

**IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD**  
**510 EAST 12<sup>TH</sup>, SUITE 1A**  
**DES MOINES, IA 50319**  
**Fax: (515)281-3701**  
**www.iowa.gov/ethics**



<b>FORM-GBG</b>	
Gift, Bequest, or Grant Information received by a department or accepted by the Governor on behalf of the state	
<u>For office use only</u>	
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:**

<b>Iowa State Penitentiary</b>	
Name of Department or Office	_____
P.O. Box 316	Fort Madison, IA 52627
Mailing Address	City, State, Zip Code
319-372-5432	_____
Area Code & Telephone No.	_____

**CONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFICE:**

<b>Brad Hier</b>	
Name	_____
Mailing Address (if different from above)	City, State, Zip (if different from above)
brad.hier@iowa.gov	_____
Email Address	Area Code & Telephone Number (if different from above)
_____	_____

**DONOR OF GIFT, BEQUEST, OR GRANT:**

<b>See attached</b>	
Name	_____
Mailing Address	City, State, Zip Code
_____	_____
Area Code & Telephone Number	_____
Email Address (optional)	_____

<b>May, 2007</b>	<b>\$ 702.00</b>
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:

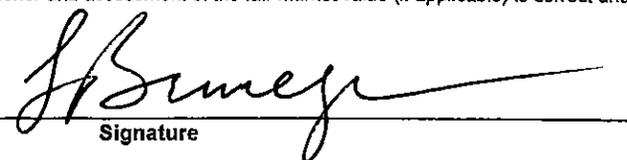
---

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

6-5-07  
 \_\_\_\_\_  
 Date

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

Date	Name	Address	Reason	Amount
5/1 - 5/31/07	467 used magazines	Various local churches	Inmate Religious	
			educagion	\$233.50
	190 pamphlets	Various local churches	Inmate Rel.Ed.	\$190.00
	170 newspapers	Various local churches	Inmate Rel. Ed.	\$85.00
	40 Newsletters	Various local churches	Inmate Rel. Ed	\$20.00
	48 bibles	Various local churches	Inmate Rel. Ed.	\$48.00
	40 Spanish reading material	Various local churches	Inmate Rel. Ed.	\$40.00
	17 paperback b ooks	Inmates	Library	\$38.50
	14 books	Local library	CCU Library	\$42.00
	10 magazines	Local library	CCU Library	\$5.00
			Total Amount	\$702.00

# IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD

510 EAST 12<sup>TH</sup>, 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:

<b>Mt. Pleasant Correctional Facility</b>	
Name of Department or Office	
1200 E. Washington St., Mt. Pleasant, IA 52641	
Mailing Address	City, State, Zip Code
319-385-9511	
Area Code & Telephone No.	

### CONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFICE:

<b>Dr. James A. Carter, Superintendent</b>	
Name	
Same	
Mailing Address (if different from above)	City, State, Zip (if different from above)
Carter.James@iowa.gov	Same
Email Address	Area Code & Telephone Number (if different from above)

### DONOR OF GIFT, BEQUEST, OR GRANT:

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

<b>May</b>	<b>\$ 710.00</b>
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:

**Gifts to be used 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, 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

6-5-07  
Date

# Mt. Pleasant Correctional Facility

May-07

Date	Name	Address	Reason	Amount
5/1/2007	Dee Wagner	2525 Rocky Ln, New London, IA 52645	Yarn	\$300.00
5/8/2007	Anonymous		Books	\$60.00
5/15/2007	Nancy Ireland	907 North Marion, Mt. Pleasant, IA 52641	Books	\$90.00
5/18/2007	Elaine Gilroy	1185 1/2 4th Ave, Marion, IA 52302	Books	\$45.00
5/21/2007	Montrose Library	P.O. Box 100, Montrose, IA 52639	Books	\$ 90.00
5/21/2007	Margie Wells	51 Oak Dr., Ft. Madison, IA 52627	fabric remnants	\$50.00
5/21/2007	Virginia Garcia	432 34th St., Ft. Madison, IA 52627	Yarn	\$75.00

**Total Amount : \$ 710.00**