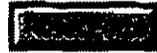


Revised 06/08

IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD

510 EAST 12TH, SUITE 1A
DES MOINES, IA 50319
Fax: (515)281-4073
www.iowa.gov/ethics



FORM-GB	
Gift or Request 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 and bequests 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 to be filed within 20 days of receipt of the gift or bequest.

DEPARTMENT OR OFFICE RECEIVING THE GIFT OR BEQUEST:

Iowa Department of Public Defense - Military Division	
Name of Department or Office	Johnston, Iowa 50131
7105 NW 70th Ave.	
Mailing Address	City, State, Zip Code
515-252-4347	
Area Code & Telephone No.	

CONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFICE:

Steven K. Lorenz	
Name	Johnston, Iowa 50131
7105 NW 70th Ave, Bldg 3535	
Mailing Address (if different from above)	City, State, Zip (if different from above)
Steven.Lorenz@iowa.gov	515-252-4347
Email Address	Area Code & Telephone Number (if different from above)

DONOR OF GIFT OR BEQUEST:

LORI MACDONALD	
Name	
4024 E OVID AVE	DES MOINES, IA 50317
Mailing Address	City, State, Zip Code
Area Code & Telephone Number	
Email Address (optional)	

JULY 26, 2013	\$ 100.00
Date of Gift or Request	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 or bequest and purpose thereof:

Cash gift for support of the Iowa National Guard Family Assistance Program

Criteria to use this form:

Receipt of any gift or bequest that is received by any department of the state or received by the Governor on behalf of the state.

Statement of Affirmation:

I, Steven K. Lorenz affirm that the gift or bequest 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.

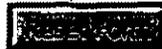
Steven K Lorenz
Signature

August 14, 2013
Date

Revised 06/08

IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD

510 EAST 12TH, SUITE 1A
DES MOINES, IA 50319
Fax: (515)281-4073
www.iowa.gov/ethics



Iowa Code section 8.7 requires all gifts and bequests 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 to be filed within 20 days of receipt of the gift or bequest.

FORM-GB

Gift or Bequest information received by a department or accepted by the Governor on behalf of the state

For office use only

Indexed _____
Audited _____
Checked _____
Computer _____

DEPARTMENT OR OFFICE RECEIVING THE GIFT OR BEQUEST:

Iowa Department of Public Defense - Military Division	
Name of Department or Office	Johnston, Iowa 50131
7105 NW 70th Ave.	City, State, Zip Code
Mailing Address	
515-252-4347	
Area Code & Telephone No.	

CONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFICE:

Steven K. Lorenz	
Name	Johnston, Iowa 50131
7105 NW 70th Ave, Bldg 3535	City, State, Zip (if different from above)
Mailing Address (if different from above)	
Steven.Lorenz@iowa.gov	515-252-4347
Email Address	Area Code & Telephone Number (if different from above)

DONOR OF GIFT OR BEQUEST:

ABBY CLINE	
Name	
1191 OLD STAGE RD	DECORAH, IA 52101
Mailing Address	City, State, Zip Code
Area Code & Telephone Number	
Email Address (optional)	

JULY 30, 2013	\$475.00
Date of Gift or Bequest	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 or bequest and purpose thereof:

Cash gift for support of the Iowa National Guard Family Assistance Program

Criteria to use this form:

Receipt of any gift or bequest that is received by any department of the state or received by the Governor on behalf of the state.

Statement of Affirmation:

I, Steven K. Lorenz affirm that the gift or bequest 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.

Steven K Lorenz
Signature

August 14, 2013
Date

LORI L MACDONALD
4024 E OAK AVE
DES MOINES, IA 50317-5526

4551

July 26, 2013

Pay to the order of Warrior & Family Services Branch \$ 100.00
The hundred dollars and 00/100 DOLLARS

usbank All of US serving youSM

Lori L. Macdonald

MEMO



PLEASE POST THIS PAYMENT FOR OUR MUTUAL CUSTOMER

ACCOUNT PAYMENT **\$475.00**

Please Direct Any Questions To: 1-800-872-6328
Online Bill Payment Processing Center 7426/3140

0000995182

USAA FEDERAL SAVINGS BANK July 30, 2013

FOUR HUNDRED SEVENTY FIVE AND 00/100 **DOLLARS**

\$ ***475.00**

To The Order Of: **61541 1AT0304 3-D 500**
>61541 2528528 001 080005 00001/00001
IDWA NG EMER ASSISTANCE FUNDS
7105 NW 70TH AVE RM 186
JOHNSTON, IA 50131-1824

Void After 180 DAYS
Signature On File
This check has been authorized by your depositor



INDORSE SUBJECT