

Revised 06/05

FILED  
OCT 31 2006  
IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD

### 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 \_\_\_\_\_

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	
Name of Department or Office	Des Moines, IA 50319
1007 E. Grand	City, State, Zip Code
Mailing Address	
515-281-3511	
Area Code & Telephone No.	

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

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

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

Bud Schrier	
Name	Carlisle, IA 50047
345 Crescent Drive	City, State, Zip Code
Mailing Address	
515/989-0297	
Area Code & Telephone Number	
Email Address (optional)	

10/30/2006	\$ 56.00
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:

A gift of cash in the amount of \$56 to be used for the Safety Education Officer program.

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 (KH)  
Signature

October 30, 2006  
Date

Revised 06/05

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

Governor's Office	
Name of Department or Office	Des Moines, IA 50319
Mailing Address	City, State, Zip Code
Area Code & Telephone No.	

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

Sonya Streit	
Name	Des Moines, IA 50319
Mailing Address (If different from above)	City, State, Zip (If different from above)
Email Address	Area Code & Telephone Number (If different from above)

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

Missouri River Energy Services - William Radio	
Name	
Mailing Address	City, State, Zip Code
Area Code & Telephone Number	
Email Address (optional)	

10/30/2006	\$ 200.00
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:

A 25" x 31" framed print of the Exira Generating Station in Brayton, Iowa. It will be displayed in the Iowa Utilities Board's hearing room

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 (KH)  
Signature

October 30, 2006  
Date