

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 Bequest 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 Human Rights	
Name of Department or Office 321 E 12th Street	Des Moines, IA 50319
Mailing Address 515-281-3164	City, State, Zip Code
Area Code & Telephone No.	

2015 JUN -1 PM 12:50
IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD

CONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFICE:

Lynsie Hanssen	
Name	
Mailing Address (if different from above) lynroc.hanssen@iowa.gov	City, State, Zip (if different from above) 515-281-3656
Email Address	Area Code & Telephone Number (if different from above)

DONOR OF GIFT OR BEQUEST:

United Health Care	
Name	
1089 Jordan Creek Pkwy Ste 320	West Des Moines IA 50266
Mailing Address	City, State, Zip Code
515-727-2008	
Area Code & Telephone Number	
Email Address (optional)	

5/28/15	\$ 150.00
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:

50 Water Bottles - \$1.50@; 50 Antibacterial Wipes - \$.50@; 50 Pens - \$1.00@ = \$150.00 to be placed in the backpacks of attendees of Iowa Youth Leadership Forum (YLF) July, 2015

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, Lynsie Hanssen 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.

Lynsie Hanssen
Signature

5/29/15
Date

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DEPARTMENT OR OFFICE RECEIVING THE GIFT OR BEQUEST:

Iowa Department of Human Rights
Name of Department or Office
321 E 12th Street
Des Moines, IA 50319
Mailing Address
315-281-3164
City, State, Zip Code
Area Code & Telephone No.

2015 JUN 1 1PM 12:50
IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD

CONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFICE:

Lynsie Hanssen
Name
Mailing Address (if different from above)
j.hanssen@iowa.gov
City, State, Zip (if different from above)
515-281-3656
Area Code & Telephone Number (if different from above)

DONOR OF GIFT OR BEQUEST:

Casey's General Store
Name
One SE Convenience Blvd. Ankeny IA 50021-8045
Mailing Address
City, State, Zip Code
515-965-1000 Ext 3888
Area Code & Telephone Number
Email Address (optional)

5/28/15 \$180.00
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 exist "0.00".

Provide a description of the gift or bequest and purpose thereof.
15 coupons for a large one-topping pizza at a cost of \$11.99@ to be used for attendees/staff of Iowa Youth Leadership Forum (YLF) July, 2015
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, Lynsie Hanssen 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.

Lynsie Hanssen
Signature

5/29/15
Date

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Iowa Department of Human Rights	
Name of Department or Office 321 E 12th Street	Des Moines, IA 50319
Mailing Address 515-281-3164	City, State, Zip Code
Area Code & Telephone No.	

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IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD

CONTACT PERSON FOR RECEIPT DEPARTMENT OR OFFICE:

Lynsie Hanssen	
Name	
Mailing Address (if different from above) lumsoc.hanssen@iowa.gov	City, State, Zip (if different from above) 515-281-3656
Email Address	
Area Code & Telephone Number (if different from above)	

DONOR OF GIFT OR BEQUEST:

Iowa Public Television	
Name	
6450 Corporate Dr	Johnston IA 50131
Mailing Address	City, State, Zip Code
515-725-9705	
Area Code & Telephone Number	
Email Address (optional)	

5/28/15	\$37.50
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:

50 Plastic Drinking Cups - \$.75@ = \$37.50 to be used for attendees of Iowa Youth Leadership Forum (YLF) July, 2015

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, Lynsie Hanssen 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.

Lynsie Hanssen
Signature

5/29/15
Date

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Iowa Department of Human Rights
Name of Department or Office
321 E. 12th Street Des Moines, IA 50319
Mailing Address 515-281-3164 City, State, Zip Code
Area Code & Telephone No.

2015 JUN -1 PM 12:50
IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD

CONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFICE:

Lynsie Hanssen
Name
Mailing Address (if different from above) :unsoc.hanssen@iowa.gov City, State, Zip (if different from above) 515-281-3656
Email Address Area Code & Telephone Number (if different from above)

DONOR OF GIFT OR BEQUEST:

Mid American Energy
Name
106 E 2nd St Davenport IA 52801
Mailing Address City, State, Zip Code
563-333-8806
Area Code & Telephone Number
Email Address (optional)

5/28/15 \$50.00
Date of Gift or Bequest Amount/Value*
*value is defined as "fair market value" of items as determined by receiving department or office. If no value mark "0.00".

Provide a description of the gift or bequest and purpose thereof:
50 Koozies - \$1.00@ = \$50.00 to be used for attendees of Iowa Youth Leadership Forum (YLF) July, 2015

Criteria to use this form:
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Statement of Affirmation:

I, Lynsie Hanssen 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.

Lynsie Hanssen
Signature

5/29/15
Date

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Iowa Department of Human Rights	
Name of Department or Office 321 E 12th Street	Des Moines, IA 50319
Mailing Address 515-281-3164	City, State, Zip Code
Area Code & Telephone No.	

CONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFICE:

Lynsje Hanssen	
Name	
Mailing Address (if different from above) lhanssoe.hanssen@iowa.gov	City, State, Zip (if different from above) 515-281-3656
Email Address	
Area Code & Telephone Number (if different from above)	

2015 JUN - 1 PM 12:50
IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD

DONOR OF GIFT OR BEQUEST:

Governor's Traffic Safety Bureau	
Name	
215 E 7th St., 3rd floor	Des Moines, IA 50319
Mailing Address	City, State, Zip Code
515-725-6123	
Area Code & Telephone Number	
Email Address (optional)	

5/28/15	\$25.00
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:

250 Pencils - \$.10@ = \$25.00 to be used for attendees of Iowa Youth Leadership Forum (YLF) July, 2015

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, Lynsje Hanssen 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.

Lynsje Hanssen
Signature

5/29/15
Date

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Name of Department or Office 321 E 12th Street	Des Moines, IA 50319
Mailing Address 515-281-3164	City, State, Zip Code
Area Code & Telephone No.	

CONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFICE:

Lynsie Hanssen	
Name	
Mailing Address (if different from above) lynroe.hanssen@iowa.gov	City, State, Zip (if different from above) 515-281-3656
Email Address	
Area Code & Telephone Number (if different from above)	

2015 JUN - 11 PM 12:50
IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD

DONOR OF GIFT OR BEQUEST:

Iowa Energy	
Name	
730 Third Street	Des Moines, IA 50309
Mailing Address	City, State, Zip Code
515-564-8554	
Area Code & Telephone Number	
Email Address (optional)	

5/28/15	\$250.00
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.

50 Buy one admission ticket - get one free w/purchase - \$5.00@ general admission December 2015 use only to be included in backpacks for IA Youth Leadership Forum attendees - July, 2015

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Statement of Affirmation:

I, Lynsie Hanssen 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.

Lynsie Hanssen
Signature

5/29/15
Date

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CONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFICE:

Lynsie Hanssen	
Name	
Mailing Address (if different from above) lynssie.hanssen@iowa.gov	City, State, Zip (if different from above) 515-281-3656
Email Address	Area Code & Telephone Number (if different from above)

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ETHICS AND CAMPAIGN DISCLOSURE BOARD

DONOR OF GIFT OR BEQUEST:

Iowa Department of Public Health	
Name	
321 E 12th Street	Des Moines, IA 50319
Mailing Address	City, State, Zip Code
515-281-4299	
Area Code & Telephone Number	
Email Address (optional)	

5/28/15	50.00
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:
50 Pen - \$1.00@ = \$50.00 to be used for attendees of Iowa Youth Leadership Forum (YLF) July, 2015

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Statement of Affirmation:

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Lynsie Hanssen
Signature

5/29/15
Date