

IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD

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



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 State Penitentiary | |
| Name of Department or Office 31 Ave. G | Fort Madison, IA 52627 |
| Mailing Address 319-372-5432 | City, State, Zip Code |
| Area Code & Telephone No. | |

CONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFICE:

| | |
|--|--|
| Brad Hier | |
| Name P.O. Box 316 | Fort Madison, IA 52627 |
| Mailing Address (if different from above) brad.hier@state.gov | City, State, Zip (if different from above) 319-372-5432 |
| Email Address | Area Code & Telephone Number (if different from above) |

DONOR OF GIFT, BEQUEST, OR GRANT:

| | |
|------------------------------|-----------------------|
| See attached | |
| Name | |
| Mailing Address | City, State, Zip Code |
| Area Code & Telephone Number | |
| Email Address (optional) | |

| | |
|--|---------------|
| \$ | |
| 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.

Reading materials for the purpose of inmate religious education.

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, Larry Brimeyer 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.

Signature

2-7-07
Date

Your Institution Name Here

Iowa State Penitentiary, 31 Ave. G, Fort Madison, IA 52627

| Date | Name | Address | Reason | Amount |
|----------|-----------------------------|---------|----------------------------|----------|
| 1/1/2007 | 150 Protestant publications | | Inmate religious education | \$150.00 |
| 1/1/2007 | 20 Catholic Publications | | Inmate religious education | \$100.00 |
| 1/1/2007 | 24 large print bibles | | Inmate religious education | \$240.00 |

Total Amount : \$ 490.00