

IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD
Revised 08/08
2009 JAN 15 AM 10:27

IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD

510 EAST 12TH, SUITE 1A
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:

Iowa Medical and Classification Center	
Name of Department or Office 2700 Coal Ridge Ave.	Corvallis, IA 52241
Mailing Address 319-626-2391	City, State, Zip Code
Area Code & Telephone No.	

CONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFICE:

Greg Ort	
Name	
Same	
Mailing Address (if different from above) Greg.Ort@iowa.gov	City, State, Zip (if different from above) 319-626-4292
Email Address	Area Code & Telephone Number (if different from above)

DONOR OF GIFT OR BEQUEST:

Table to Table	
Name	
20 B Market Street	Iowa City, IA 52245
Mailing Address 319-337-3400	City, State, Zip Code
Area Code & Telephone Number	
Email Address (optional)	

November 6, 2008	\$ 9,311.48
Date of Gift or Bequest	Amount/Value*
	\$8,971.48
*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:
206 Cases of Misc Chips, 429 cases of butter *See Attached*

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, Larry Brimeyer 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.

L Brimeyer
Signature

1-8-09
Date

Iowa Medical & Classification Center

2700 Coral Ridge Ave, Coralville, IA 52241

Date	Name	Address	Reason	Amount	
11/8/2008	Table to Table	20 East Market Street, Iowa City, IA 52245	Perishables	\$ 8,971.48	208 cases of misc Chips, 429 cases of butter
11/19/2008	Kenneth Copeland Prison Ministries	c/o Beverly Huffman, IMCC, PO Box A, Oakdale,	Chapel - for offender use	\$340	24 Bibles, 100 Min-bibles
Nov-08			Total Amount :	\$ 9,311.48	

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DEPARTMENT OR OFFICE RECEIVING THE GIFT OR BEQUEST:

Iowa Medical and Classification Center	
Name of Department or Office 2700 Canal Ridge Ave.	Caralville, IA 52241
Mailing Address 319-626-2391	City, State, Zip Code
Area Code & Telephone No.	

CONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFICE:

Greg Ort	
Name Same	
Mailing Address (if different from above) gregort@iowa.gov	City, State, Zip (if different from above) 319-626-4202
Email Address	Area Code & Telephone Number (if different from above)

DONOR OF GIFT OR BEQUEST:

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

December 10, 2008	\$60.00
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:

Approximately 500 2009 Promise Calendars; 75 World Challenge, Inc, Newsletters.

Criteria to use this form:

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Statement of Affirmation:

I, Larry Brumey 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.

Larry Brumey
 Signature

1-9-09
 Date

Iowa Medical and Classification Center
 2700 Coral Ridge Ave., Coralville, IA 52241

Date	Name	Address	Reason	Amount	
12/10/2008	Private Donations	c/o Beverly Hoffman, IMCC, PO Box A, Oakdale, IA 52319	Chapel - for offender use	\$60	Approximately 500 Promise 2009 Calendars;
					Approximately 75 World Challenge Inc. Newsletters
Nov-08			Total Amount:	\$ 60.00	