

Revised 06/08

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:

CCF Chapel	
Name of Department or Office	
200 N 16 th St	Clarinda, Ia. 51632
Mailing Address	City, State, Zip Code
712-542-5634 Ex 5542	
Area Code & Telephone No.	

RECEIVED
JAN 5
AM 7:55

CONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFICE:

Jeremy Wolbecker	
Name	
Same	Same
Mailing Address (if different from above)	City, State, Zip (if different from above)
Jeremy Wolbecker @ Iowa.gov	Same
Email Address	Area Code & Telephone Number (if different from above)

DONOR OF GIFT OR BEQUEST:

Hickman, Bob	
Name	
12 th St	Clarinda, Ia 51632
Mailing Address	City, State, Zip Code
712-542-3568	
Area Code & Telephone Number	
Email Address (optional)	

10-15-10	\$9
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:

DVD Player

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, Jeremy Wolbecker 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]
Signature

12-27-10
Date

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Indexed	_____
Audited	_____
Checked	_____
Computer	_____

IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD

DEPARTMENT OR OFFICE RECEIVING THE GIFT OR BEQUEST:

CCF Chapel	
Name of Department or Office	
Mailing Address	2000 N 16 th St
City, State, Zip Code	Clarinda Ia. 51632
Area Code & Telephone No.	712-542-5634 Ex 5542

CONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFICE:

Name	Jeremy Wolbecker
Mailing Address (if different from above)	Same
City, State, Zip (if different from above)	Same
Email Address	Jeremy.Wolbecker@iowa.gov
Area Code & Telephone Number (if different from above)	Same

DONOR OF GIFT OR BEQUEST:

Name	Prison Book Project
Mailing Address	P.O. Box 1146 Sharps FL 32959
City, State, Zip Code	
Area Code & Telephone Number	321-269-4100
Email Address (optional)	

Date of Gift or Bequest	12-14-10
Amount/Value*	\$ 500

*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:

Boxes of 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, Jeremy Wolbecker 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.

Jeremy Wolbecker
Signature

12-27-10
Date

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Computer	_____

RECEIVED
DEPT. OF REVENUE
AM 7:55

IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD

DEPARTMENT OR OFFICE RECEIVING THE GIFT OR BEQUEST:

CCF Chapel	
Name of Department or Office	Clarinda Ia. 51632
Mailing Address	City, State, Zip Code
Area Code & Telephone No.	712-542-5634 Ex 5542

CONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFICE:

Jeremy Wilbecker	
Name	Same
Mailing Address (if different from above)	City, State, Zip (if different from above)
Email Address	Jeremy Wilbecker @ Iowa.gov
Area Code & Telephone Number (if different from above)	Same

DONOR OF GIFT OR BEQUEST:

Taha Tawil / Islamic Cultural Center	
Name	
Mailing Address	1335 9 th St. NW Cedar Rapids, Ia 52407
Area Code & Telephone Number	319 366 3150
Email Address (optional)	

Date of Gift or Bequest	12-27-10
Amount/Value*	\$ 50
*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:

2 used rugs \$25 each

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, Jeremy Wilbecker 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.

Jeremy Wilbecker
Signature

12-27-10
Date