Signature

Revised 08/08

## 10WA ETHICS AND CAMPAIGN DISCLOSURE BOARD 510 EAST 12<sup>TH</sup>, SUITE 1A DES MOINES, IA 50319

Fax: (515)281-4073 www.lowa.gov/ethics



lowa Code section 8.7 requires all gifts and bequests given to any department of the state of lowa or received by the Governor on behalf of the state be reported to the fowa 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

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

ndexed	office use only	
Audiled		
Checked		
Compuler		
zomputer		

Date

DEPARTMENT	OR OFFICE	RECEIVING	THE GIFT OF	PRODEST
VIIVE DIE 111		INFORMATION	THE GIFT OF	COUNTRAL

DEPARTMENT OR OFFICE RECEIVING THE GIFT OR BEQU					
Anamosa State Penitentiary					
lame of Department or Office 406 Nonh High Street Anamosa, (A. 52205					
Mailing Address 319-462-3504	Clly, State, Zlp Code				
Area Code & Telephone No.					
CONTACT PERSON FOR RECIPIENT DEPARTMENT OR OF	FICE:				
Tami Moore/Pastor Jerry Collel					
Name					
Malling Address (if different from above)	Cily, State, Zip (If different from abova)				
Email Address	319-462-3504, ext. 2221  Area Code & Telephone Number (if different from above)				
	7 and Could a Telephone Rollider (in dinerally from above)				
OONOR OF GIFT OR BEQUEST:					
Roger Maib					
Name					
Mailing Address City, State, 2ip Code	-   1-15-2019 \$100.00				
	111				
Area Code & Telephone Number	Date of Glft or Bequest Amount/Value*				
·	value is delined as "feir merket value" of item as determined by				
Emeil Address (optional)	receiving department or office. If no value mark "0.00".				
Provide a description of the gift or bequest and purpose thereaf:					
Cash donation to Free Indeed Chapel account for Bi	ibles and Taka				
- and dominion to 1100 indoed Chapet account for Di	ioles and Taos				
Criteria to use this form:					
Receipt of any gift or bequest that is received by any department of the	e stale or received by the Governor on hobelf of the close				
7 2	solate of received by the covernor on penall of the state.				
Atement of Affirmation:					
Tamt Mooreaffirm that the gift or bequest reported abo	ove is accurate. I further affirm that the information concerning the donor and				
sessment of the feir market value (if applicable) is correct and true to the	e best of my knowledge.				
<i>'</i>					
Inn' M	) 1/ ~ ~/ \				
ADMINIARO	1-16-2019				