

Revised 06/05

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:

James C. Larew	
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:

Wal-Mart	
Name	
Mailing Address	Council Bluffs, IA 51503
Area Code & Telephone Number	
Email Address (optional)	

2-27-07	\$ 1,000.00
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:

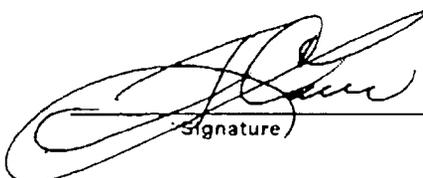
Cash gift in the amount of \$1,000 to be used to purchase investigative equipment.

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, James C. Larew 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

2-27-07
Date

Revised 03/05

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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:

James C. Carew	
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:

212th Basic Training Level I Class - President: Randy Schultz	
Name	
Mailing Address	City, State, Zip Code
Area Code & Telephone Number	
Email Address (optional)	

2-27-07	\$ 120.00
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.

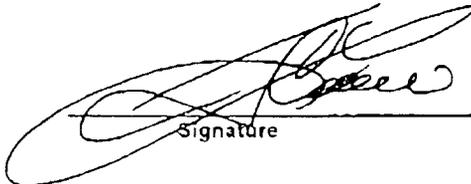
Cash gift in the amount of \$120 to be used for the purchase of materials for hands on training exercises.

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, James C. Carew 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

2-27-07
Date

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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:

James C. Larew	
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:

First United Methodist Church	
Name	
Mailing Address	Cedar Falls, IA 50631
Area Code & Telephone Number	
Email Address (optional)	

2-27-07	\$ 30.00
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:

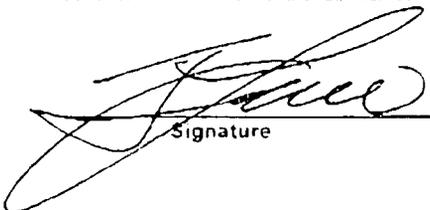
The gift of two \$15 Wal-Mart gift cards given to State Patrol District 9 to be used toward the purchase of a DVD player for the Post.

Criteria to use this form

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Signature

2-27-07
Date