

IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD

610 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:

Anamosa State Penitentiary	
Name of Department or Office 405 N. High St. PO Box 10	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	
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:

Employees of Mercy Medical Center	
Name	
701 - 10th St. SE	Cedar Rapids, Iowa 52403
Mailing Address	City, State, Zip Code
Area Code & Telephone Number	
Email Address (optional)	

10/30/11	\$ 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:

Miscellaneous 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

11-4-11

Date

One

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

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:

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

10/30/11	\$ 324.10
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:
Miscellaneous books for inmate library and chapel.

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

11-4-11
Date

Jerry Burt

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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 319-462-3304	City, State, Zip Code
Area Code & Telephone No.	

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

10/30/11	\$3,351.20
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:

Miscellaneous food: Cola, lemonade, yogurt, eggs, chicken mix, juice, biscuits, cheese, creamer, coleslaw, cinnamon rolls, Gatorade, and butter.

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.

Signature

11-4-11
Date