

**IA ETHICS AND CAMPAIGN DISCLOSURE BOARD**  
 IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD  
 510 EAST 12<sup>TH</sup>, SUITE 1A  
 DES MOINES, IA 50319  
 2007 MAY 32 AM 9:35 FAX: (515)281-3701  
 www.iowa.gov/ethics

Reset Form

<b>FORM-GBG</b>	
Gift, Bequest, or Grant information received by a department or accepted by the Governor on behalf of the state	
<b>For office use only</b>	
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>Iowa Department of Justice - Crime Victim Assistance Division</b>	
Name of Department or Office	
Lucas Building, Ground Floor, 321 E. 12th St	Des Moines, IA 50319
Mailing Address	
515-281-5044	City, State, Zip Code
Area Code & Telephone No.	

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

Kristi Etzel	
Name	
Mailing Address (if different from above)	
ketzel@ag.state.ia.us	City, State, Zip (if different from above)
	515-281-8616
Email Address	
	Area Code & Telephone Number (if different from above)

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

U.S. Dept. of Health & Human Services - Admin. for Childrean & Families	
Name	
370 L'Enfant Promenade S.W. Washington, D.C. 20447	
Mailing Address	City, State, Zip Code
202-401-4569	
Area Code & Telephone Number	
Email Address (optional)	

05/09/07	\$ 1,146,745.00
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:
Family Violence Prevention & Services #G-06011AFVPS - CFDA #: 93.671 Purpose is to assist States in establishing, maintaining, & expanding programs & projects to prevent family vidence & to provide immediate shelter & related assistance for victims of family vidence & their dependents.
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, Kristi Etzel affirm that the gift, bequest, or grant Etported 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

05/31/2007  
 \_\_\_\_\_  
 Date