

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:

Anamosa State Penitentiary	
Name of Department or Office	406 N. High st. PO Box 10
Mailing Address	Anamosa, Iowa 52205
319-462-3504	City, State, Zip Code
Area Code & Telephone No.	

CONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFICE:

Sheryl Perrin	
Name	
Mailing Address (if different from above)	City, State, Zip (if different from above)
sheryl.perrin@iowa.gov	
Email Address	Area Code & Telephone Number (if different from above)

DONOR OF GIFT OR BEQUEST:

The Pace Family	
Name	
Mailing Address	5915 NW 23rd St. Oklahoma City, OK 73127
Area Code & Telephone Number	
Email Address (optional)	

1/30/2012	\$3,851.04
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:
192 Paperbacks for the Inmate Benefit
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, Jerry Burt 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.

Signature

2-15-12
Date

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Reset Form

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Anamosa State Penitentiary
Name of Department or Office
406 N. High st. PO Box 10 Anamosa, Iowa 52205
Mailing Address City, State, Zip Code
319-462-3504
Area Code & Telephone No.

CONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFICE:

Sheryl Perrin
Name
Mailing Address (if different from above) sheryl.perrin@iowa.gov City, State, Zip (if different from above)
Email Address Area Code & Telephone Number (if different from above)

DONOR OF GIFT OR BEQUEST:

Camp Courageous of Iowa
Name
12007 - 190th St. Monticello, IA 52310
Mailing Address City, State, Zip Code
Area Code & Telephone Number
Email Address (optional)

1/30/2012 \$ 13,722.81
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:
Food for the Dietary Department
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, Jerome Burt 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.

Jerome Burt
Signature

2-15-12
Date

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Mailing Address 319-462-3504	City, State, Zip Code
Area Code & Telephone No.	

CONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFICE:

Sheryl Perrin	
Name	
Mailing Address (if different from above) sheryl.perrin@iowa.gov	City, State, Zip (if different from above)
Email Address	Area Code & Telephone Number (if different from above)

DONOR OF GIFT OR BEQUEST:

Various Inmates of the Anamosa State Penitentiary	
Name	
406 N. High St.	Anamosa, Iowa 52205
Mailing Address	City, State, Zip Code
Area Code & Telephone Number	
Email Address (optional)	

1/30/2012	\$867.75
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:

60 Books donated to the inmate Library.

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, Jerry Burt 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.

Jerry Burt
Signature

2-15-12
Date

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CONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFICE:

Sheryl Perrin	
Name	
Mailing Address (if different from above) sheryl.perrin@iowa.gov	City, State, Zip (if different from above)
Email Address	Area Code & Telephone Number (if different from above)

DONOR OF GIFT OR BEQUEST:

Father John Moser	
Name	
648 Maint St.	Lansin, Iowa 52151
Mailing Address	City, State, Zip Code
Area Code & Telephone Number	
Email Address (optional)	

1/30/2012	\$686.15
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:

Donation to benefit the spiritual and physical needs of the inmates at the Luster Heights Camp.

Criteria to use this form:

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Cash donation

Statement of Affirmation:

I, Jerry Burt 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.

Jerry Burt
Signature

2-15-12
Date