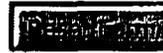


Revised 06/05

### IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD

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

JAN 30 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>Governor's Office</b>	
Name of Department or Office 1007 E. Grand	Des Moines, IA 50309
Mailing Address 515/281-5211	City, State, Zip Code
Area Code & Telephone No.	

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

<b>Sonya Streit</b>	
Name 1007 E. Grand	Des Moines, IA 50309
Mailing Address (if different from above) sonya.streit@iowa.gov	City, State, Zip (if different from above) 515/281-3502
Email Address	Area Code & Telephone Number (if different from above)

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

<b>207th Basic Training Class - Jeffrey Belis, Class President</b>	
Name	
770 Iowa St, Box 875	Dubuque, IA 52004
Mailing Address	City, State, Zip Code
515/589-4410	
Area Code & Telephone Number	
Email Address (optional)	

<b>1/30/06</b>	<b>\$ 400.00</b>
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:

The gift of \$400 <sup>cash</sup> was donated by members of the 207th Basic Training Class for the purchase of needed training equipment.

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, Sonya Streit 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.

Sonya Streit  
Signature

1/30/06  
Date

Revised 08/05

**IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD**

**CAMPAIGN BOARD**

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

Reset Form

JAN 27 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**

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Audited \_\_\_\_\_  
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**DEPARTMENT OR OFFICE RECEIVING THE GIFT, BEQUEST, OR GRANT:**

<b>Governor's Office</b>	
Name of Department or Office 1007 E. Grand	Des Moines, IA 50319
Mailing Address 515/281-5211	City, State, Zip Code
Area Code & Telephone No.	

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

<b>Sonya Streit</b>	
Name 1007 E. Grand	Des Moines, IA 50319
Mailing Address (if different from above) sonya.streit@iowa.gov	City, State, Zip (if different from above) 515/281-3502
Email Address	Area Code & Telephone Number (if different from above)

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

<b>BETA SIGMA PHI XI ETA LOTA Chapter</b>	
Name	
801 Willow Drive	Clarion, IA 50525
Mailing Address	City, State, Zip Code
515-532-2537	
Area Code & Telephone Number	
Email Address (optional)	

<b>01/27/06</b>	<b>\$ 25.00</b>
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 received by the Iowa State Patrol to be used for the purchase of Junior Trooper Badges.

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, Sonya Streit 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.

Sonya Streit  
Signature

01/27/06  
Date

Revised 06/05

**IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD**

**CAMPAIGN  
DISCLOSURE BOARD**

JAN 27 2006

510 EAST 12<sup>TH</sup>, SUITE 1A  
DES MOINES, IA 50319  
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**FORM-GBG**

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

<b>Governor's Office</b>	
Name of Department or Office 1007 E. Grand	Des Moines, IA 50319
Mailing Address 515/281-5211	City, State, Zip Code
Area Code & Telephone No.	

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

<b>Sonya Streit</b>	
Name 1007 E. Grand	Des Moines, IA 50319
Mailing Address (if different from above) sonya.streit@iowa.gov	City, State, Zip (if different from above) 515/281-3502
Email Address	Area Code & Telephone Number (if different from above)

**DONOR OF GIFT, BEQUEST, OR GRANT**

<b>White Tails Unlimited of Iowa Chapter</b>	
Name 1500 N. Jefferson	Indianola, IA 50125
Mailing Address 515-961-8955	City, State, Zip Code
Area Code & Telephone Number	
Email Address (optional)	

<b>01/27/06</b>	<b>\$ 2,500.00</b>
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 a Garmin 396 Global Positioning System received by the Iowa State Patrol to be used in conjunction with the current GPS system in assisting pilots in both their daily and special operations.

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, Sonya Streit 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.

Sonya Streit  
Signature

01/27/06  
Date