

IA ETHICS & CAMPAIGN DISCLOSURE BOARD
FILED
NOV 29 2006

ETHICS AND CAMPAIGN DISCLOSURE BOARD

510 EAST 12TH, SUITE 1A
DES MOINES, IA 50319
Fax: (515)281-3701
www.iowa.gov/ethics

Reset Form

FORM-GBG

Gift, Bequest, or Grant 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, bequests, and grants 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 required to be filed within 20 days of receipt of the gift, bequest, or grant.

DEPARTMENT OR OFFICE RECEIVING THE GIFT, BEQUEST, OR GRANT:

Iowa Department of Corrections -- Mt. Pleasant Correctional Facility
Name of Department or Office
1200 E. Washington Street Mt. Pleasant, Iowa 52641
Mailing Address City, State, Zip Code
(319) 385-9511
Area Code & Telephone No.

CONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFICE:

Deb Moeller
Name
1200 E. Washington Street
Mailing Address (if different from above) City, State, Zip (if different from above)
deb.moeller@iowa.gov
Email Address Area Code & Telephone Number (if different from above)

DONOR OF GIFT, BEQUEST, OR GRANT:

Cindy Groff
Name
3341 U Ave Wellman, IA 52356
Mailing Address City, State, Zip Code
(319) 646-2198
Area Code & Telephone Number
Email Address (optional)

November 16, 2006 \$ 20.00
Date of Gift, Bequest, or Grant 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, bequest, or grant and purpose thereof:
Donated for institutional use by offenders.

Criteria to use this form:
Receipt of any gift, bequest, or grant that is received by any department of the state or received by the Governor on behalf of the state.

Statement of Affirmation:

I, Gary D Maynard affirm that the gift, bequest, or grant 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.

Gary D Maynard
Signature

11-30-06
Date

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Deb Moeller
Name
1200 E. Washington Street
Mailing Address (if different from above) City, State, Zip (if different from above)
deb.moeller@iowa.gov
Email Address Area Code & Telephone Number (if different from above)

DONOR OF GIFT, BEQUEST, OR GRANT:

Amber Scott -- The Family Connection
Name
106 S. Main Mt. Pleasant, Iowa 52641
Mailing Address (319) 385-4090 City, State, Zip Code
Area Code & Telephone Number
Email Address (optional)

November 16, 2006 \$ 20.00
Date of Gift, Bequest, or Grant Amount/Value*
*value is defined as "fair market value" of item as determined by receiving department or office. If no value mark "0.00".

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Statement of Affirmation:

I, Gary D Maynard affirm that the gift, bequest, or grant 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.

Gary D Maynard
Signature

11-30-06
Date