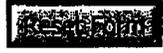


IA ETHICS AND CAMPAIGN DISCLOSURE BOARD
Revised 06/06
2009 JAN 16 AM 11:51

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
43 John Benson Drive
Mailing Address
119-373-4422
Area Code & Telephone No.
Port Madison, IA 52627
City, State, Zip Code

CONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFICE:

Julia Johnson
Name
Mailing Address (if different from above)
City, State, Zip (if different from above)
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:

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.

Larry Brimeyer
Signature

1-8-09
Date

IOWA STATE PENITENTIARY, #3 JOHN BENNETT DRIVE, FORT MADISON, IA. 52627

Date	Name	Address	Reason	Amount
12/1-31/08	139 Newspapers	Various local Churches	Inmate Rel. Ed.	\$139.00
	867 Magazines	Various local Churches	Inmate Rel. Ed.	\$433.50
	1 box books	Local Church	Inmate Rel. Ed.	\$25.00
	2000 pocket calendars	Salvation Army	Inmate Rel. Ed.	\$200.00
			Total Amount	\$702.00

IA ETHICS AND CAMPAIGN DISCLOSURE BOARD
2009 JAN 16 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:

Mt. Pleasant Correctional Facility	
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:

John Mathes	
Name Same	Same
Mailing Address (if different from above) John.Mathes@iowa.gov	City, State, Zip (if different from above) 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)	

December 2008	\$ 165.00
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 offender 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, 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

1-8-09
Date

Mt. Pleasant Correctional Facility

Dec-08

Date	Name	Address	Reason	Amount
12/1/2008	Ed Webber	None given	Books	\$40.00
12/4/2008	Annoynomous		Books	\$60.00
12/4/2008	Lars Rude	1420 Market St. Burlington, IA 52601	books & tapes	\$20.00
12/24/2008	Ed Webber	None given	books	\$45.00

Total Amount : \$ 165.00