
Name	
524 4 <sup>th</sup> Street	Des Moines IA 50309
Mailing Address	City, State, Zip
horsman.jolene@blind.state.ia.us	515-281-1336
Email Address	Area Code & Telephone Number

**DONOR OF GIFT, BEQUEST, OR GRANT:**

Elizabeth Jones	
Name	
1524 7 <sup>th</sup> Avenue S Clinton IA 52732-5336	
Mailing Address	City, State, Zip Code
Area Code & Telephone Number	
Email Address (optional)	

7-8-2005	\$ 10.00
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:

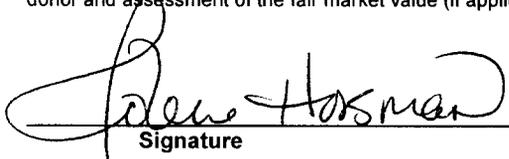
Memorial for Helen Faust

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Signature

7-8-2005  
Date

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

Iowa Department for the Blind	
Name of Department or Office	
524 4 <sup>th</sup> Street	Des Moines IA 50309
Mailing Address	City, State, Zip Code
Des IA 515-281-1336	
Area Code & Telephone No.	

### CONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFICE:

Jolene Horsman	
Name	
524 4 <sup>th</sup> Street	Des Moines IA 50309
Mailing Address	City, State, Zip
horsman.jolene@blind.state.ia.us	515-281-1336
Email Address	Area Code & Telephone Number

### DONOR OF GIFT, BEQUEST, OR GRANT:

Gary or Ruth Spilger	
Name	
831 6 <sup>th</sup> Avenue S Clinton IA 52732	
Mailing Address	City, State, Zip Code
563-242-4814	
Area Code & Telephone Number	
Email Address (optional)	

7-8-2005	\$ 10.00
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:

Memorial for Helen Faust

Criteria to use this form:

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### Statement of Affirmation:

I, Jolene Horsman, 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.

Jolene Horsman  
Signature

7-8-2005  
Date

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Iowa Department for the Blind	
Name of Department or Office	
524 4 <sup>th</sup> Street	Des Moines IA 50309
Mailing Address	City, State, Zip Code
515-281-1336	
Area Code & Telephone No.	

**CONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFICE:**

Jolene Horsman	
Name	
524 4 <sup>th</sup> Street	Des Moines IA 50309
Mailing Address	City, State, Zip
Horsman.jolene@blind.state.ia.us	515-281-1336
Email Address	Area Code & Telephone Number

**DONOR OF GIFT, BEQUEST, OR GRANT:**

Roger + Sharon Kokenmuller	
Name	
2633 344 <sup>th</sup> Street	Keokuk IA 52032
Mailing Address	City, State, Zip Code
319-524-9089	
Area Code & Telephone Number	
Email Address (optional)	

7-8-2005	\$ 355.00
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:

Memorial for Helen Faust

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:**

Jolene Horsman 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.

Jolene Horsman  
Signature

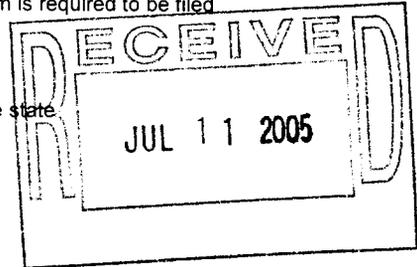
7-8-2005  
Date

Revised 06/05

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

Name of Department or Office Iowa Department For The Blind

Mailing Address 524 4<sup>th</sup> St

City, State, Zip Code Des Moines, IA 50309

Area Code & Telephone No. 515-281-1333

CONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFICE:

Name Jolene Horsman

Mailing Address 524 4<sup>th</sup> St

City, State, Zip Des Moines, IA 50309

Email Address : horsman.jolene@blind.state.ia.us

Area Code & Telephone Number 515-281-1336

DONOR OF GIFT, BEQUEST, OR GRANT:

Name Iowa Lions Foundation

Mailing Address City, State, Zip Code

2300 S Duff Ames IA 50010

Area Code & Telephone Number 515-232-2215

Email Address (optional)

July 7, 2005 \$4,000.00  
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: We receive 4 payments from the Iowa Lions Foundation to purchase Bibles in alternative media, large print books for the library collection and pay for our Summer Reading Club.

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, Jolene K. Horsman, 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

July 11, 2005

Date