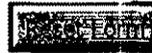


Revised 06/06

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



FORM-GB

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

For office use only

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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:

IA Department of Human Rights
Name of Department or Office
321 E 12th Street
Des Moines, IA, 50319
Mailing Address
City, State, Zip Code
515.281.3654
Area Code & Telephone No.

CONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFICE:

Lynsie Hansen
Name
Mailing Address (if different from above)
City, State, Zip (if different from above)
lynsie.hansen@iows.gov
Email Address
Area Code & Telephone Number (if different from above)

DONOR OF GIFT OR BEQUEST:

Casey's General Stores
Name
One SE Convenience Blvd. Ankeny IA 50021
Mailing Address
City, State, Zip Code
515-965-6100
Area Code & Telephone Number
Email Address (optional)

6/21/16 \$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 mark "0.00".

Provide a description of the gift or bequest and purpose thereof:
15 Coupons for a large, one-topping pizza each to be used for the attendees of the Youth Leadership Forum, July 17-22, 2016
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 Hansen 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 Hansen
Signature

7/1/16

Date

Revised 06/08

IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD

410 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

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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
City, State, Zip Code
Area Code & Telephone No.

CONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFICE:

Lynsie Hanssen
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 OR BEQUEST:

United Health Care
Name
1111 E Anny Post Rd
Des Moines IA 50309
Mailing Address
City, State, Zip Code
1-641-569-7977
Area Code & Telephone Number
Email Address (optional)

7/1/16 \$100.00
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 w/Lids - \$1.00@ = \$50.00; 50 bottles Hand Sanitizer - \$1.00@ = \$50.00 both to be used for attendees of Iowa Youth Leadership Forum (YLF) - July 2016
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

7/1/16
Date

Revised 06/08

IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD

510 EAST 12<sup>TH</sup>, SUITE 1A
DES MOINES, IA 50319
Fax: (515)281-4073
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FORM-GB

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

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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
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)
lynzie.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:

Wells Fargo
Name
800 Walnut
Des Moines IA 50309
Mailing Address
City, State, Zip Code
515-243-2131
Area Code & Telephone Number
Email Address (optional)

6/28/16 \$600.00
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:
40 Hard Plastic Water Bottles w/lids - \$15.00@ = \$600.00 to be used for attendees of Iowa Youth Leadership Forum (YLF) - July 2016
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

7/1/16
Date

Revised 06/08

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



FORM-GB

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

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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 City, State, Zip Code  
515-281-5164  
Area Code & Telephone No.

CONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFICE:

Lynsie Hanssen  
Name  
Mailing Address (if different from above) City, State, Zip (if different from above)  
lynsie.hanssen@iowa.gov 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)

6/27/16 \$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 Cloth Bags w/handles - \$1.00@ = \$50.00 to be used for attendees of Iowa Youth Leadership Forum (YLF) - July 2016  
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

7/1/16  
Date

Revised 09/08

### 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



### FORM-G13

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

**For office use only**

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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 521 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) lynsie.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:

Catch Des Moines	
Name	
400 Locust St #265	Des Moines IA 50309
Mailing Address	City, State, Zip Code
515-286-4960	
Area Code & Telephone Number	
Email Address (optional)	

6/20/16	\$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:

50 Koozies - \$.50@ = \$25.00 to be used for attendees of Iowa Youth Leadership Forum (YLF) - July 2016

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

7/1/16  
Date