Revised 06/08

IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD

510 EAST 12TH, 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 lowa 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

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
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Anamosa State Penitentia	ry		얼
Name of Department or Office 406 N. High St., PO Box 10	An	iamosa, lowa 52205	2013 FEB
Mailing Address 319-462-3504, ext 2221	C	ity, State, Zip Code	
Area Code & Telephone No.			_~~ ~~~
ONTACT PERSON FOR REC	IPIENT DEPARTMENT OR OFFIC	DE:	
Sheryl Perrin			宝
Name Sames			ي _
Mailing Address (If different from a	above)	City, State, Zip (if different from above)	_ 6
Email Address		Area Code & Telephone Number (if different from above)	
ONOR OF GIFT OR BEQUES	ξT.		
Camp Courageous of Iowa			
12007 - 190th St.	Monticello, IA 52310		
Malling Address	City, State, Zip Code	2/26/13 \$4,548.00	
Area Code & Telephone Number		Date of Gift or Bequest Amount/Value*	
View code or i cichitotte Multipet		*value is defined as "fair market value" of item as determine receiving department or office. If no value mark "0.00".	ed by
Email Address (optional)	· · · · · · · · · · · · · · · · · · ·	receiving depositriest of onice. If no value mark 0.00.	
Provide a description of the gift o	r bequest and purpose thereor:		
Food			
Criteria to use this form:			
Receipt of any gift or bequest that	it is received by any department of the s	state or received by the Governor on behalf of the state.	

I Jerry Terry use 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.

2-29-13 Date

IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD

610 EAST 12[™], SUITE 1A DES MOINES, IA 50319 Fax: (515)281-4073 www.iowa.gov/ethics



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artment or accepted

Gift or Be ceived by a department or accepted by Governor on behalf of the state by the

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DEPARTMENT	OP 4	OFFICE	DECERNAG	THE	CIET OF	DECHIECT
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Anamosa State Penitentiary	
Name of Department or Office 406 N. High St., PO Box 10 An	namosa, Iowa 52205
Malling Address Ci	ily, State, Zip Code
319-462-3504, ext2221 Area Code & Telephone No.	2
ONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFIC)F1
Sheryl Pertin Name	N
Sames	<u> </u>
Mailing Address (if different from above)	City, State, Zip (If different from above)
Email Address	Area Code & Telephone Number (if different from above)
ONOR OF GIFT OR BEQUEST:	
Jerry Ziese (SCORE Counselor)	
Name	
	PROCESSOR
Mailing Address City, State, Zip Code	2/26/13 \$513.95
	Date of Gift or Bequest Amount/Value*
Area Code & Telephone Number	"value is defined as "fair market value" of item as determined by
	receiving department or office. If no value mark "0.00".
Emall Address (optional)	
Provide a description of the gift or bequest and purpose thereof:	
Books	
Criteria to use this form:	
Receipt of any gift or bequest that is received by any department of the s	state or received by the Governor on behalf of the state
	nete of smoothed by the western an equal at the drate.
to have a what A fifther attacks	

I Just 4 Suff wiff 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.

2237)
Date

IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD

510 EAST 12[™], SUITE 1A DES MOINES, IA 50319 Fax: (515)281-4073 www.lowa.gov/ethics



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.

FORM-GB

Gift or Bequest information received by a department or accepted by the

Soveritor on Certail of the State
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DEPARTMENT OR OFFICE RECEIVING THE GIFT OR BEQUEST:

Anamosa State Penitentiary				
Name of Department or Office 406 N. High St., PO Box 10	Anamo	ssa, Iowa 52205		1.
Mailing Address 319-462-3504, ext.2221	City,	State, Zip Code	2013	
Area Code & Telephone No.		**************************************	굨	
ONTACT PERSON FOR RECIPIENT	Γ DEPARTMENT OR OFFICE:			energi.
Sheryl Perrin			28	I
Name Surves	7.51		*****	ľ
Mailing Address (if different from above)		City, State, Zip (If different from above)	- <u>\$</u>	
Email Address		Area Code & Telephone Number (if different from above)	_ .	
ONOR OF GIFT OR BEQUEST:			F	:
The Pace Family				
Name	OLL 1 OLL OV 23107			٦
	Oklahoma City, OK 73127 City, State, Zip Code	2/26/13 \$36.00		
Manhild Vironage	my, otata, sip ooda	Date of Gift or Bequest Amount/Value*		}
Area Code & Telephone Number	**************************************			1
		*value is defined as *fair market value" of item as determine receiving department or office. If no value mark "0.00".	ed by	
Email Address (optional)				
Provide a description of the gift or beque	st and ourpose thereof:			
Books				
Doors				
Criteria to use this form:			****	
Receipt of any gift or bequest that is rece	eived by any department of the state	e or received by the Governor on behalf of the state.		
The second secon				1
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tement of Affirmation	***************************************			

Try Partruff 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.

2-23-13 Date

Revised 06/08

IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD

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

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DEPARTM	ENT OR O	FFICE REC	EIVING THE	GIFT OR	BEQUEST:
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Anamosa State Penitentiary Name of Department or Office				
lame of Department or Office 496 N. High St., PO Box 10 Anamosa, Jowa 52205				
lailing Address City, Stale, Zip Code				
Area Code & Talephone No.				
ONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFIC	CE:			
Sheryl Perrin	6			
Name Sunes	2			
Malling Address (if different from above)	City, State, Zip (if different from above)			
Email Address	Area Code & Telephone Number (if different from above)			
Name 406 N. High St. Anamosa, Iowa 52205 Mailing Address City, State, Zip Code 319-462-3504 Area Code & Telephone Number Email Address (optional)	2/26/13 \$750.00 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: Books and musical instruments				
Criteria to use this form:				
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.			

Lerry Burtruff 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.