

# 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 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:**

Julie Chyma	
Name	
410 N. 17th St	Tama, IA 52339
Mailing Address	City, State, Zip Code
N/A	
Area Code & Telephone Number	
N/A	
Email Address (optional)	

12/10/06	\$ 25
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:

25 combs to be used for Christmas 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

12/28/06  
Date

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

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

Deb Hanus	
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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:**

Lloyd Vitzthum	
Name	
400 S. Willow St. Toledo, IA 52342	
Mailing Address	City, State, Zip Code
N/A	
Area Code & Telephone Number	
N/A	
Email Address (optional)	

12/10/06	\$ 40
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:  
10 cases of Soda to be used for Christmas 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

12/28/06  
Date

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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:

Montezuma Methodist Youth Group - Marlene Johnson	
Name	
Box 113	Montezuma, IA 50171
Mailing Address	City, State, Zip Code
N/A	
Area Code & Telephone Number	
N/A	
Email Address (optional)	

12/24/06	\$ 500
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:

several new miscellaneous items used as Christmas 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

12/27/06  
Date

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

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

Nancie Coomes	
Name	
Mailing Address	732 Penrose St Grinnell, IA 50112
Area Code & Telephone Number	N/A
Email Address (optional)	N/A

12/25/06	\$ 500.00
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:

5 homemade quilts @ \$100<sup>00</sup> each for use as Christmas gifts for youth

Criteria to use this form:

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#### 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

12/27/06  
Date

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

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

Patsy Carr	
Name	
Mailing Address	730 Penrose St. Gannett, IA 50112
Area Code & Telephone Number	641-230-4931
Email Address (optional)	N/A

12/25/06	\$ 1500.00
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:  
 15 <sup>homemade</sup> quilts @ \$100 each for use as Christmas gifts for youth

Criteria to use this form:  
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#### 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

12/27/06  
Date