

# 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



## 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 ETHICS & CAMPAIGN DISCLOSURE BOARD  
DEC 28 2006

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:

|                              |                                    |
|------------------------------|------------------------------------|
| Iowa Juvenile Home           |                                    |
| Name of Department or Office |                                    |
| Mailing Address              | 701 S. Church St. Toledo, IA 52342 |
| Area Code & Telephone No.    | 641/484-2560                       |

### CONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFICE:

|                                           |                                                        |
|-------------------------------------------|--------------------------------------------------------|
| Deb Hanus                                 |                                                        |
| Name                                      |                                                        |
| Mailing Address (if different from above) | City, State, Zip (if different from above)             |
| DHanus@dhs.state.ia.us                    |                                                        |
| Email Address                             | Area Code & Telephone Number (if different from above) |

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

|                              |                                      |
|------------------------------|--------------------------------------|
| St. Michael's Parish Members |                                      |
| Name                         |                                      |
| Mailing Address              | 1309 9th Ave. Belle Plaine, IA 52208 |
| Area Code & Telephone Number | N/A                                  |
| Email Address (optional)     | N/A                                  |

|                                 |               |
|---------------------------------|---------------|
| 12/19/06                        | \$ 200        |
| 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:

Miscellaneous new items to be given as Christmas gifts

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, Deb Hanus 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.

Deb Hanus  
Signature

12/19/06  
Date

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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:

Iowa Juvenile Home  
Name of Department or Office  
701 S. Church St. Toledo, IA 52342  
Mailing Address City, State, Zip Code  
641/484-2560  
Area Code & Telephone No.

CONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFICE:

Deb Hanus  
Name  
DHanus@dhs.state.ia.us  
Mailing Address (if different from above) City, State, Zip (if different from above)  
Email Address Area Code & Telephone Number (if different from above)

DONOR OF GIFT, BEQUEST, OR GRANT:

Joe & Joanne Nolte  
Name  
2537 N. Ave. NW Cedar Rapids, IA 52405  
Mailing Address City, State, Zip Code  
N/A  
Area Code & Telephone Number  
N/A  
Email Address (optional)

12/19/06 \$ 35  
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:  
miscellaneous new items to be given as Christmas gifts  
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, Deb Hanus 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.

Deb Hanus  
Signature

12/22/06  
Date

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Iowa Code section 6.7 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 Juvenile Home           |                                    |
| Name of Department or Office |                                    |
| Mailing Address              | 101 S. Church St. Toledo, IA 52342 |
| Area Code & Telephone No.    | 641/484-2560                       |

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

|                                                        |                        |
|--------------------------------------------------------|------------------------|
| Deb Hanus                                              |                        |
| Name                                                   |                        |
| Mailing Address (if different from above)              | DHanus@dhs.state.ia.us |
| City, State, Zip (if different from above)             |                        |
| Email Address                                          |                        |
| Area Code & Telephone Number (if different from above) |                        |

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

|                              |                                        |
|------------------------------|----------------------------------------|
| Belle Plaine High School     |                                        |
| Name                         |                                        |
| Mailing Address              | 13th Ave. South Belle Plaine, IA 52208 |
| City, State, Zip Code        |                                        |
| Area Code & Telephone Number | N/A                                    |
| Email Address (optional)     | N/A                                    |

|                                                                                                                            |               |
|----------------------------------------------------------------------------------------------------------------------------|---------------|
| 12/22/06                                                                                                                   | \$ 210        |
| 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:

21 pairs of new ear muffs to be used as gifts for youth.

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, Deb Hanus 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.

Deb Hanus  
Signature

12/22/06  
Date