

**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

APR 26 2006

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 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:**

Insurance Division, Department of Commerce

Name of Department or Office  
 330 Maple Street Des Moines, IA 50319

Mailing Address  
 515-281-5705 City, State, Zip Code

Area Code & Telephone No.

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

Craig Goettsch

Name  
 Same City, State, Zip (if different from above)  
 Same

Mailing Address (if different from above)  
 craig.goettsch@iid.state.ia.us City, State, Zip (if different from above)  
 515-281-4442

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

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

Center for Medicare Services; Office Acquisitions & Grants

Name  
 Mail Sto: C2-21-15; 7500 Security Blvd; Baltimore, MD 21244

Mailing Address  
 410-786-3076 City, State, Zip Code

Area Code & Telephone Number

Email Address (optional)

April 1, 2006 \$ 468,856.00

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:

Federal grant to operate the Senior Health Insurance Information Program with the Insurance Division

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, Craig A. Goettsch 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

April 21, 2006  
 Date