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

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Day a Code section 8.7 requires all gifts and bequests given to any department of the state of lowar 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 solis report to the Government Oversight Committee. This form is to be filed within 20 days of ecceipt of the gift or bequest.				
DEPARTMENT OR OFFICE RECEIVING THE GIFT OR BEQUE	ST:			
Anamosa State Penitentiary				
Name of Department or Office 406 N. High St.	Anamosa, Iowa 52205			
NA-111 A-1-1	City, State, Zip Code			
Area Code & Telephone No.				
CONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFI	CE:			
Sheryl Perrin				
Name	W			
Mailing Address (if different from above) sheryt.pcrin@iowa.gov	City, State, Zip (if different fro	m above)		
Email Address	Area Code & Telephone Num	shor /if different from at a.u.)		
	Alea Good & Telephone Null	iber (ii dilletetit itota 80046)		
DONOR OF GIFT OR BEQUEST:				
Sharon Burrows				
Name 11811 Co. Rd. X28 Anamosa, IA 52205				
Mailing Address City, State, Zip Code	9/30/11	\$50.00		
5.00 E.p 5000	Date of Gift or Bequest			
Area Code & Telephone Number		Amount/Value*		
	*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:				
Large Copy Machine with Cabinet				
Criteria to use this form:	THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAM			
Receipt of any gift or bequest that is received by any department of the	state or received by the Governor on b	ehalf of the state.		
statement of Affirmation: Jern Burc affirm that the gift or bequest reported above.	ve is accurate. I further affirm that the l	nformation concerning the donor and		

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assessment of the fair market value (if applicable) is correct and true to the best of my knowledge.

IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD 510 EAST 12TH, SUITE 1A DES MOINES, IA 50319 Fax: (515)281-4073 Rese

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 filed within 20 days of receipt of the gift or bequest.

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EPARTMENT OR OFFICE RECEIVING THE GIFT OR BEQUE	EST:	
Anamosa State Penitentiary		
Name of Department or Office 406 N. High St.		
N. High St. Anamosa, Iowa 52205 ailing Address City, State, Zip Code		
319-462-3504, ext. 2221 Area Code & Telephone No.	old, oldle, zip odde	
ONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFF	ICE•	
Sheryl Perrin	10 La	
lame		
Malling Address (if different from above)	City, State, Zip (if different from above)	
sheryl.perrin@iowa.gov imail Address		
Illaii Adojess	Area Code & Telephone Number (if different from above)	
ONOR OF GIFT OR BEQUEST:		
Теггу Мауо		
Name		
Mailing Address City, State, Zip Code	9/30/11 \$170.00	
30	1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	
Area Code & Telephone Number	Date of Gift or Bequest Amount/Value*	
•	*value is defined as "fair market value" of item as determined by	
Email Address (optional)	receiving department or office. If no value mark "0.00".	
inali Adoless (optional)		
Provide a description of the gift or bequest and purpose thereof:		
17 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 habilit of the state	
the state of the s	state of received by the Governor on benan of the state.	
tement of Affirmation:		
Jerry But Tation that the ait or hand and at a		
essment of the fair market value (If applicable) is correct and true to the	ve is accurate. I further affirm that the information concerning the donor and best of my knowledge.	
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June B. In	(5) - dimel	
Signature	10-10-1	
อานิแซเกเล	Date	

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 filed within 20 days of receipt of the gift or bequest.

DEPARTMENT OR OFFICE RECEIVING THE GIFT OR BEQUEST:

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

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Anamosa State Penitentiary		
Name of Department or Office		
406 N. High St.	Anamosa, Iowa 52205	J. Hyandell
Mailing Address	City, State, Zip Code	
319-462-3504, ext. 2221	ony, crate, zip code	
Area Code & Telephone No.		

CONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFF	ICE:
Sheryl Perrin Name	
Mailing Address (if different from above) sheryl.pemin@iowa.gov	City, State, Zip (If different from above)
Email Address	Area Code & Telephone Number (if different from above)

DONOR OF GIFT OR BEQUEST:

Keep Believing Ministries				
Name		-		
	Elmhurst, IL 60126			
Mailing Address	City, State, Zip Code	9	/30/11	\$35.00
30		Da	ite of Gift or Bequest	Amount∕Value*
Area Code & Telephone Num	ber	*va	alue is defined as "fair ma	arket value" of item as determined by ce. If no value mark "0.00".
Emall Address (optional)				oo. II no veido mark 0,00 .

Provide a description of the gift or bequest and purpose thereof: Chapel Donation - 72 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:

1. Jem Burt I, Jerns Surt 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.

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 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

FORM-GB

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

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his report to the Government Oversight Committee. This form is to leceipt of the gift or bequest.	be filed within 20 days of	Computer
DEPARTMENT OR OFFICE RECEIVING THE GIFT OR BEQUEST	:	30n
Anamosa State Penitentiary		
Name of Department or Office 406 N. High St. Ana	nosa, Iowa 52205	
	, State, Zip Code	on*
Area Code & Telephone No.		
CONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFICE	:	
Sheryl Perrin		
Name		
Mailing Address (if different from above) shcryl.perrin@lowa.gov	City, State, Zip (if different fro	om above)
Email Address	Area Code & Telephone Nur	nber (if different from above)
John & Marilee Reasoner Name 2657 Fruitland Blvd. Sw Cedar Rapids, Ia 52404 Mailing Address City, State, Zip Code 30 Area Code & Telephone Number Email Address (optional) Provide a description of the gift or bequest and purpose thereof: Chapel Donation	9/30/11 Date of Gift or Bequest *value is defined as *fair manifecturing department or office	\$70.00 Amount/Value* ket value" of item as determined by e. If no value mark "0.00".
Criteria to use this form: Receipt of any gift or bequest that is received by any department of the sta	te or received by the Governor on I	behalf of the state.
tatement of Affirmation:		

affirm that the gift or bequest reported above is accurate. I further affirm that the information concerning the donor and 14,5 assessment of the fair market value (if applicable) is correct and true to the best of my knowledge.

10-4-1 Date

IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD 610 EAST 12TH, SUITE 1A DES MOINES, IA 50319 Fax: (615)281-4073 Rese

www.lowa.gov/ethlcs



lowa Code section 8.7 requires all gifts and bequests given to any department of the state of lowa

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Gift or Bequest Inform by a department or ac Governor on behalf of	cepted by the
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or received by the Governor on behalf of the state be reported to the Disclosure Board and the Government Oversight Committee. The E this report to the Government Oversight Committee. This form is to receipt of the gift or bequest.	Audited Checked Computer I	
3 4 - 117 - 4 - 1 - 1	amosa, Iowa 52205 y, State, Zip Code	
Name Mailing Address (if different from above) sheryl.perrin@iowa.gov Email Address	City, State, Zip (if different fro	
DONOR OF GIFT OR BEQUEST: Doug & Marilyn Johnson Name 1616 Deborah Dr. NE Cedar Rapids, Ia 52402 Malling Address City, State, Zip Code 30 Area Code & Telephone Number Email Address (optional)	9/30/11 Date of Gift or Bequest *value is defined as *fair mark receiving department or office	\$300.00 Amount/Value* set value* of item as determined by set. If no value mark *0.00*.
Provide a description of the gift or bequest and purpose thereof: Chapel Donation		
Criteria to use this form: Receipt of any gift or bequest that is received by any department of the sta	ate or received by the Governor on b	ehalf of the state.
itatement of Affirmation: Jerry Burt effirm that the gift or bequest reported above	is accurate. I further affirm that the i	nformation concerning the donor and

assessment of the fair market value (if applicable) is correct and true to the best of my knowledge.

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 filed within 20 days of receipt of the gift or bequest.

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Gift or Bequest information received by a department or accepted by the

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	name of the

Anamosa State Penitentiary	
Name of Department or Office	
406 N. High St. Mailing Address	Anamosa, Iowa 52205
319-462-3504, ext. 2221	City, State, Zip Code
Area Code & Telephone No.	
ONTACT PERSON FOR RECIPIENT DEPARTMENT OR (OFFICE:
Sheryl Perrin	
Name .	
Malling Address (if different from above)	City, State, Zip (if different from above)
sheryl.perrin@iowa.gov	
Email Address	Area Code & Telephone Number (if different from above)
John Poggenpohl Name Iowa City, Iowa Malling Address City, State, Zip Code Area Code & Telephone Number Email Address (optional)	9/30/11 \$50.00 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:	
Chapel Donation	
Criteria to use this form:	
Receipt of any gift or bequest that is received by any department of	f the state or received by the Governor on behalf of the state.
	- · · · · · · · · · · · · · · · · · · ·

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I, Serry Dur taffirm 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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Fax: (515)281-4073 www.lowa.gov/ethics



FORM-GB

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

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 filed within 20 days of receipt of the gift or bequest.	Indexed
DEPARTMENT OR OFFICE RECEIVING THE GIFT OR BEQUEST:	enter, yes vendoù SAANNE,
Anamosa State Penitentiary Name of Department or Office 406 N. High St. Mailing Address 319-462-3504, ext. 2221 Area Code & Telephone No. CONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFICE:	
Sheryl Perrin	
Mailing Address (if different from above) Sherylperrin@iowa.gov Email Address Area Code & Telephone Num	
Zuiko Redding Name 1618 Beaver Ave. Cedar Rapids, Ia Mailing Address City, State, Zip Code Area Code & Telephone Number	\$ 50.00 Amount/Value*
*value is defined as *fair mark receiving department or office Email Address (optional)	et value" of item as determined by e. If no value mark "0.00".
Provide a description of the gift or bequest and purpose thereof: Chapel Donation	
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 b	pehalf of the state.
Statement of Affirmation:	information concerning the donor and
Signature	<i>'0 - Y - </i> Date

Fax: (515)281-4073 www.lowa.gov/ethics



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 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 filed within 20 days of receipt of the gift or bequest.

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

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EPARTMENT OR OFFICE RECEIVING THE GIFT OR BEQUES	ST:
Anamosa State Penitentiary	.·-
Name of Department or Office 406 N. High St. A.	namosa, Iowa 52205
Malling Address C	City, State, Zip Code
319-462-3504, ext. 2221 vrea Code & Telephone No.	
DITACT PERSON FOR RECIPIENT DEPARTMENT OR OFFIC	CE.
	V (a)
Sheryl Perrin Iame	
failing Address (if different from above)	City, State, Zip (if different from above)
mall Address	Area Code & Telephone Number (if different from above)
	7404 Gode & Telephone Indiabel (il dilletelle libili above)
DNOR OF GIFT OR BEQUEST:	
Various Inmates	
lame	
06 N. High St. Anamosa, Ia 52205	
falling Address City, State, Zip Code	9/30/11 \$356.37
	Date of Gift or Bequest Amount/Value*
rea 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".
mail Address (optional)	
Provide a description of the gift or bequest and purpose thereof:	
28 books to the Inmate Library	
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Odrada ta una thia farm	
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.

S

I, Jerry Burt affirm that the gift or bequest reported above is accurate. I further affirm that the assessment of the fair market value (if applicable) is correct and true to the best of my knowledge.

Date

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.

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

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DEPARTMENT OR OFFICE RECEIVING THE GIFT OR BEQUEST:	
	oosa, Iowa 52205 State, Zip Code
Name Mailing Address (if different from above) shcryl.pcrrin@iowa.gov Email Address	City, State, Zip (if different from above) Area Code & Telephone Number (if different from above)
ONOR OF GIFT OR BEQUEST: Kirkwood College Name Kirkwood Blvd. SW Cedar Rapids, IA 52404 Malling Address City, State, Zip Code Area Code & Telephone Number Email Address (optional) Provide a description of the gift or bequest and purpose thereof: 19 books to the inmate library	9/30/11 \$399.50 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*.
Criteria to use this form: Receipt of any gift or bequest that is received by any department of the statement of Affirmation:	
Sessment of the fair market value (if applicable) is correct and true to the best	s accurate. I further affirm that the information concerning the donor and st of my knowledge. //

IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD

610 EAST 12TH, SUITE 1A DES MOINES, IA 50319 Fax: (515)281-4073 www.lowa.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 filed within 20 days of receipt of the gift or bequest.

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

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PARTMENT OR OFFICE RECEIVING THE GIFT OR BEQUES	T:	
Anamosa State Penitentiary		
ame of Department or Office 06 N. High St. An	amosa, Iowa 52205	
	ty, State, Zip Code	
ea Code & Telephone No.		_
NTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFIC	E:	
heryl Perrin		
ame		_
ailing Address (if different from above)	City, State, Zip (if different from above)	_
eryLperria@iowa.gov nail Address		_
nan Audress	Area Code & Telephone Number (if different from above)	
NOR OF GIFT OR BEQUEST:		
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nme		-
2007 190th St. Monticello, Ia 52310		
ciling Address City, State, Zip Code	9/30/11 \$2,888.00	
ea Code & Telephone Number	Date of Gift or Bequest Amount/Value*	
ea Code & Telephone Number	*value is defined as "fair market value" of item as determine	d by
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ement of Affirmation:		
Terry \overline{B} arc affirm that the gift or bequest reported above ssment of the fair market value (if applicable) is correct and true to the b	is accurate. I further affirm that the information concerning the dor	nor an
the special section of the section o		
Signature	10-4-11	
	Date	

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



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EPARTMENT OR OFFICE RECEIVING THE GIFT OR BEQUE	est:				
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Mt. Pleasant Correctional Facility					
ame of Department or Office 1200 East Washington St. Mi. Pleasant, IA 52641					
Mailing Address	City, State, Zip Code				
319-385-9511 Area Code & Telephone No.					
ONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFF	ICE:				
Ron Mullen					
Name Same	Same				
Mailing Address (if different from above)	City, State, Zip (if different from above)				
Ron.Mullen	Area Code & Telephone Number (if different from above)				
Email Address	Acces code a l'originate manuel (il annuel proprieta de la constante de la con				
OONOR OF GIFT OR BEQUEST:					
	_				
Name					
City Chata Zin Code	- September 2011 \$90.00				
Mailing Address City, State, Zip Code	Soptember 2011				
	- Butto or one or bodgesor				
Area Code & Telephone Number	*value is defined as "fair market value" of item as determined by				
(1)	receiving department or office. If no value mark "0.00".				
Email Address (optional)					
Provide a description of the gift or bequest and purpose thereof:					
For offender Use.					
Criteria to use this form:					
Receipt of any gift or bequest that is received by any department of the	he state or received by the Governor on behalf of the state.				
Receipt of any gift of bequest that is received by any department of the	to state of rooms by the determinant				
Statement of Affirmation:					
affirm that the gift or bequest reported al	bove 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 t	the best of my knowledge.				
Signature	Date				

### Mt. Pleasant Mental Health

Sep-11

<b>D</b> -4-	Name	Address	Reason	Amount
	Karla Medina Ryan Slemmer	1607 Ashwood Dr., Altoona, IA 50009 1200 E. Washington St., Mt. Pleasant, IA	pool table equip video games	\$80.00 \$10.00
3, 72, 23 1 1	, <b>, , .</b>			
			Total Amount	: \$ 90.0