IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD 610 EAST 12TH, SUITE 1A DES MOINES, IA 50319

Fax: (515)281-4073 www.iowa.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 filled within 20 days of receipt of the gift or bequest.

| FORM-GB |
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| equest information re |

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

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 | Cily, State, Zip Code | | |
| Area Code & Telephone No. | | | |
| ONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFF | IGE: | | |
| Sheryl Perrin | | | |
| Yame | | | |
| Malling Address (if different from above) sheryl.pertin@lowz.gov | City, State, Zip (If different from above) | | |
| Email Address | Area Code & Telephone Number (if different from above) | | |
| | The state of the current for the state of th | | |
| DNOR OF GIFT OR BEQUEST: | | | |
| Employees of Mercy Medical Center | | | |
| lame | | | |
| 01 - 10th St. SE Cedar Rapids, Iowa 52403 | | | |
| lailing Address City, State, Zip Code | 10/30/11 \$100.00 | | |
| | Date of Gift or Bequest Amount/Value* | | |
| rea Code & Telephone Number | 'value is defined as "fair market value" of Item as determined by | | |
| mall Address (optional) | receiving department or office. If no value mark "0,00", | | |
| High Address (Ahlighar) | | | |
| Provide a description of the gift or bequest and purpose thereof: | | | |
| Miscellaneous books for inmate library. | | | |
| misconancous books for minate notary, | | | |
| | | | |
| 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. | | |
| | • | | |
| | | | |
| ement of Affirmation: | | | |
| Terry Burt | | | |
| ssment of the fair market value (if applicable) is correct and true to the | e is accurate. I further affirm that the information concerning the donor and best of my knowledge. | | |
| , | | | |
| 4-5 | | | |
| May & Sur | 11-4-11 | | |
| Signature | Date | | |
| - H | nate | | |

Revised 06/08

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

| | For office use only | |
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| DEPARTMENT OR OFFICE RECEIVING THE GIFT OR BEQUE | ST: | | | |
|--|--|--|--|--|
| Anamosa State Penitentiary | | | | |
| Name of Department or Office 406 N, High St. PO Box 10 | or Office | | | |
| Mailing Address (| Anamosa, Iowa 52205 Cily, State, Zip Code | | | |
| 319-452-3594 Area Code & Telephone No. | | | | |
| CONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFI | ΛΕ· | | | |
| | VE. | | | |
| Sheryl Perrin Name | | | | |
| | | | | |
| Malling Address (if different from above) sheryLpertio@iowa.gov | City, State, Zip (if different from above) | | | |
| Email Address | Area Code & Telephone Number (if different from above) | | | |
| | The doctor of templicity furnities for different morn above) | | | |
| OONOR OF GIFT OR BEQUEST: | | | | |
| Miscellaneous Imnates | | | | |
| Name | | | | |
| 406 N. High St. Anamos, Iowa 52205 | | | | |
| Malling Address City, State, Zlp Code | 10/30/11 \$324.10 | | | |
| | 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*. | | | |
| Email Address (optional) | | | | |
| Provide a description of the gift or bequest and purpose thereof: | | | | |
| | | | | |
| Miscellaneous books for immate library and chapel. | • | | | |
| | | | | |
| Criteria to use this form: | | | | |
| Receipt of any gift or bequest that is received by any department of the s | viote or received by the Coverses on his office state | | | |
| Troops of only gire of bodoest that is received by any department of the s | state of received by the Governor on behalf of the state. | | | |
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| informant of Affirmation. | | | | |
| latement of Affirmation: | | | | |
| Jerry Burt affirm that the gift or bequest reported above | e is accurate. I further affirm that the information concerning the donor and best of my knowledge. | | | |
| sessment of the last market value (it applicable) is correct and time to me | pest of my knowledge. | | | |
| 11 | | | | |
| The Party of the P | 11-11-11 | | | |
| Signature | 11-4-11 | | | |
| OiBuarna. | Date | | | |

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| Disclosure Board and the Government Oversight Committee. The this report to the Government Oversight Committee. This form is to receipt of the gift or bequest. | Board will provide a copy of p be filed within 20 days of | CheckedComputer |
|---|---|------------------------------------|
| DEPARTMENT OR OFFICE RECEIVING THE GIFT OR BEQUES | et: | |
| Anamosa State Penitentiary | - | |
| Name of Department or Office 406 N. High St. PO Box 10 | Samora Taura 63306 | |
| No. 11. | Anamosa, Jowa 52205 City, State, Zip Code | |
| Area Code & Telephone No. | | |
| ONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFIC | :F: | |
| Sheryl Perrin | | |
| Name | | |
| Malling Address (if different from above) | Cibr Chain 21- III alli I | |
| sheryl.perrin@iowa.gov | City, State, Zip (If different fro | om above) |
| Email Address | Area Code & Telephone Nur | nber (if different from above) |
| ONOR OF GIFT OR BEQUEST: | | |
| Camp Courageous Name 12007 190th St. Monticello, IA 52310 Melling Address City, State, Zip Gode Area Code & Telephone Number Emell Address (optional) Provide a description of the gift or bequest and purpose thereof: Miscellaneous food: Cola, lemonade, yogurt, eggs, chicinnamon rolls, Gatorade, and butter. Criteria to use this form: Receipt of any gift or bequest that is received by any department of the states. | cken mix, juice, biscuits, c | heese, creamer, coleslaw, |
| tement of Affirmation: Terry Burt affirm that the gift or bequest reported above it is part affirm that the gift or bequest reported above it is correct and true to the beautiful affirmation of the fair market value (if applicable) is correct and true to the beautiful affirmation. | is accurate. I further affirm that the liest of my knowledge. | nformation concerning the donor an |
| 400 | | |
| gral a from | , | 1-4-11 |
| Signature | | Date |