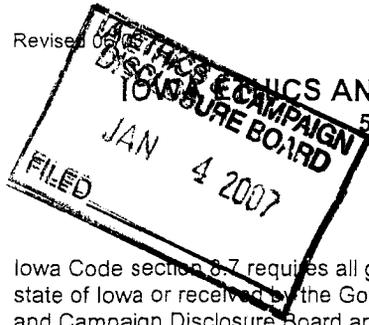


Revised 06/01



IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD

510 EAST 12TH, 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:

Woodward Resource Center	
Name of Department or Office	
1251 334th Street	Woodward Iowa 50276
Mailing Address	City, State, Zip Code
515/438-2600	
Area Code & Telephone No.	

CONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFICE:

Ruth Ashton	
Name	
Mailing Address (if different from above)	City, State, Zip (if different from above)
rashton@dhs.state.ia.us	515/438-3123
Email Address	Area Code & Telephone Number (if different from above)

DONOR OF GIFT, BEQUEST, OR GRANT:

Mark A Block	
Name	
Abbott Labs, 3017 SW 27th Ct	City, State, Zip Code
Mailing Address	Aukrey, IA 50023
Area Code & Telephone Number	
Email Address (optional)	

11/9/06	\$ 10.00
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:
 3 doz. pens 2 doz. brushes (tooth)
 8 note pads placed in "public" drawer

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, Evelyn Lauderdale RN 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.

Evelyn Lauderdale RN
Signature

11-9-06
Date

IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD

510 EAST 12TH, 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 _____
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Computer _____

FILED
JAN 4 2007
IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD

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:

Woodward Resource Center
Name of Department or Office
1251 334th Street Woodward Iowa 50276
Mailing Address City, State, Zip Code
515/438-2600
Area Code & Telephone No.

CONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFICE:

Ruth Ashton
Name
Mailing Address (if different from above) City, State, Zip (if different from above)
rashton@dhs.state.ia.us 515/438-3123
Email Address Area Code & Telephone Number (if different from above)

DONOR OF GIFT, BEQUEST, OR GRANT:

Am Region Aux
Name
720 Lyon St DM Iowa 50309
Mailing Address City, State, Zip Code
Not available
Area Code & Telephone Number
Email Address (optional)

2/06 \$ 40.00
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:
To Be Used For Client Activities

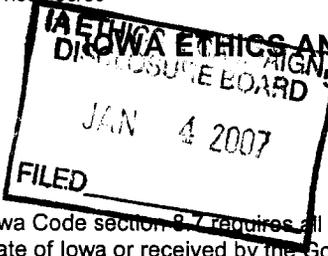
Criteria to use this form:
Receipt of any gift, bequest, or grant that is received by any department of the state or received by the Governor on behalf of the state.

Statement of Affirmation:

I, Ruth Ashton 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.

Ruth Ashton
Signature

1/2/07
Date



IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD
10 EAST 12TH, 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

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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:

Woodward Resource Center
Name of Department or Office
1251 334th Street Woodward Iowa 50276
Mailing Address City, State, Zip Code
515/438-2600
Area Code & Telephone No.

CONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFICE:

Ruth Ashton
Name
Mailing Address (if different from above) City, State, Zip (if different from above)
rashton@dhs.state.ia.us 515/438-3123
Email Address Area Code & Telephone Number (if different from above)

DONOR OF GIFT, BEQUEST, OR GRANT:

Carroll County Am Legion
Name
1251 Heart Road Carroll IA 51401
Mailing Address City, State, Zip Code
Not Available
Area Code & Telephone Number
Email Address (optional)

1/06 \$ *70.00*
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:
Cash To Be Used For Clients' Activities

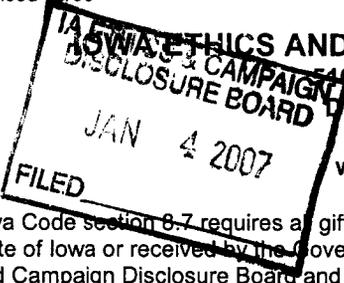
Criteria to use this form:
Receipt of any gift, bequest, or grant that is received by any department of the state or received by the Governor on behalf of the state.

Statement of Affirmation:

I, Ruth Ashton 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.

Ruth Ashton
Signature

1/2/07
Date



IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD
140 EAST 12TH, 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:

Woodward Resource Center
Name of Department or Office
1251 334th Street Woodward Iowa 50276
Mailing Address City, State, Zip Code
515/438-2600
Area Code & Telephone No.

CONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFICE:

Ruth Ashton
Name
Mailing Address (if different from above) City, State, Zip (if different from above)
rashton@dhs.state.ia.us 515/438-3123
Email Address Area Code & Telephone Number (if different from above)

DONOR OF GIFT, BEQUEST, OR GRANT:

Catholic Daughters of America
Name
1011 Burnett Ames, IA 50010
Mailing Address City, State, Zip Code
Not Available
Area Code & Telephone Number
Email Address (optional)

1106 \$ 20.00
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:
To Be Used For Client Activities
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.

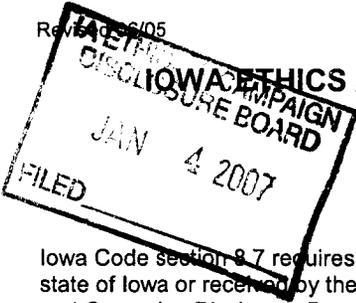
Statement of Affirmation:

I, Ruth Ashton 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.

Ruth Ashton
Signature

1/2/07
Date

Revised 6/05



IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD
510 EAST 12TH, 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.

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

Woodward Resource Center
Name of Department or Office
1251 334th Street Woodward Iowa 50276
Mailing Address City, State, Zip Code
515/438-2600
Area Code & Telephone No.

CONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFICE:

Ruth Ashton
Name
Mailing Address (if different from above) City, State, Zip (if different from above)
rashton@dhs.state.ia.us 515/438-3123
Email Address Area Code & Telephone Number (if different from above)

DONOR OF GIFT, BEQUEST, OR GRANT:

ALA No 465 Breen Post
Name
P.O. Box 251 Titonka IA 50480
Mailing Address City, State, Zip Code
Not Available
Area Code & Telephone Number
Email Address (optional)

2/06 \$ 168.00
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:
Cash To Be Used For Client Activities

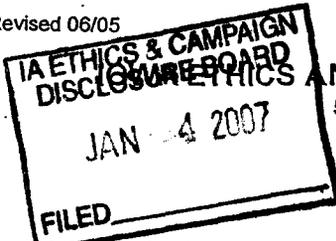
Criteria to use this form:
Receipt of any gift, bequest, or grant that is received by any department of the state or received by the Governor on behalf of the state.

Statement of Affirmation:

I, Ruth Ashton 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.

Ruth Ashton
Signature

1/2/07
Date



IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD

510 EAST 12TH, 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
101 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:

Crysta Friendship Club - Verona Iowa
Name
800 6th St. Traer, IA 50675
Mailing Address City, State, Zip Code
N/A
Area Code & Telephone Number
N/A
Email Address (optional)
12/15/06 \$ 150
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 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

12/03/07
Date

IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD

510 EAST 12TH, 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 6.702 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:

Woodward Resource Center
Name of Department or Office
1251 334th Street Woodward Iowa 50276
Mailing Address City, State, Zip Code
515/438-2600
Area Code & Telephone No.

CONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFICE:

Ruth Ashton
Name
Mailing Address (if different from above) City, State, Zip (if different from above)
r Ashton@dhs.state.ia.us 515/438-3123
Email Address Area Code & Telephone Number (if different from above)

DONOR OF GIFT, BEQUEST, OR GRANT:

Candler County ALA
Name
1251 Grant Road Candler, IA 51401
Mailing Address City, State, Zip Code
Not Available
Area Code & Telephone Number
Email Address (optional)

10/5/06 \$ 35.00
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:
General donation for client activities.
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, Ruth Ashton 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.

Ruth Ashton
Signature

12/21/06
Date

IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD

510 EAST 12TH, 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 _____

ETHICS & CAMPAIGN DISCLOSURE BOARD
JAN 4 2007
FILED

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:

Woodward Resource Center	
Name of Department or Office	
Mailing Address	1251 334th Street Woodward Iowa 50276
Area Code & Telephone No.	515/438-2600

CONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFICE:

Ruth Ashton	
Name	
Mailing Address (if different from above)	City, State, Zip (if different from above)
Email Address	rashton@dhs.state.ia.us 515/438-3123

DONOR OF GIFT, BEQUEST, OR GRANT:

Wells Fargo / Olson Fund	
Name	
Mailing Address	Des Moines, Iowa
Area Code & Telephone Number	
Email Address (optional)	

10/30/06	\$ 18,125.00
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:

General donation - yearly distribution from estate of Clifford + Anna Olson for use by the clients!

Criteria to use this form:

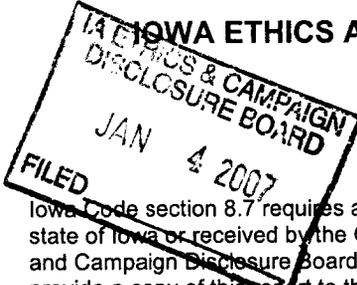
Receipt of any gift, bequest, or grant that is received by any department of the state or received by the Governor on behalf of the state.

Statement of Affirmation:

I, Ruth Ashton 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.

Ruth Ashton
Signature

12/21/06
Date



IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD

510 EAST 12TH, 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

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

Woodward Resource Center
Name of Department or Office
1251 334th Street Woodward Iowa 50276
Mailing Address City, State, Zip Code
515/438-2600
Area Code & Telephone No.

CONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFICE:

Ruth Ashton
Name
Mailing Address (if different from above) City, State, Zip (if different from above)
rashton@dhs.state.ia.us 515/438-3123
Email Address Area Code & Telephone Number (if different from above)

DONOR OF GIFT, BEQUEST, OR GRANT:

Am Legion Auxiliary
Name
911 4th Ave. Humboldt IA 50548
Mailing Address City, State, Zip Code
Not Available
Area Code & Telephone Number
Email Address (optional)

5/06 \$ 12.50
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:
To Be Used For Client Activities
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, Ruth Ashton 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.

Ruth Ashton
Signature

1/2/07
Date



IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD
 510 EAST 12TH, 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

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

Woodward Resource Center

Name of Department or Office _____
 Mailing Address 1251 334th Street City, State, Zip Code Woodward Iowa 50276
 Area Code & Telephone No. 515/438-2600

CONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFICE:

Ruth Ashton

Name _____
 Mailing Address (if different from above) _____ City, State, Zip (if different from above) _____
 Email Address rashton@dhs.state.ia.us Area Code & Telephone Number (if different from above) 515/438-3123

DONOR OF GIFT, BEQUEST, OR GRANT:

WRC School + Home Association

Name _____
 Mailing Address _____ City, State, Zip Code _____
 Area Code & Telephone Number Not Available
 Email Address (optional) _____

6/06 \$ 1,200.00

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:
To Be Used For Client Activities.

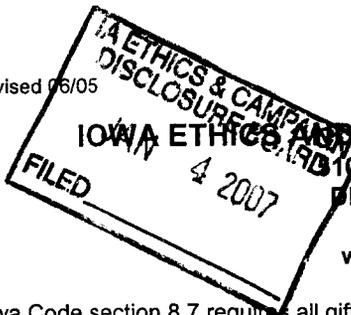
Criteria to use this form:
 Receipt of any gift, bequest, or grant that is received by any department of the state or received by the Governor on behalf of the state.

Statement of Affirmation:

I, Ruth Ashton 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.

Ruth Ashton
 Signature

1/2/07
 Date



IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD

EAST 12TH, 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

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

Woodward Resource Center	
Name of Department or Office	
Mailing Address	1251 334th Street Woodward Iowa 50276
Area Code & Telephone No.	515/438-2600

CONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFICE:

Ruth Ashton	
Name	
Mailing Address (if different from above)	City, State, Zip (if different from above)
Email Address	rashton@dhs.state.ia.us 515/438-3123

DONOR OF GIFT, BEQUEST, OR GRANT:

Name	Am Legion Aux / Dept of Iowa	
Mailing Address	720 Lyon Street	DM IA 50309
Area Code & Telephone Number	Not Available	
Email Address (optional)		

Date of Gift, Bequest, or Grant	11/27/06	Amount/Value*	\$ 60.00
*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:
General donation for clients.

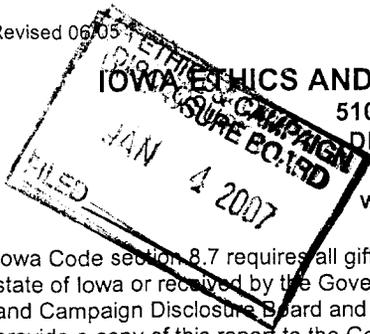
Criteria to use this form:
Receipt of any gift, bequest, or grant that is received by any department of the state or received by the Governor on behalf of the state.

Statement of Affirmation:

I, **Ruth Ashton** 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.

Ruth Ashton
Signature

12/21/06
Date



IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD

510 EAST 12TH, 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

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

Woodward Resource Center	
Name of Department or Office	
Mailing Address	1251 334th Street Woodward Iowa 50276
Area Code & Telephone No.	515/438-2600

CONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFICE:

Ruth Ashton	
Name	
Mailing Address (if different from above)	City, State, Zip (if different from above)
rashton@dhs.state.ia.us	515/438-3123
Email Address	Area Code & Telephone Number (if different from above)

DONOR OF GIFT, BEQUEST, OR GRANT:

<i>St Peter's Lutheran Church Ladies Aid</i>	
Name	
Mailing Address	City, State, Zip Code
<i>Not Available</i>	
Area Code & Telephone Number	
Email Address (optional)	

12/5/06	\$ 10⁰⁰
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:

General donation for clients

Criteria to use this form:

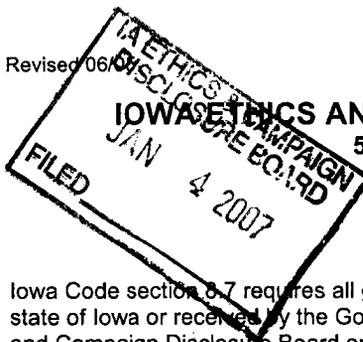
Receipt of any gift, bequest, or grant that is received by any department of the state or received by the Governor on behalf of the state.

Statement of Affirmation:

I, Ruth Ashton 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.

Ruth Ashton
Signature

12/21/06
Date



IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD

510 EAST 12TH, 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:

Woodward Resource Center
Name of Department or Office
1251 334th Street Woodward Iowa 50276
Mailing Address City, State, Zip Code
515/438-2600
Area Code & Telephone No.

CONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFICE:

Ruth Ashton
Name
Mailing Address (if different from above) City, State, Zip (if different from above)
rashton@dhs.state.ia.us 515/438-3123
Email Address Area Code & Telephone Number (if different from above)

DONOR OF GIFT, BEQUEST, OR GRANT:

Highland Park ALA # 374
Name
Mailing Address City, State, Zip Code
Not Available
Area Code & Telephone Number
Email Address (optional)

12/7/06 \$ 500⁰⁰
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:
Annual donation for clients

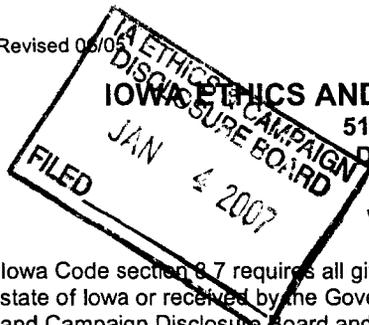
Criteria to use this form:
Receipt of any gift, bequest, or grant that is received by any department of the state or received by the Governor on behalf of the state.

Statement of Affirmation:

I, Ruth Ashton 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.

Ruth Ashton
Signature

12/21/06
Date



IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD

510 EAST 12TH, SUITE 1A
DES MOINES, IA 50319
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FORM-GBG

Gift, Bequest, or Grant information received by a department or accepted by the Governor on behalf of the state

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

Woodward Resource Center	
Name of Department or Office	
Mailing Address	1251 334th Street Woodward Iowa 50276
Area Code & Telephone No.	515/438-2600

CONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFICE:

Ruth Ashton	
Name	
Mailing Address (if different from above)	City, State, Zip (if different from above)
Email Address	rashton@dhs.state.ia.us
	515/438-3123
	Area Code & Telephone Number (if different from above)

DONOR OF GIFT, BEQUEST, OR GRANT:

<i>Good Hope Lutheran Welca</i>	
Name	
Mailing Address	City, State, Zip Code
Area Code & Telephone Number	<i>Not Available</i>
Email Address (optional)	

<i>12/13/06</i>	\$ <i>30⁰⁰</i>
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:

General donation for clients

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, Ruth Ashton 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.

Ruth Ashton
Signature

12/21/06
Date

IA ETHICS & CAMPAIGN DISCLOSURE BOARD
JOWA ETHICS & CAMPAIGN DISCLOSURE BOARD
FILED JAN 4 2007

ETHICS AND CAMPAIGN DISCLOSURE BOARD

510 EAST 12TH, 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

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Computer _____

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

Woodward Resource Center		
Name of Department or Office	_____	
Mailing Address	<u>1251 334th Street</u>	<u>Woodward Iowa 50276</u>
Area Code & Telephone No.	<u>515/438-2600</u>	City, State, Zip Code

CONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFICE:

Ruth Ashton	
Name	_____
Mailing Address (if different from above)	_____
Email Address	<u>rashton@dhs.state.ia.us</u>
City, State, Zip (if different from above)	<u>515/438-3123</u>
Area Code & Telephone Number (if different from above)	_____

DONOR OF GIFT, BEQUEST, OR GRANT:

Ray + Alex Pastore	
Name	_____
Mailing Address	<u>5250 De Announ Road</u>
Area Code & Telephone Number	<u>Anchorage, AK 99516</u>
City, State, Zip Code	_____
Email Address (optional)	_____

<u>12/21/06</u>	<u>\$ 300⁰⁰</u>
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:

Cash to be used for clients at one of our homes. Fund activities that clients enjoy.

Criteria to use this form:

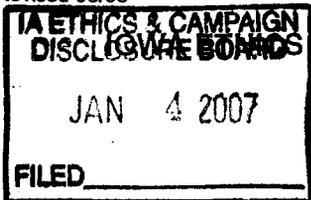
Receipt of any gift, bequest, or grant that is received by any department of the state or received by the Governor on behalf of the state.

Statement of Affirmation:

I, Ruth Ashton 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.

Ruth Ashton
Signature

12/21/06
Date



ETHICS AND CAMPAIGN DISCLOSURE BOARD

510 EAST 12TH, 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

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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:

Dr. Marshall Walker
Name
2403 Ridge Rd Truer, IA 50615
Mailing Address City, State, Zip Code
N/A
Area Code & Telephone Number
N/A
Email Address (optional)

12/15/06 \$ 10
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.
candy canes to be 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

12/29/06
Date