

Revised 06/05
IA ETHICS AND
CAMPAIGN DISCLOSURE BOARD
2007 AUG 16 AM 11:44

IA 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	
1007 E. Grand	Des Moines, Iowa 50319
Mailing Address	City, State, Zip Code
515-281-3701	
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)
deborah.svec-carstens@iowa.gov	
Email Address	Area Code & Telephone Number (if different from above)

DONOR OF GIFT, BEQUEST, OR GRANT:

National Crime Insurance Bureau - Vern Foughry	
Name	
P.O. Box 21309	Des Moines, IA 50321
Mailing Address	City, State, Zip Code
515/256-0989	
Area Code & Telephone Number	
Email Address (optional)	

8/16/07	\$ 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:

Gift of \$5,000 from the National Crime Insurance Bureau to be used for a joint undercover operations with local, state, and federal agencies.

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 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

8/16/07
Date

IA ETHICS AND CAMPAIGN DISCLOSURE BOARD
2007 AUG 16 10:41 AM

IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD
510 EAST 12TH, 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:

Governor's Office

Name of Department or Office _____
1001 E. Grand Des Moines, Iowa 50319

Mailing Address _____
515281-3701 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) _____
deborah.svec-carstens@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:

National Crime Insurance Bureau - Vern Foughty

Name _____

P.O. Box 21309 Des Moines, IA 50321

Mailing Address _____
515-236-0989 City, State, Zip Code

Area Code & Telephone Number _____

Email Address (optional) _____

8/16/07 \$ 10,000.00

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:

Gift of \$10,000 from the National Crime Insurance Bureau to be used for a joint undercover operations with local, state, and federal agencies.

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 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

8/16/07
Date