

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 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	Same
Mailing Address (if different from above) craig.goettsch@iid.state.ia.us	City, State, Zip (if different from above) Same
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 Stop: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)	

September 27, 2006	\$ 214,268.00
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, _____ 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

November 2, 2006
Date

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Mailing Address 410-786-3076	City, State, Zip Code
Area Code & Telephone Number	
Email Address (optional)	

May 4, 2006	\$ 17,511.00
Date of Gift, Bequest, or Grant	Amount/Value*
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