



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



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:

Governor's Office of Drug Control Policy

Name of Department or Office
 321 E. 12th St., Lucas St. Office Bldg., 1st Floor
 Des Moines, IA 50319

Mailing Address
 515/281-3701
 City, State, Zip Code

Area Code & Telephone No.

CONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFICE:

Dale Woolery, Assistant Drug Policy Coordinator

Name

Mailing Address (if different from above)
 dale.woolery@iowa.gov
 City, State, Zip (if different from above)
 515/281-3788

Email Address
 Area Code & Telephone Number (if different from above)

DONOR OF GIFT, BEQUEST, OR GRANT:

US Dept of Justice, Office of Justice Programs

Name

810 7th St. NW, 4th Fl. Washington, DC
 Mailing Address
 City, State, Zip Code

202/616-1283
 Area Code & Telephone Number

judy.poston@usdoj.gov
 Email Address (optional)

5/23/2006 \$ 49,361.00

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

Grant #2006DDBX0147-Over the Counter/Prescription Drug Education and Alert System to: 1) increase awareness of prescription drug abuse; 2) improve the health care system's response to prescription and over-the-counter drug abuse; and 3) reduce the availability of licit medications diverted for illicit use

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, Dale Woolery, 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

05/23/2006
 Date