

# 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:

|                              |                       |
|------------------------------|-----------------------|
| Iowa Juvenile Home           |                       |
| Name of Department or Office |                       |
| 701 S. Church St.            | Toledo, IA 52342      |
| Mailing Address              | City, State, Zip Code |
| 641/484-2560                 |                       |
| Area Code & Telephone No.    |                       |

### CONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFICE:

|   |  |
|---|--|
| Deb Hanus                                 |  |
| Name                                      |  |
| Mailing Address (if different from above) | City, State, Zip (if different from above)             |
| DHanus@dhs.state.ia.us                    |  |
| Email Address                             | Area Code & Telephone Number (if different from above) |

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

|  |                       |
|--|-----------------------|
| Phyllis Lane                             |                       |
| Name                                     |                       |
| 401 New Salem Rd. Marshalltown, IA 50150 |                       |
| Mailing Address                          | City, State, Zip Code |
| Area Code & Telephone Number             |                       |
| Email Address (optional)                 |                       |

|  |               |
|--|---------------|
| 10/01/07   | \$ 80         |
| 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:

to be used to purchase community concert tickets

#### 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, Deb Hanus 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.

Deb Hanus  
Signature

10/10/07  
Date

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| Email Address                             | Area Code & Telephone Number (if different from above) |

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

|                                    |                       |
|------------------------------------|-----------------------|
| Hy-Vee - Ric Anderson              |                       |
| Name                               |                       |
| 902 S. Center St. Marshalltown, IA | City, State, Zip Code |
| Mailing Address                    | 50158                 |
| Area Code & Telephone Number       |                       |
| Email Address (optional)           |                       |

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Deb Hanus  
Signature

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Date

