Revised 06/05

IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD

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

RECEIVED

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:

Woodward Resource Center
Name of Department or Office

1221 334th Street — Woodward, Iowa 50276
Mailing Address — City, State, Zip Code

515/438-2600
Area Code & Telephone No.

CONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFICE:

Ruth Ashton
Name

Mailing Address (if different from above) — City, State, Zip (if different from above)

rashton@dhs.state.ia.us
Email Address — Area Code & Telephone Number (if different from above)

DONOR OF GIFT, BEQUEST, OR GRANT:

Shirley Leschin
Name

1604 South 1st — Marshalltown, Iowa
Mailing Address — City, State, Zip Code

Area Code & Telephone Number

Email Address (optional)

10/23/05 — $ 6,000.00
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:

Gift given as a general donation to use to benefit the lives of the clients we serve by .

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, Ruth Ashton 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.

Ruth Ashton
Signature

10/27/05
Date

Revised 06/05

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OCT 27 2005

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

Woodward Resource Center
Name of Department or Office

1221 334th Street — Woodward, Iowa 50276
Mailing Address — City, State, Zip Code

515/438-2600
Area Code & Telephone No.

CONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFICE:

Ruth Ashton
Name

Mailing Address (if different from above) — City, State, Zip (if different from above)

rashton@dhs.state.ia.us
Email Address — Area Code & Telephone Number (if different from above)

DONOR OF GIFT, BEQUEST, OR GRANT:

Michael J. Davis
Name

820 - 45th Street — West Des Monics, Ia 50265
Mailing Address — City, State, Zip Code

515/224-9881
Area Code & Telephone Number

Email Address (optional)

10/23/05 — $ 20.00
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:

Gift given as a general donation in honor of Grace Amemiya to use to benefit the lives of the clients we serve.

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, Ruth Ashton 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.

Ruth Ashton
Signature

10/27/05
Date

Revised 06/05

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

State Training School
Name of Department or Office
3211 Edgington Avenue — Eldora, Iowa 50627
Mailing Address — City, State, Zip Code
641-858-5402
Area Code & Telephone No.

CONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFICE:

Millie Dagit
Name
3211 Edgington Avenue — Eldora, Iowa 50627
Mailing Address (if different from above) — City, State, Zip (if different from above)
mdagit@dhs.state.ia.us — 641-858-5402, Ext. #135
Email Address — Area Code & Telephone Number (if different from above)

DONOR OF GIFT, BEQUEST, OR GRANT:

American Legion Auxiliary
Name
Ashton, Iowa
Mailing Address — City, State, Zip Code
n/a
Area Code & Telephone Number
n/a
Email Address (optional)

10/27/2005 — $ 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:

Gift to the student Christmas Fund.

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, Mdagit 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.

Mdagit
Signature

October 27, 2005
Date

Revised 06/05

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

State Training School
Name of Department or Office
3211 Edginton Avenue — Eldora, Iowa 50627
Mailing Address — City, State, Zip Code
641-858-5402
Area Code & Telephone No.

CONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFICE:

Millie Dagit
Name
3211 Edgington Avenue — Eldora, Iowa 50627
Mailing Address (if different from above) — City, State, Zip (if different from above)
mdagit@dhs.state.ia.us — 641-858-5402, Ext. #135
Email Address — Area Code & Telephone Number (if different from above)

DONOR OF GIFT, BEQUEST, OR GRANT:

American Legion Auxiliary, Unit 454
Name
650 Y Avenue — Galva, Iowa 51020
Mailing Address — City, State, Zip Code
n/a
Area Code & Telephone Number
n/a
Email Address (optional)

10/27/2005 — $ 50.00
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:

Gift to the student Christmas Fund.

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, MDagit 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.

MDagit
Signature

10-27-05
Date