

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
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

MAY 12 2006 stamp

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:

Form for Department or Office Receiving the Gift, Bequest, or Grant. Includes fields for Name of Department or Office, Mailing Address, and Area Code & Telephone No.

CONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFICE:

Form for Contact Person for Recipient Department or Office. Includes fields for Name, Mailing Address, and Email Address.

DONOR OF GIFT, BEQUEST, OR GRANT:

Form for Donor of Gift, Bequest, or Grant. Includes fields for Name, Mailing Address, and Email Address.

Form for Date of Gift, Bequest, or Grant and Amount/Value. Includes fields for Date of Gift, Bequest, or Grant and Amount/Value.

Form for Description of the gift, bequest, or grant and purpose thereof. Includes a text area for description and criteria to use this form.

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 of Dale Woolery

05/09/2006

Date

Revised 06/05

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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
515-242-6391
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
202-616-1283
City, State, Zip Code
Area Code & Telephone Number
judy.poston@usdoj.gov
Email Address (optional)

05/09/2006 \$ 155,320.00
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#2006PGBX0048-To support anti-gang enforcement and prevention efforts under the existing Project Safe Neighborhoods (PSN) Initiative. The PSN initiative is led by the US Attorney-Southern District. ODCP is the fiscal agent in coordination with the PSN Task Force and allocates funds throughout the community to support the anti-gang initiative.
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.

Dale Woolery
Signature

05/09/2006
Date