Revised 06/05

IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD

510 EAST 12TH, SUITE 1A
DES MOINES, IA 50319
Fax: (515)281-3701
www.iowa.gov/ethics

IA ETHICS & CAMPAIGN DISCLOSURE BOARD
JUL - 3 2006
FILED

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:

Name of Department or Office: Glenwood Resource Center
Mailing Address: 711 South Vine Street
Area Code & Telephone No.: Glenwood, Iowa 51534

CONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFICE:

Name
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:

Name: ELI LILLY
Mailing Address: LILLY CORP. CTR.
City, State, Zip Code: INDIANAPOLIS, IN. 46285
Area Code & Telephone Number
Email Address (optional)

Date of Gift, Bequest, or Grant: 6-20-2006
Amount/Value*: $ 126.87

*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:

PRESENTATION LUNCH FOR 50 EMPLOYES

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 R. Messinger 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: R. Messinger
Date: 6-29-06

Revised 06/05

IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD

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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:

Name of Department or Office: Glenwood Resource Center
Mailing Address: 711 South Vine Street
Area Code & Telephone No.: Glenwood, Iowa 51534

CONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFICE:

Name
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:

Name: KUENNEN ESTATE
Mailing Address
City, State, Zip Code
Area Code & Telephone Number
Email Address (optional)

Date of Gift, Bequest, or Grant: 6-16-2006
Amount/Value*: $2,500.00

*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:

DECEASED MOTHER OF CLIENT - FUNDS FOR GUARDIANSHIP FEES 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 R. MESSINGER 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: Ruth Messinger
Date: 6-29-06

Revised 06/05

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

Name of Department or Office: Glenwood Resource Center
Mailing Address: 711 South Vine Street
Area Code & Telephone No.: Glenwood, Iowa 51534

CONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFICE:

Name
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:

Name: BRISTOL-MYERS SQUIBB CO
Mailing Address: 5920 S. 88th ST.
City, State, Zip Code: LINCOLN, NE 68526
Area Code & Telephone Number
Email Address (optional)

Date of Gift, Bequest, or Grant: 6-15-2006
Amount/Value*: $ 114.21

*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:

PRESENTATION LUNCH FOR 50 EMPLOYEES

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 R. Messinger 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: Ruth Messinger

Date: 6-29-06

Revised 06/05

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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:

Name of Department or Office: Glenwood Resource Center
Mailing Address: 711 South Vine Street
Area Code & Telephone No.: Glenwood, Iowa 51534

CONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFICE:

Name
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:

Name: PFIZER, INC.
Mailing Address: 18212 SHADOW RIDGE DR.
City, State, Zip Code: OMAHA, NE 68130
Area Code & Telephone Number
Email Address (optional)

Date of Gift, Bequest, or Grant: 6-14-2006
Amount/Value*: $ 145.89

*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:

PRESENTATION LUNCHEON FOR 50 EMPLOYEES

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 R. Messinger 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: Ruth Messinger
Date: 6-29-06

Revised 06/05

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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:

Name of Department or Office: Glenwood Resource Center
Mailing Address: 711 South Vine Street
Area Code & Telephone No.: Glenwood, Iowa 51534

CONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFICE:

Name
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:

Name: CORP FOR NAT'L & COMM. SERV
Mailing Address: % DANIAL FAROOQ SENIOR GRANTS OFF.
City, State, Zip Code
Area Code & Telephone Number: 312-353-7704
Email Address (optional)

Date of Gift, Bequest, or Grant: 6-12-2006
Amount/Value*: $211,469.00

*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:

FUNDS USED FOR EXPENSES IN FOSTER GRANDPARENT PROGRAM

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 R. Messinger 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: Ruth Messinger
Date: 6-29-06

Revised 06/05

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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:

Name of Department or Office: Glenwood Resource Center
Mailing Address: 711 South Vine Street
Area Code & Telephone No.: Glenwood, Iowa 51534

CONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFICE:

Name
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:

Name: ROCHE LAB.
Mailing Address: 340 KINSLAND ST.
City, State, Zip Code: NUTLEY, NJ 07110-119
Area Code & Telephone Number
Email Address (optional)

Date of Gift, Bequest, or Grant: 6-06-2006
Amount/Value*: $ 111.83

*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:

PRESENTATION SNACKS FOR 50 EMPLOYEES

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 R. Messinger 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: Rita Messinger
Date: 6-29-06

Revised 06/05

IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD

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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:

Name of Department or Office: Glenwood Resource Center
Mailing Address: 711 South Vine Street
Area Code & Telephone No.: Glenwood, Iowa 51534

CONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFICE:

Name
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:

Name: UNIV OF IOWA
Mailing Address: 202 PCO
City, State, Zip Code: IOWA CITY IA 52242-2510
Area Code & Telephone Number
Email Address (optional)

Date of Gift, Bequest, or Grant: 6-2-2006
Amount/Value*: $ 8534.00

*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:

FUNDS USED TO HELP PLACEMENT OF CLIENTS INTO WAIVER HOMES

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 R Messinger 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: Ruth Messinger
Date: 6-29-06

Revised 06/05

IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD

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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:

Name of Department or Office: Glenwood Resource Center
Mailing Address: 711 South Vine Street
Area Code & Telephone No.: Glenwood, Iowa 51534

CONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFICE:

Name
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:

Name: HARVEY RESEARCH, INC
Mailing Address: 6800 PITTSFORD-PALMYRA RD.
City, State, Zip Code: CEDARWOOD OFFICE PARK STE 400
Area Code & Telephone Number: FAIRPORT, NY 14450-3695
Email Address (optional)

Date of Gift, Bequest, or Grant: 5-8-2006
Amount/Value*: $ 1.00

*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:

REC'D FOR FILING SURVEY REPORT

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 R. Messinger 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: R. Messinger
Date: 6-29-06

Revised 06/05

IA ETHICS & CAMPAIGN DISCLOSURE BOARD
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DEPARTMENT OR OFFICE RECEIVING THE GIFT, BEQUEST, OR GRANT:

Name of Department or Office: Glenwood Resource Center
Mailing Address: 711 South Vine Street
Area Code & Telephone No.: Glenwood, Iowa 51534

CONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFICE:

Name
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:

Name: ALA-SHELBY UNIT 240
Mailing Address: SHELBY IA
City, State, Zip Code: 51570
Area Code & Telephone Number
Email Address (optional)

Date of Gift, Bequest, or Grant: 5-2-06
Amount/Value*: $10.00

*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:

TO BE USED FOR GRC CHILDREN & 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 R. Messinger 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: Ruth Messinger
Date: 6-29-06

Revised 06/05

IA ETHICS & CAMPAIGN DISCLOSURE BOARD
JUL - 3 2006
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DEPARTMENT OR OFFICE RECEIVING THE GIFT, BEQUEST, OR GRANT:

Name of Department or Office: Glenwood Resource Center
Mailing Address: 711 South Vine Street
Area Code & Telephone No.: Glenwood, Iowa 51534

CONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFICE:

Name
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:

Name: PFIZER, INC
Mailing Address: 208 N 163rd
City, State, Zip Code: OMAHA, NE 68118
Area Code & Telephone Number
Email Address (optional)

Date of Gift, Bequest, or Grant: 5-01-2006
Amount/Value*: $413.94

*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:

PRESENTATION LUNCH FOR 50 EMPLOYEES

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 R. Messinger 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: Ruth Messinger
Date: 6-29-06

Revised 06/05

IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD

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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
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:

Am. Legion Aux. Dept. of Iowa
Name
720 Lyn St., Des Moines, IA
Mailing Address — City, State, Zip Code
50309
Area Code & Telephone Number
Email Address (optional)

4/28/06 — $ 50.00
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:
Activities 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
6/30/06 — Date

Revised 06/05

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

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

CONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFICE:

Name: Deb Hanus
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:

Name: Am. Legion Aux. Keokuk Unit #41
Mailing Address: c/o Lenda Sue Mullin
City, State, Zip Code: 111 So. 2nd St. #610, Keokuk, IA 52632
Area Code & Telephone Number:
Email Address (optional):

Date of Gift, Bequest, or Grant: 3/23/06
Amount/Value*: $ 119.07

*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:
Numerous new items for youth - to be used in cottages and also for school awards

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

6/30/06
Date

Revised 06/05

IA ETHICS & CAMPAIGN DISCLOSURE BOARD
JUL - 3 2006
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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
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:

Am. Legion Aux. Unit # 731
Name
% Evelyn Munoz
Mailing Address City, State, Zip Code
Des Moines, IA
Area Code & Telephone Number
Email Address (optional)

5/30/06 $ 50.00
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:
numerous new gift items + school supplies to be used as awards for school.

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

6/30/06
Date

Revised 06/05

IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD

510 EAST 12TH, SUITE 1A
DES MOINES, IA 50319
Fax: (515)281-3701
www.iowa.gov/ethics

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IA ETHICS & CAMPAIGN DISCLOSURE BOARD
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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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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
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:

Am. Legion Aux. Holtz Geers Unit 668 c/o Louise Pieper
Name
2643 County Road 103 Fort Madison, IA 52627
Mailing Address City, State, Zip Code
Area Code & Telephone Number
Email Address (optional)

9/26/05 $ 25.00
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:
Activities 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

6/30/06
Date

Revised 06/05

IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD

510 EAST 12TH, SUITE 1A
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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:

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
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:

Am. Legion Aux. Unit No. 47 % Shirley Kitch
Name
305 W. Washington Ave. Fairfield, IA 52556
Mailing Address City, State, Zip Code
Area Code & Telephone Number
Email Address (optional)

10/17/05 $ 100.00
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:
Activities 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

6/30/06
Date

Revised 06/05

IA ETHICS & CAMPAIGN DISCLOSURE BOARD
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IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD

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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:

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
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:

Bellizzi-MacRae Aux. #659
Name
SE 1st + Edison, DesMoines, IA 50315
Mailing Address City, State, Zip Code
Area Code & Telephone Number
Email Address (optional)

10/18/05 $ 50.00
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:

Activities 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

6/30/06
Date

Revised 06/05

IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD
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IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD

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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:

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

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:

Am. Legion Aux. Dept. of Iowa
Name

720 Lyon St. Des Moines, IA 50309
Mailing Address City, State, Zip Code

Area Code & Telephone Number

Email Address (optional)

11/01/05 $ 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:

Activities 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

6/30/06
Date

Revised 06/05

IA ETHICS & CAMPAIGN DISCLOSURE BOARD
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IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD

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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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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:

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

CONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFICE:

Name: Deb Hanus
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:

Name: Am Legion Aux. Keokuk Unit #41 % Dorothy Barnes
Mailing Address: 1701 Estes St.
City, State, Zip Code: Keokuk, IA 52632
Area Code & Telephone Number:
Email Address (optional):

Numerous new gift items
Date of Gift, Bequest, or Grant: 11/01/05
Amount/Value*: $ 0.00

*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:
Used for awards for youth + x-mas 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

6/30/06
Date

Revised 06/05

IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD

510 EAST 12TH, SUITE 1A
DES MOINES, IA 50319
Fax: (515)281-3701
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Gift, Bequest, or Grant information received by a department or accepted by the Governor on behalf of the state

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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:

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

CONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFICE:

Name: Deb Hanus
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:

Name: Am. Legion Aux. Scherrman-Petersen #656, Dist 2 - Dubuque County
Mailing Address: c/o Lois Sweeney 308 3rd Ave SE
City, State, Zip Code: Farley, IA 52046
Area Code & Telephone Number:
Email Address (optional):

Date of Gift, Bequest, or Grant: 11/04/05
Amount/Value*: $ 100.00

*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:
Activities for youth + x-mas presents

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

6/30/06
Date

Revised 06/05

IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD
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IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD

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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

For office use only
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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
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:

Immaculate Conception Rosary Society
Name
Clutier, IA 52217
Mailing Address City, State, Zip Code
% Shirley Kubik
Area Code & Telephone Number
2444 O Ave., Clutier, IA
Email Address (optional)

11/05/05 — Date of Gift, Bequest, or Grant
$ No value given — 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:
8 hand made twin size quilts.

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

6/30/06
Date

Revised 06/05

IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD

510 EAST 12TH, SUITE 1A
DES MOINES, IA 50319
Fax: (515)281-3701
www.iowa.gov/ethics

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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

For office use only
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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
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:

Iowa Juvenile Home Foundation
Name
c/o Bill Skow, State Bank of Toledo
Mailing Address — City, State, Zip Code
100 E. High St, Toledo, Ia 52342
Area Code & Telephone Number
Email Address (optional)

11/29/05 — $ 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:
For miscellaneous youth activities & X-mas 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
6/30/06 — Date

Revised 06/05

IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD

510 EAST 12TH, SUITE 1A
DES MOINES, IA 50319
Fax: (515)281-3701
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IA ETHICS & CAMPAIGN DISCLOSURE BOARD
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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:

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
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:

James Roan
Name
130 E. High St. Toledo, IA
Mailing Address City, State, Zip Code 52342
641/484-2320
Area Code & Telephone Number
Email Address (optional)

12/20/06 $ 100.00
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:
X-mas activities & 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

6/30/06
Date

Revised 06/05

IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD

510 EAST 12TH, SUITE 1A
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IA ETHICS & CAMPAIGN DISCLOSURE BOARD
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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

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:

Ron Ferrin
Name

2215 York Rd, Suite 209
Mailing Address — City, State, Zip Code

Oak Brook, Illinois 60523
Area Code & Telephone Number

Email Address (optional)

12/27/05 — $ 6000.00
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:
for misc. x-mas for youth, Rec program and cottages

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

6/30/06
Date

Revised 06/05

IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD
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IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD

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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
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:

Am Legion Aux. Dyersville Unit 137
Name
% Doris Langel
~~Mailing Address~~ City, State, Zip Code
618 4th St S.E., Dyersville, IA 52040
~~Area Code & Telephone Number~~
Email Address (optional)

1/05/06 $ 25.00
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:
For youth 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, 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

6/30/06
Date

Revised 06/05

IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD

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Fax: (515)281-3701
www.iowa.gov/ethics

IA ETHICS & CAMPAIGN DISCLOSURE BOARD
JUL - 3 2006
FILED

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:

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

CONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFICE:

Name: Deb Hanus
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:

Name: Am Legion Aux. Dept. of Iowa
Mailing Address: 720 Lyon St.,
City, State, Zip Code: Des Moines, IA 50309
Area Code & Telephone Number:
Email Address (optional):

Date of Gift, Bequest, or Grant: 1/30/06
Amount/Value*: $ 150.00

*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:
Activities 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

6/30/06
Date

Revised 06/05

IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD
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IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD

510 EAST 12TH, SUITE 1A
DES MOINES, IA 50319
Fax: (515)281-3701
www.iowa.gov/ethics

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

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

CONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFICE:

Name: Deb Hanus
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:

Name: Am. Legion Aux. Unit #643
c/o Elva Kellogg
Mailing Address: 4788 R Ave
City, State, Zip Code: Morning Sun, IA 52640
Area Code & Telephone Number:
Email Address (optional):

Date of Gift, Bequest, or Grant: 3/02/06
Amount/Value*: $ 10.00

*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:
Activities 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

6/30/06
Date

Revised 06/05

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

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

CONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFICE:

Name: Deb Hanus
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:

Name: Am. Legion Aux. Unit #47
Mailing Address: c/o Shirley Kitch
City, State, Zip Code: 305 W. Washington, Fairfield, IA 52556
Area Code & Telephone Number:
Email Address (optional):

Date of Gift, Bequest, or Grant: 3/09/06
Amount/Value*: $ 50.00

*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:
Activities 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

6/30/06
Date