

Revised 06/05

MAY - 7 2007
IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD
510 EAST 12TH SUITE 1A
DES MOINES, IA 50319
Fax: (515)281-3701
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:

Governor's Office
Name of Department or Office
Des Moines, Iowa 50319
Mailing Address
City, State, Zip Code
Area Code & Telephone No

CONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFICE:

Deborah Svec-Carstens
Name
Mailing Address (if different from above)
City, State, Zip (if different from above)
Email Address
Area Code & Telephone Number (if different from above)

DONOR OF GIFT, BEQUEST, OR GRANT:

Rhoda McCartney
Name
109 Park Avenue #7
Mailing Address
Charles City, IA 50616
City, State, Zip Code
Area Code & Telephone Number
Email Address (optional)

5/7/07 \$ 380.00
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:

Cash donations in memory of Judge Ralph McCartney in the amount of \$380 to be used for training purposes.

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:

Deborah Svec-Carstens 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.

Deborah Svec-Carstens

Signature

5/7/07

Date

Revised 06/06

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DEPARTMENT OR OFFICE RECEIVING THE GIFT, BEQUEST, OR GRANT:

Governor's Office	
Name of Department or Office	Des Moines, Iowa 50319
Mailing Address	City, State, Zip Code
Area Code & Telephone No	

CONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFICE:

Deborah Sved-Carstens	
Name	
Mailing Address (if different from above)	City, State, Zip (if different from above)
Email Address	Area Code & Telephone Number (if different from above)

DONOR OF GIFT, BEQUEST, OR GRANT:

214th Basic Training Academy - Matthew Huthmacher, Class Pres.	
Name	
Mailing Address	Muscatoine, IA 52761
Area Code & Telephone Number	
Email Address (optional)	

5/7/07	\$ 525.00
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:

A PT Dueling Tree to be used for firearms training at the basic and instructor certification level.

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, Deborah Sved-Carstens 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.

Deborah Sved-Carstens
Signature

5/7/07
Date