

IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD

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

Reset Form

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	Anamosa, Iowa 52205
Mailing Address 319-462-3504, ext.2221	City, State, Zip Code
Area Code & Telephone No.	

2013 FEB 28

IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD

CONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFICE:

Sheryl Perrin	
Name	
Saves	
Mailing Address (if different from above)	City, State, Zip (if different from above)
Email Address	Area Code & Telephone Number (if different from above)

AM 9:34

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)	

2/26/13	\$4,548.00
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:

Food

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 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.

Jerry Partruff
Signature

2-28-13
Date

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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	Anamosa, Iowa 52205
Mailing Address 319-462-3504, ext.2221	City, State, Zip Code
Area Code & Telephone No.	

CONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFICE:

Sheryl Perrin	
Name	
Same	
Mailing Address (if different from above)	City, State, Zip (if different from above)
Email Address	Area Code & Telephone Number (if different from above)

2013 FEB 28 AM 9:34

IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD

DONOR OF GIFT OR BEQUEST:

Jerry Ziese (SCORE Counselor)	
Name	
Mailing Address	City, State, Zip Code
Area Code & Telephone Number	
Email Address (optional)	

2/26/13	\$ 513.95
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
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 Bartruff 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 Bartruff
Signature

2-28-13
Date

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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 Anamosa, Iowa 52205

Mailing Address
 319-462-3504, ext.2221 City, State, Zip Code

Area Code & Telephone No.

2013 FEB 28 AM 9:34

IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD

CONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFICE:

Sberyl Perrin

Name
 Sberyl Perrin

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:

The Pace Family

Name
 5915 NW 23rd st. Oklahoma City, OK 73127

Mailing Address
 City, State, Zip Code

Area Code & Telephone Number

Email Address (optional)

2/26/13 \$36.00

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".

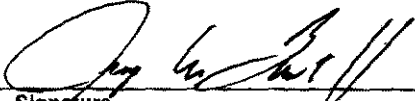
Provide a description of the gift or bequest and purpose thereof:

Books

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Statement of Affirmation:

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 Signature

2-28-13

 Date

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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

Anamosa, Iowa 52205

Mailing Address
319-462-3504, ext.2121

City, State, Zip Code

Area Code & Telephone No.

2013 FEB 28 AM 9:34

IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD

CONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFICE:

Sheryl Perrin

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:

Various Inmates

Name

406 N. High St. Anamosa, Iowa 52205

Mailing Address
319-462-3504

City, State, Zip Code

Area Code & Telephone Number

Email Address (optional)

2/26/13 \$750.00

Date of Gift or Bequest Amount/Value*

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Provide a description of the gift or bequest and purpose thereof:

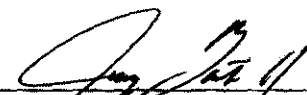
Books and musical instruments

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Statement of Affirmation:

Jerry Bartruff 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

2-28-13
 Date