

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

CONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFICE:

Sheryl Perrin, Adm. Asst.	
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:

Terry Mayo	
Name	
406 N. High St.	Anamosa, IA 52205
Mailing Address	City, State, Zip Code
Area Code & Telephone Number	
Email Address (optional)	

2/20/12	\$ 90.00
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:

8 Books for 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

5-30-12
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.	Anamosa, Iowa 52205
Mailing Address 319-462-3504	City, State, Zip Code
Area Code & Telephone No.	

CONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFICE:

Sheryl Perrin, Adm. Asst.	
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:

Lary Winders	
Name	
406 N. High St.	Anamosa, IA 52205
Mailing Address	City, State, Zip Code
Area Code & Telephone Number	
Email Address (optional)	

2/28/12	\$ 32.00
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: Pepper Seeds for Gardens
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

5-30-12
Date

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

CONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFICE:

Sheryl Perrin, Adm. Asst.	
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	
Name	
406 N. High St.	Anamosa, IA 52205
Mailing Address	City, State, Zip Code
Area Code & Telephone Number	
Email Address (optional)	

2/28/12	\$397.99
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 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

5-30-12
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, Adm. Asst.	
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	
Name	
12007 - 190th St.	Monticello, IA 52310
Mailing Address	City, State, Zip Code
Area Code & Telephone Number	
Email Address (optional)	

2/22/12	\$ 12,221.72
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 Inmate Meals
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 Burc 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

5-30-12
Date

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

CONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFICE:

Sheryl Perrin, Adm. Asst.	
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	
Name	
406 N. High St.	Anamosa, IA 52205
Mailing Address	City, State, Zip Code
Area Code & Telephone Number	
Email Address (optional)	

4/30/12	\$ 472.61
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 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

5-30-12
Date

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Mailing Address 319-462-3504	City, State, Zip Code
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CONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFICE:

Sheryl Perrin, Adm. Asst.	
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 Coureagous	
Name	
12007 190th St.	Monticello, IA 52310
Mailing Address	City, State, Zip Code
Area Code & Telephone Number	
Email Address (optional)	

4/30/12	\$ 11,275.80
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 Inmate Meals
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.

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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, Administrative Assistant	
Name 406 N. High St.	
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	
Name 12007 190th St.	Monticello, IA 52310
Mailing Address	City, State, Zip Code
Area Code & Telephone Number	
Email Address (optional)	

3/28/12	\$4,755.00
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:
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Statement of Affirmation:

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5-30-12
Date

IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD

510 EAST 12TH, SUITE 1A
DES MOINES, IA 50319
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www.iowa.gov/ethlcs



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

CONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFICE:

Sheryl Perrin, Adm. Asst.	
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:

Inmates	
Name	
PO Box 10	Anamosa, IA 52205
Mailing Address	City, State, Zip Code
Area Code & Telephone Number	
Email Address (optional)	

3/15/12	\$ 67.89
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:

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Statement of Affirmation:

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Jerry Burt
Signature

5-30-12
Date

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

CONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFICE:

Sheryl Perrin, Adm. Asst.	
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:

Deacon Bill Hickson	
Name	
PO Box 1309	Dubuaue, IA 52004-1309
Mailing Address	City, State, Zip Code
Area Code & Telephone Number	
Email Address (optional)	

3/7/12	\$ 100.00
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: Macintosh Computer
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

5-30-12
Date