

IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD

510 EAST 12 , 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 onl

Indexed \_\_\_\_\_  
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Computer \_\_\_\_\_

Iowa Code Section 8.7 requires all gifts, bequests, and grants given to any department of the state or 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 Justice  
Hoover State Office Building, 1305 E. Walnut Des Moines, IA 50319-0001  
515-281-5044

CONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFICE:

Kristi Etzel, CPA – Crime Victim Assistance Division  
Lucas Building, Ground Floor, 321 E. 12<sup>th</sup> Street Des Moines, IA 50319  
Mailing Address (if different from above) City, State, Zip (if different from above)  
ketzel@ag.state.ia.us 515-281-8616  
Email Address Area Code & Telephone Number (if different from above)

DONOR OF GIFT, BEQUEST, OR GRANT:

U.S. Dept. of Justice - Office for Victims of Crime  
Name  
Office of Justice Programs Washington, D.C. 20531  
Mailing Address City, State, Zip Code  
800-458-0786  
Area Code & Telephone Number  
ask.oc@usdoj.gov  
Email Address (optional)

05/09/2006 \$4,157,000  
Date of Grant Award Amount  
or 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:

Victim Assistance Grant Program, Award # 2006-VA-GX-0055, CFDA# 16.575 Victims of Crime Act (VOCA) assistance funds are competitively awarded by the State to local community-based organizations that provide direct services to crime victims.  
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

Statement of Affirmation:

I, Kristi Etzel 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

05/23/2006  
Date

IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD

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DES MOINES, IA 50319  
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IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD  
MAY 24 2006

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

Iowa Department of Justice  
Hoover State Office Building, 1305 E. Walnut Des Moines, IA 50319-0106  
515-281-5044

CONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFICE:

Kristi Etzel, CPA – Crime Victim Assistance Division  
Lucas Building, Ground Floor, 321 E. 12<sup>th</sup> Street Des Moines, IA 50319  
Mailing Address (if different from above) City, State, Zip (if different from above)  
ketzel@ag.state.ia.us 515-281-8616  
Email Address Area Code & Telephone Number (if different from above)

DONOR OF GIFT, BEQUEST, OR GRANT:

U.S. Dept. of Justice – Bureau of Justice Assistance  
Name  
Office of Justice Programs Washington, D.C. 20531  
Mailing Address City, State, Zip Code  
800-458-0786  
Area Code & Telephone Number  
ask.oc@usdoj.gov  
Email Address (optional)

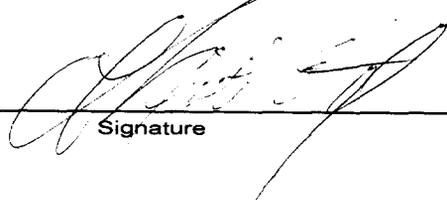
05/08/2006 \$1,250,000  
Date of Grant Award Amount or Value  
\*value is defined as "fair market value" of item as determined by receiving department or office. If no value mark "0.00".

Provide a description of the gift, bequest, or grant and purpose thereof: Statewide Automated Victim Information & Notification- Project will provide Iowa's victims of crime with information on their offender's custody status twenty-four hours a day, seven days a week. System will connect all of the various participating agencies, allowing for exchange of vital information to ensure victims are informed of their offender's status.

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Statement of Affirmation:

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Signature

05/23/2006  
Date

**ETHICS AND CAMPAIGN DISCLOSURE BOARD**  
MAY 24 2006

**ETHICS AND CAMPAIGN DISCLOSURE BOARD**

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Reset Form

**FORM-GBG**

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Iowa Code section 9.7 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 of Justice - Crime Victim Assistance Division  
Name of Department or Office  
Lucas Building, Ground Floor, 321 E. 12th St Des Moines, IA 50319  
Mailing Address City, State, Zip Code  
515-281-5044  
Area Code & Telephone No.

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

Kristi Etzel  
Name  
Mailing Address (if different from above) City, State, Zip (if different from above)  
ketzel@ag.state.ia.us 515-281-8616  
Email Address Area Code & Telephone Number (if different from above)

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

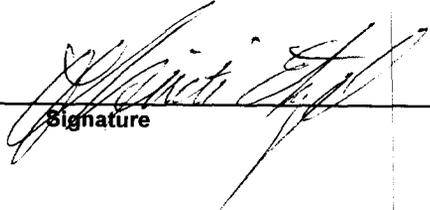
U.S. Dept. of Health & Human Services - Admin. for Childrean & Families  
Name  
370 L'Enfant Promenade S.W. Washington, D.C. 20447  
Mailing Address City, State, Zip Code  
202-401-4569  
Area Code & Telephone Number  
Email Address (optional)

05/12/06 \$ 1,149,297.00  
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:  
Family Violence Prevention & Services #G-0601IAFVPS - CFDA #: 93.671 Purpose is to assist States in establishing, maintaining, & expanding programs & projects to prevent family vidence & to provide immediate shelter & related assistance for victims of family vidence & their dependents.  
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**Statement of Affirmation:**

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Signature

05/23/2006  
Date