

Revised 08/05

### 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

CAMPAIGN  
BOARD  
JUN 13 2006



### 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:

|   |                       |
|---|-----------------------|
| <b>Department of Human Services</b>       |                       |
| Name of Department or Office              |                       |
| 1305 E Walnut 1st Floor - Hoover Building | Des Moines, IA 50319  |
| Mailing Address                           | City, State, Zip Code |
| 515 281 3095                              |                       |
| Area Code & Telephone No.                 |                       |

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

|   |  |
|---|--|
| Susan E. Hase                             |  |
| Name                                      |  |
| Mailing Address (if different from above) | City, State, Zip (if different from above)             |
| shase@dhs.state.ia.us                     |  |
| Email Address                             | Area Code & Telephone Number (if different from above) |

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

|                              |                       |
|------------------------------|-----------------------|
| <b>Wells Blue Bunny</b>      |                       |
| Name                         |                       |
| 809 8th St S.W.              | Attoona, IA           |
| Mailing Address              | City, State, Zip Code |
| 515.967.0444                 |                       |
| Area Code & Telephone Number |                       |
| Email Address (optional)     |                       |

|  |               |
|--|---------------|
| 6/13/2006  | \$ 33.00      |
| 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:

Donation of ice cream which will be sold with proceeds going to Iowa Food Bank

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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, Susan E. Hase 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

6/13/2006  
Date

Revised 06/05

### IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD

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Reset Form

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

|   |                       |
|---|-----------------------|
| Department of Human Services              |                       |
| Name of Department or Office              |                       |
| 1305 E Walnut 1st Floor - Hoover Building | Des Moines, IA 50319  |
| Mailing Address                           | City, State, Zip Code |
| 515.281.3095                              |                       |
| Area Code & Telephone No                  |                       |

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

|   |  |
|---|--|
| Susan E. Hase                             |  |
| Name                                      |  |
| Mailing Address (if different from above) | City, State, Zip (if different from above)             |
| shase@dhs.state.ia.us                     |  |
| Email Address                             | Area Code & Telephone Number (if different from above) |

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

|                                     |                       |
|-------------------------------------|-----------------------|
| Olive Garden                        |                       |
| Name                                |                       |
| 3600 Westown Parkway W DM, IA 50266 |                       |
| Mailing Address                     | City, State, Zip Code |
| 515.224.0824                        |                       |
| Area Code & Telephone Number        |                       |
| Email Address (optional)            |                       |

|  |               |
|--|---------------|
| 5/30/2006  | \$ 1,000.00   |
| 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:

Food Donation which we will sell and all proceeds to Iowa Food Bank

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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, Susan E. Hase 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

6/13/2006  
Date

Revised 06/05

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

|   |                       |
|---|-----------------------|
| Department of Human Services              |                       |
| Name of Department or Office              |                       |
| 1305 E Walnut 1st Floor - Heever Building | Des Moines, IA 50319  |
| Mailing Address                           |                       |
| 515 281 3095                              | City, State, Zip Code |
| Area Code & Telephone No.                 |                       |

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

|  |  |
|--|--|
| Susan E. Hase  |  |
| Name   |  |
| Mailing Address (if different from above)              |  |
| shase@dhs.state.ia.us                                  | City, State, Zip (if different from above) |
| Email Address  |  |
| Area Code & Telephone Number (if different from above) |  |

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

|                               |                       |
|-------------------------------|-----------------------|
| Hy-Vee ATTN: Andy Streit, Mgr |                       |
| Name                          |                       |
| 3221 Southeast 14th St        | Des Moines, IA 50307  |
| Mailing Address               |                       |
| 515.243.7276                  | City, State, Zip Code |
| Area Code & Telephone Number  |                       |
| Email Address (optional)      |                       |

|  |                      |
|--|----------------------|
| May 24, 2006   | \$ 600 <sup>00</sup> |
| 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:

donated food to be "sold" for Iowa Food Bank Drive ..... We do not know the value since it was never discussed.

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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, Susan E. Hase 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.

Susan E. Hase  
Signature

6-13-06  
Date

Revised 06/05

### IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD

510 EAST 12<sup>TH</sup>, SUITE 1A  
DES MOINES, IA 50319  
Fax: (515)281-3701  
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JUN 13 2006

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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 87 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:

|   |                       |
|---|-----------------------|
| Department of Human Services                |                       |
| Name of Department or Office                |                       |
| 1305 E Walnut - 1st Floor - Hoover Building | Des Moines, IA 50319  |
| Mailing Address                             | City, State, Zip Code |
| 515 281 3705                                |                       |
| Area Code & Telephone No.                   |                       |

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

|  |  |
|--|--|
| Susan Hase   |  |
| Name   |  |
| Mailing Address (if different from above)              |  |
| shase@idhs.state.ia.us                                 | City, State, Zip (if different from above) |
| Email Address  |  |
| Area Code & Telephone Number (if different from above) |  |

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

|  |                       |
|--|-----------------------|
| Iowa Cubs  |                       |
| Name   |                       |
| Pleasant Park, One Loop Drive - Des Moines, IA 50309 |                       |
| Mailing Address                                      | City, State, Zip Code |
| Area Code & Telephone Number                         |                       |
| Email Address (optional)                             |                       |

|  |               |
|--|---------------|
| 5/23/2006  | \$ 425.00     |
| 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:

Skybox and 10 free tickets to be raffled @ \$5.00 per entry with proceeds to Iowa Food Bank

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, Susan E. Hase 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

6-13-06  
Date

Revised 06/05

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Iowa Code section 6.7 requires all gifts, bequests, and grants given to any department of the state of Iowa or received by the Governor on behalf of the state be reported to the Iowa Ethics and Campaign Disclosure Board and the Government Oversight Committee. The Board will provide a copy of this report to the Government Oversight Committee. This form is required to be filed within 20 days of receipt of the gift, bequest, or grant

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

|   |                       |
|---|-----------------------|
| Department of Human Services              |                       |
| Name of Department or Office              | Des Moines, IA 50319  |
| 1305 E Walnut 1st Floor - Hoover Building | City, State, Zip Code |
| Mailing Address                           |                       |
| 515 281 2095                              |                       |
| Area Code & Telephone No.                 |                       |

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

|   |  |
|---|--|
| Susan E. Hase                             |  |
| Name                                      |  |
| Mailing Address (if different from above) | City, State, Zip (if different from above)             |
| shase@dhs.state.ia.us                     |  |
| Email Address                             | Area Code & Telephone Number (if different from above) |

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

|   |                       |
|---|-----------------------|
| El Rodeo Mexican Restaurant             |                       |
| Name                                    |                       |
| 7420 Douglas Avenue Urbandale, IA 50322 | City, State, Zip Code |
| Mailing Address                         |                       |
| 515.253.3998                            |                       |
| Area Code & Telephone Number            |                       |
| Email Address (optional)                |                       |

|  |               |
|--|---------------|
| 5/19/2006  | 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

Donated food which was sold with proceeds to Iowa Food Bank. Value unknown (never discussed)

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, Susan E. Hase 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.

Susan E. Hase  
Signature

6/13/2006  
Date

Revised 06/05

IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD

510 EAST 12<sup>TH</sup>, SUITE 1A
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DEPARTMENT OR OFFICE RECEIVING THE GIFT, BEQUEST, OR GRANT:

Department of Human Services
Name of Department or Office
1305 E. Walnut 1st Floor - Hoover Building Des Moines, IA 50319
Mailing Address City, State, Zip Code
515.281.3095
Area Code & Telephone No

CONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFICE:

Susan E. Hase
Name
Mailing Address (if different from above) City, State, Zip (if different from above)
shase@dhs.state.ia.us
Email Address Area Code & Telephone Number (if different from above)

DONOR OF GIFT, BEQUEST, OR GRANT:

Godfather's Pizza
Name
Mailing Address City, State, Zip Code
515.270.2194
Area Code & Telephone Number
Email Address (optional)

6/06/2006 \$ 750.00
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:
Providing pizza at a reduced price which will be sold with all proceeds going to Iowa Food Bank
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, Susan E. Hase 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.

Susan E. Hase
Signature

6/13/2006
Date