

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	City, State, Zip Code
Area Code & Telephone No.	

2012 AUG 3 AM 8:49

IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD

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

7/25/12	\$ 987.50
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:
56 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

8-9-12
Date

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Name of Department or Office 406 N High St. PO Box 10	Anamosa, Iowa 52205
Mailing Address 319-462-3504	City, State, Zip Code
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2012 AUG 13 AM 8:49
IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD

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, Iowa 52310
Mailing Address	City, State, Zip Code
Area Code & Telephone Number	
Email Address (optional)	

7/25/12	\$ 15,723.00
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:

juice, 1 butter, yogurt, biscuits, cheese, potatoes, coffee creamer, cookies, eggs.

Criteria to use this form:

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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

8-9-12
Date

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

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IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD

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:

Consulate of Mexico	
Name	
7444 Fnmam St.	Omaha, NE 68114
Mailing Address	City, State, Zip Code
402-595-1841	
Area Code & Telephone Number	
Email Address (optional)	

7/27/12	\$ 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: 100 Elementary School Workbooks in Spanish
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Statement of Affirmation:

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Signature

8-9-12
Date