IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD

510 EAST 12TH, SUITE 1A DES MOINES, IA 50319 Fax: (615)281-4073

Reset Form

FORM-GB

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

	www.lowa.gov/ethics		For office use only
Disclosure Board and the Govern	all gifts and bequests given to any obehalf of the state be reported to the state be reported to the inment Oversight Committee. The fiversight Committee. This form is to	e Iowa Ethics and Campaign	Audited Checked
DEPARTMENT OR OFFICE RE	CEIVING THE GIFT OR BEQUES	т:	N PAP
Anamosa State Penitentia	ry .		3 10
Name of Department or Office 406 N. High St.	Ana	more 14 62205	72
Mailing Address 319 462-3504	City, State, Zip Code		
Area Code & Telephone No.			
	PIENT DEPARTMENT OR OFFICE	*	*
Sheryl Perrin			
Name			
Malling Address (if different from al	onvel	011 01 1 71 44 119	
	City, State, Zlp (if different from above)		
Email Address	Area Code & Telephone Number (If different from above)		
ONOR OF GIFT OR BEQUES	Γ:	2 2000	
Various Inmates			
Name			
406 N. High St.	Anamosa, Iowa		
Mailing Address	City, State, Zip Code	8/31/12	
319-462-3504	ony, onto, zip oode		\$707.74
Area Code & Telephone Number		Date of Gift or Bequest	Amount/Value*
		*value is defined as "fair marke receiving department or office.	of value" of item as determined by
Email Address (optional)		a contrast of onice.	into value mark 0.00 .
Provide a decedation of the side - v			
Provide a description of the gift or t			
57 Books donated to the I	nmate Library		
Criteria to use this form:			
Receipt of any oift or bequest that to	s received by any department of the stat		
garant and an analysis and an	steemed by any department of the star	te or received by the Governor on be	half of the state.
atement of Affirmation:			
Waste			
essment of the fair market value (if	hat the gift or bequest reported above is applicable) is correct and true to the bes	accurate. I further affirm that the ini	formation concerning the donor and
The state of the s	sed sult of entities represent the first to the per	st of my knowledge.	a secretari
4-			
Thin &	15_	9 -	-
Signature		1-6	7-/2 Date
			Date