

IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD

510 EAST 12TH ST, SUITE 208 PITA 208
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
406 N. High St., PO Box 10 Anamosa, Iowa 52205
Mailing Address City, State, Zip Code
319-462-3504
Area Code & Telephone No.

CONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFICE:

John Fayram
Name
same
Mailing Address (if different from above) City, State, Zip (if different from above)
John.Fayram@iowa.gov
Email Address Area Code & Telephone Number (if different from above)

DONOR OF GIFT OR BEQUEST:

See Attached List
Name
Mailing Address City, State, Zip Code
Area Code & Telephone Number
Email Address (optional)

July 23, 2009 \$1,007.07
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:
Monetary donations to the Chapel, Sunni, Wicca, & Asatru funds. Religious books to the Chapel library and 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 Burk 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

7-27-09
Date

Anamosa State Penitentiary

406 N. High St., Anamosa, Iowa 52205

Date	Name	Address	Reason	Amount
7/5/2009	Inmate John Molley #0808419	406 N. High St. Anamosa, Iowa	Wicca Donation	\$ 10.00
7/2/2009	Various Inmates	406 N. High St. Anamosa, Iowa	Asatru Donation	\$ 52.45
7/3/2009	Various Inmates	406 N. High St. Anamosa, Iowa	Sunni Fund Donation	\$ 24.00
6/23/2009	Clear Lake United Methodist	508 2dn Ave. N., Clear Lake, IA 50428	Chapel Fund	\$ 95.00
7/6/2009	First UMC	703 Arden St. Boone, IA 50036	Chapel Fund	\$ 200.00
7/6/2009	UMW	PO Box 642 Oelwein, IA 50662	Chapel Fund	\$ 95.00
7/10/2009	Grace United Methodist Church	1735 Morningside Dr. Sioux City, IA 51106	Chapel Fund	\$ 50.00
7/16/2009	Mrs. James Newell	2346 Quail Ridge Dr. SW, Cedar Rapids	Chapel Fund	\$ 100.00
7/3/2009	Various Inmates	406 N. High St. Anamosa, Iowa	11 Books to Chapel	\$ 54.00
7/15/2009	Delhi United Methodist Church	304 Market St. Delhi, IA 52223	1 case of bibles	\$ 34.00
7/13/2009	Carol Husmann	22883 126th St., Anamosa	Graduation Cap & Gown	\$ 22.00
7/1/2009	Various Inmates	406 N. High St. Anamosa, Iowa	26 Books to Inmate Library	\$ 270.62

Total Amount : \$ 1,007.07

Revised 06/08

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2009 JUL 28 11:31 AM
Reset Form

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DEPARTMENT OR OFFICE RECEIVING THE GIFT OR BEQUEST:

Mt. Pleasant Mental Health

Name of Department or Office
1200 E. 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 Same

Mailing Address (if different from above) City, State, Zip (if different from above)
Ron.Mullen@iowa.gov 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) _____

July, 2009 **\$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:

For patient use.

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, _____ 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

Jul-09

Date	Name	Address	Reason	Amount
7/6/2009	Anonymous		pop & pizza	\$37.00
7/17/2009	Anonymous		supplies & food	\$33.00

Total Amount : \$ 70.00