

IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD

510 EAST 12TH, SUITE 1A
DES MOINES, IA 50319
Fax: (515)281-4073
www.iowa.gov/ethics

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 Department of Administrative Services	
Name of Department or Office	
Hoover State Office Building, Third Floor	Des Moines, IA 50319
Mailing Address	
515-281-5360	City, State, Zip Code
Area Code & Telephone No.	

CONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFICE:

Mollie Anderson, Director	
Name	
Mailing Address (if different from above)	
Mollie.Anderson@iowa.gov	City, State, Zip (if different from above)
Email Address	
Area Code & Telephone Number (if different from above)	

DONOR OF GIFT, BEQUEST, OR GRANT:

William A. Van Orsdel Family Foundation	
Name	
443 SW 6th Street	Des Moines, IA 50309
Mailing Address	
City, State, Zip Code	
Area Code & Telephone Number	
Email Address (optional)	

7/2/07	\$ 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:

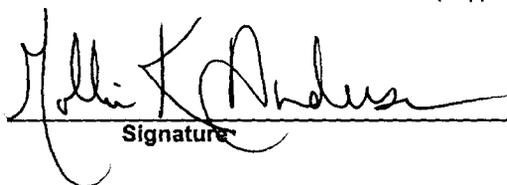
Contribution to Iowa's West Capitol Terrace Fund - to be used for architectural drawings for future site improvements to the Capitol Complex

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, Mollie Anderson 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

July 12, 2007
Date

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CONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFICE:

Mollie Anderson, Director
Name
Mailing Address (if different from above) City, State, Zip (if different from above)
Mollie.Anderson@iowa.gov
Email Address Area Code & Telephone Number (if different from above)

DONOR OF GIFT, BEQUEST, OR GRANT:

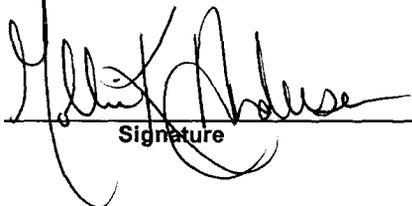
EMC Insurance Companies
Name
P. O. Box 712 Des Moines, IA 50306-0712
Mailing Address City, State, Zip Code
515-345-2950
Area Code & Telephone Number
bruce.g.kelley@emcins.com
Email Address (optional)

7/2/07 \$ 5,000.00
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