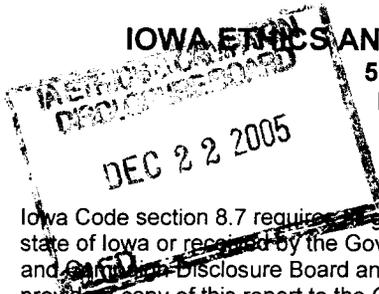


IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD

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 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 of Administrative Services - Information Technology Enterprise	
Name of Department or Office Hoover State Office Building, B Level	Des Moines, IA 50319
Mailing Address (515) 281-6902	City, State, Zip Code
Area Code & Telephone No.	

CONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFICE:

Tom R. Shepherd	
Name	
Mailing Address (if different from above) tom.shepherd@iowa.gov	City, State, Zip (if different from above)
Email Address	Area Code & Telephone Number (if different from above)

DONOR OF GIFT, BEQUEST, OR GRANT:

IOWAccess Advisory Council	
Name	
Hoover State Office Building, B Level	Des Moines, IA 50319
Mailing Address (515) 281-3462	City, State, Zip Code
Area Code & Telephone Number	
Email Address (optional)	

September 20, 2005	\$ 1,500.00
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:

Technology Grant for web hosting for First Lady Vilsack's Book 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, Tom Shepherd 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.

Tom R. Shepherd
Signature

December 14, 2005
Date

IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD

510 EAST 12TH, SUITE 1A
DES MOINES, IA 50319
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RECEIVED
DISCLOSURE BOARD
DEC 22 2005

Iowa Code section 8.7 requires that 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 of Administrative Services - Information Technology Enterprise	
Name of Department or Office	
Hoover State Office Building, B Level	Des Moines, IA 50319
Mailing Address	City, State, Zip Code
(515) 281-6902	
Area Code & Telephone No.	

CONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFICE:

Tom R. Shepherd	
Name	
Mailing Address (if different from above)	City, State, Zip (if different from above)
tom.shepherd@iowa.gov	
Email Address	Area Code & Telephone Number (if different from above)

DONOR OF GIFT, BEQUEST, OR GRANT:

IOWAccess Advisory Council	
Name	
Hoover State Office Building, B Level	Des Moines, IA 50319
Mailing Address	City, State, Zip Code
(515) 281-3462	
Area Code & Telephone Number	
Email Address (optional)	

November 15, 2005	\$ 53,000.00
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:

Technology Grant for implementation of an automated system to catalog and track 28E Agreements.

Criteria to use this form:

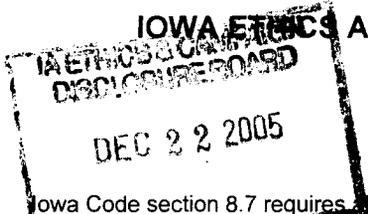
Receipt of any gift, bequest, or grant that is received by any department of the state or received by the Governor on behalf of the state.

Statement of Affirmation:

I, Tom Shepherd 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.

Tom R. Shepherd
Signature

December 14, 2005
Date



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 accepted 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 of Administrative Services - General Services Enterprise
Name of Department or Office
Hoover State Office Building, A Level Des Moines, IA 50319
Mailing Address City, State, Zip Code
(515) 281-3101
Area Code & Telephone No.

CONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFICE:

Tom R. Shepherd
Name
Mailing Address (if different from above) City, State, Zip (if different from above)
tom.shepherd@iowa.gov
Email Address Area Code & Telephone Number (if different from above)

DONOR OF GIFT, BEQUEST, OR GRANT:

IOWAccess Advisory Council
Name
Hoover State Office Building, B Level Des Moines, IA 50319
Mailing Address City, State, Zip Code
(515) 281-3462
Area Code & Telephone Number
Email Address (optional)

November 15, 2005 \$ 3,000.00
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:

Technology Grant for web hosting for the DAS-GSE Competetive Bid Posting Website.

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, Tom Shepherd 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.

Tom Shepherd
Signature

December 14, 2005
Date