

IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD

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

JAN 25 2007

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:

Iowa Alcoholic Beverages Division	
Name of Department or Office 1918 SE Hulsizer Road	Ankeny, IA 50021
Mailing Address 515-281-7400	City, State, Zip Code
Area Code & Telephone No.	

CONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFICE:

Nicole Gehl	
Name same	
Mailing Address (if different from above) Gehl@iowaABD.com	City, State, Zip (if different from above) 515-281-7461
Email Address	Area Code & Telephone Number (if different from above)

DONOR OF GIFT, BEQUEST, OR GRANT:

IOWAccess Advisory Council	
Name	
Hoover State Office Building	Des Moines, IA 50319
Mailing Address 515-281-0393	City, State, Zip Code
Area Code & Telephone Number	
malcolm.huston@iowa.gov	
Email Address (optional)	

1/10/2007	\$ 49,999.00
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 was secured for purposes of standardizing and enhancing the Division's electronic liquor licensing system.

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, Nicole Gehl 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.

Nicole Gehl
Signature

1/23/2007
Date

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Iowa Alcoholic Beverages Division	
Name of Department or Office 1918 SE Hulsizer Road	Ankeny, IA 50021
Mailing Address 515-281-7400	City, State, Zip Code
Area Code & Telephone No.	

CONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFICE:

Nicole Gehl	
Name same	
Mailing Address (if different from above) Gehl@IowaABD.com	City, State, Zip (if different from above) 515-281-7461
Email Address	Area Code & Telephone Number (if different from above)

DONOR OF GIFT, BEQUEST, OR GRANT:

National Alcohol Beverage Control Association	
Name 4401 Ford Avenue, Suite 700 Alexandria, VA 22302	
Mailing Address 703-578-4200	City, State, Zip Code
Area Code & Telephone Number	
Email Address (optional)	

1/23/2007	\$ 5,000.00
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 was secured for purposes of providing alcohol education programs to liquor licensees regarding laws/regulations governing liquor sales in 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, Nicole Gehl 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.


Signature

1/23/2007
Date