

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.	Anamosa, Iowa 52205
Mailing Address 319-462-3504, ext. 2221	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:

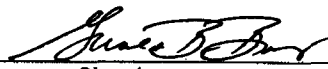
Sharon Burrows	
Name	_____
11811 Co. Rd. X28	Anamosa, IA 52205
Mailing Address	City, State, Zip Code
Area Code & Telephone Number	_____
Email Address (optional)	_____

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: Large Copy Machine with Cabinet
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, Terrence Burrows 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

10-4-11
Date

IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD

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IA ETHICS 0011

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DEPARTMENT OR OFFICE RECEIVING THE GIFT OR BEQUEST:

Anamosa State Penitentiary	
Name of Department or Office 406 N. High St.	Anamosa, Iowa 52205
Mailing Address 319-462-3504, ext. 2221	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:

Terry Mayo	
Name	
Mailing Address 30	City, State, Zip Code
Area Code & Telephone Number	
Email Address (optional)	

9/30/11	\$ 170.00
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:
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 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

10-8-11
Date

IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD

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2011 OCT -4

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Anamosa State Penitentiary	
Name of Department or Office 406 N. High St.	Anamosa, Iowa 52205
Mailing Address 319-462-3504, ext. 2221	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:

Keep Believing Ministries	
Name	
Elmhurst, IL 60126	City, State, Zip Code
Mailing Address 30	
Area Code & Telephone Number	
Email Address (optional)	

9/30/11	\$35.00
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 - 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:

I, Terrence 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.

Terrence Burt
Signature

10-4-11
Date

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2011 OCT - 4 AM 10:51

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.

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Anamosa State Penitentiary	
Name of Department or Office 406 N. High St.	Anamosa, Iowa 52205
Mailing Address 319-462-3504, ext. 2221	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:

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)	

9/30/11	\$70.00
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 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

10-4-11
Date

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20 OCT -4 AM '11

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Anamosa State Penitentiary	
Name of Department or Office 406 N. High St.	Anamosa, Iowa 52205
Mailing Address 319-462-3504, ext. 2221	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:

Doug & Marilyn Johnson	
Name	
1616 Deborah Dr. NE	Cedar Rapids, Ia 52402
Mailing Address	City, State, Zip Code
30	
Area Code & Telephone Number	
Email Address (optional)	

9/30/11	\$ 300.00
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 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

10-4-11
Date

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Name of Department or Office 406 N. High St.	Anamosa, Iowa 52205
Mailing Address 319-462-3504, ext. 2221	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:

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

9/30/11	\$ 50.00
Date of Gift or Bequest	Amount/Value*
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Provide a description of the gift or bequest and purpose thereof:

Chapel Donation

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

10-4-11
Date

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Mailing Address 319-462-3504, ext. 2221	City, State, Zip Code
Area Code & Telephone No.	

CONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFICE:

Sheryl Perrin	
Name	
Mailing Address (if different from above) sherylperrin@iowa.gov	City, State, Zip (if different from above)
Email Address	Area Code & Telephone Number (if different from above)

DONOR OF GIFT OR BEQUEST:

Zuiko Redding	
Name	
1618 Beaver Ave.	Cedar Rapids, Ia
Mailing 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:

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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

10-4-11
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Name of Department or Office 406 N. High St.	Anamosa, Iowa 52205
Mailing Address 319-462-3504, ext. 2221	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:

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

9/30/11	\$356.37
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:

28 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

10-4-11
Date

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Anamosa State Penitentiary	
Name of Department or Office 406 N. High St.	Anamosa, Iowa 52205
Mailing Address 319-462-3504, ext. 2221	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:

Kirkwood College	
Name	
Kirkwood Blvd. SW	Cedar Rapids, IA 52404
Mailing Address	City, State, Zip Code
Area Code & Telephone Number	
Email Address (optional)	

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".	

Provide a description of the gift or bequest and purpose thereof:
19 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 Durt 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 Durt
Signature

10-4-11
Date

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Anamosa State Penitentiary	
Name of Department or Office 406 N. High St.	Anamosa, Iowa 52205
Mailing Address 319-462-3504, 2221	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)	

9/30/11	\$2,888.00
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:

Food for Dietary Department

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

10-4-11
Date

Revised 06/08

IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD

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01 OCT - 4 AM 8:30

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DEPARTMENT OR OFFICE RECEIVING THE GIFT OR BEQUEST:

Mt. Pleasant Correctional Facility

Name of Department or Office
1200 East Washington St. Mt. Pleasant, IA 52641

Mailing Address
319-385-9511 City, State, Zip Code

Area Code & Telephone No.

CONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFICE:

Ron Mullen

Name
Same City, State, Zip (if different from above)

Mailing Address (if different from above)
Ron Mullen Same

Email Address
Area Code & Telephone Number (if different from above)

DONOR OF GIFT OR BEQUEST:

Name _____

Mailing Address _____ City, State, Zip Code _____

Area Code & Telephone Number _____

Email Address (optional) _____

September 2011 \$90.00

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:
 For offender Use.

Criteria to use this form:
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Statement of Affirmation:

I, _____ 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

Date

Mt. Pleasant Mental Health

Sep-11

Date	Name	Address	Reason	Amount
9/15/2011	Karla Medina	1607 Ashwood Dr., Altoona, IA 50009	pool table equip	\$80.00
9/12/2011	Ryan Slemmer	1200 E. Washington St., Mt. Pleasant, IA	video games	\$10.00
Total Amount :				\$ 90.00