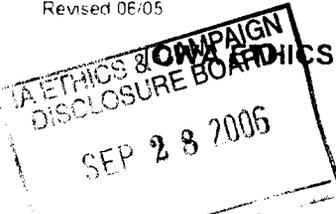


Revised 06/05



ETHICS AND CAMPAIGN DISCLOSURE BOARD

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

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:

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	City, State, Zip Code
515-281-6391	
Area Code & Telephone No.	

CONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFICE:

Dale Woolery, Assistant Drug Policy Coordinator	
Name	
Mailing Address (if different from above)	City, State, Zip (if different from above)
dale.woolery@iowa.gov	515-281-3788
Email Address	Area Code & Telephone Number (if different from above)

DONOR OF GIFT, BEQUEST, OR GRANT:

US Dept of Justice, Community Oriented Policing	
Name	
1100 Vermont Ave. NW	Washington, DC 20530
Mailing Address	City, State, Zip Code
800-421-6770	
Area Code & Telephone Number	
Email Address (optional)	

9/20/06	\$ 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 # 2006CKWX0447 - Licit Drug Diversion & Abuse Program is to identify, investigate, and disrupt the diversion of illicit purposes. Primary function is to identify, investigate, and prosecute those involved in diverting prescription and over the counter medications.

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:

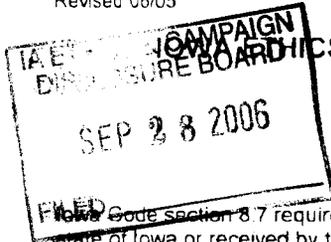
I, Dale Woolery, affirm that the gift, bequest, or grant reported above is accurate. I further affirm that the information concerning the donor and assessment of the fair market value (if applicable) is correct and true to the best of my knowledge.

Dale Woolery
Signature

09/22/06

Date

Revised 06/05



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

For office use only

Indexed _____
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FILED 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
 521 E. 12th St., Lucas St. Office Bldg., 1st Floor Des Moines, IA 50319

Mailing Address
 515242-6391 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) City, State, Zip (if different from above)
 dale.woolery@iowa.gov 515/281-3788

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

DONOR OF GIFT, BEQUEST, OR GRANT:

US Dept of Justice, Community Oriented Policing

Name

1100 Vermont Ave. NW Washington, DC 20530

Mailing Address City, State, Zip Code

800-421-6770

Area Code & Telephone Number

Email Address (optional)

9/20/06 \$ 1,283,396.00

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 #2006CKWX0015 - COPS Methamphetamine Grant Award - This grant will complement the Byrne JAG funded state/local drug enforcement task forces. The focus is on the illegal use, distribution, and manufacture of illegal drugs throughout Iowa.

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 K. Woolery
 Signature

09/22/06

Date