

IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD  
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# IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD

510 EAST 12<sup>TH</sup>, 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 Secretary of State	
Name of Department or Office State Capitol - Room 105	Des Moines Iowa 50319
Mailing Address 515-281-8993	City, State, Zip Code
Area Code & Telephone No.	

### CONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFICE:

Linda Langenberg	
Name Lucas Building - 1st floor (321 E 12th St)	Des Moines Iowa 50319
Mailing Address (if different from above) linda.langenberg@sos.state.ia.us	City, State, Zip (if different from above) 515-281-5866
Email Address	Area Code & Telephone Number (if different from above)

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

Dept of Health & Human Services Admin for Children & Families	
Name	
370 L'Enfant Promenade SW	Washington DC 20447
Mailing Address 202-401-5627	City, State, Zip Code
Area Code & Telephone Number	
Email Address (optional)	

05/01/2008	\$ 107,989.00
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.

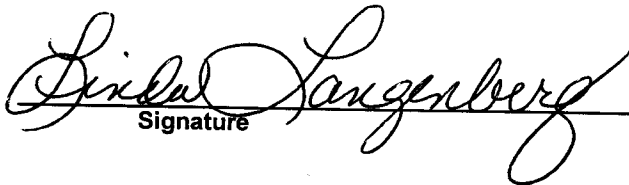
To provide election assistance for individuals with disabilities in accordance with the requirements of Title II, Subtitle D, Section 261 of the Help America Vote Act (HAVA)

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, Linda Langenberg 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

6-13-08  
Date