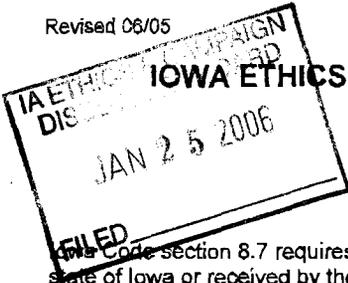


Revised 06/05



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 \_\_\_\_\_

This 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:

Secretary of State's Office  
Name of Department or Office  
State Capitol, Room 105  
Des Moines, IA 50319  
Mailing Address  
City, State, Zip Code  
515.281.8993  
Area Code & Telephone No.

CONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFICE:

Joni Klaassen  
Name  
Lucas Building, 1st Floor  
Des Moines, IA 50319  
Mailing Address (if different from above)  
City, State, Zip (if different from above)  
jklaassen@sos.state.ia.us  
515.281.5866  
Email Address  
Area Code & Telephone Number (if different from above)

DONOR OF GIFT, BEQUEST, OR GRANT:

Governor's Developmental Disabilities Council  
Name  
617 East Second Street  
Des Moines, IA 50309  
Mailing Address  
City, State, Zip Code  
515.281.9082  
Area Code & Telephone Number  
Email Address (optional)

January 10, 2006 \$ 17,350.00  
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:

Civic Outreach contract for events sponsored by the Secretary of State's office

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, Joni Klaassen 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.

Joni Klaassen

Signature

1.25.06

Date