

IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD
510 EAST 12TH, SUITE 1A
DES MOINES, IA 50319
Fax: (515)281-4073
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 Medical & Classification Center	
Name of Department or Office	_____
PO Box A	Oakdale, IA 52319
Mailing Address	City, State, Zip Code
(319) 626-2391	_____
Area Code & Telephone No.	_____

CONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFICE:

Lowell Brandt, Warden	
Name	_____
Mailing Address (if different from above)	City, State, Zip (if different from above)
lowell.brandt@iowa.gov	_____
Email Address	Area Code & Telephone Number (if different from above)
_____	_____

DONOR OF GIFT, BEQUEST, OR GRANT:

Table to Table	
Name	_____
20 East Market Street	Iowa City, IA 52245
Mailing Address	City, State, Zip Code
Area Code & Telephone Number	_____
Email Address (optional)	_____

April 2008	\$ 145,516.12
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:

Unusable perishable donations to Table to Table donated to IMCC Offenders includes: 70 cases Yogurt-\$630.00; 24 cases eggs-\$498.72; 136 cases Salad Dressing (Mayo)-\$5,936.40; 36 cases Cereal-\$1,440.00; 178 cases Chips-\$2011.00; 40-50,000 lbs steak strips-\$135,000.00.

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

5-21-08
Date

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



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Gift, Bequest, or Grant information received by a department or accepted by the Governor on behalf of the state

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

Iowa State Penitentiary

Name of Department or Office _____
 #3 John Bennett Drive _____

Mailing Address _____
 319-372-4432 _____

Area Code & Telephone No. _____

Fort Madison, IA 52627 _____
 City, State, Zip Code _____

CONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFICE:

John Ault

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) _____

April 2008 \$ 702.⁰⁰

Date of Gift, Bequest, or Grant _____
 Amount/Value _____

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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

5-8-08
 Date

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

Date	Name	Address	Reason	Amount
4/1-4/30	76 newspapers	Various local churches	Inmate Rel. Ed.	\$76.00
4/1-4/30	532 magazines	Various local churches	Inmate Rel. Ed.	\$532.00
4/1/1	2 DVD's	Various local churches	Inmate Rel. Ed.	\$10.00
4/30/2008	1 CD	Various local churches	Inmate Rel. Ed.	\$5.00
4/26/2008	4 books	various inmates	Library use	\$5.00
			Total Amount	\$702.00

IA ETHICS AND CAMPAIGN DISCLOSURE BOARD

2008 JUN -3 PM 1:46

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

Fort Dodge Correctional Facility
Name of Department or Office
1550 L Street Fort Dodge, Iowa 50501
Mailing Address
515-574-4700 City, State, Zip Code
Area Code & Telephone No.

CONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFICE:

Cornell R. Smith
Name
Same City, State, Zip (if different from above)
Mailing Address (if different from above)
Cornell.Smith@iowa.gov 515-574-4711
Email Address
Area Code & Telephone Number (if different from above)

DONOR OF GIFT, BEQUEST, OR GRANT:

Deborah Russell - The Word for You Today
Name
6526 Shiloh Road, Ste 500-D Alpharetta, GO 30005
Mailing Address
866-249-6885 Ext.118 City, State, Zip Code
Area Code & Telephone Number
Email Address (optional)

May 29, 2008 \$ 50.00
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:
Fifty copies of Daily Devotionals to be used by offenders in religious study.

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, Dan Craig 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

6-3-08
Date

IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD
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DEPARTMENT OR OFFICE RECEIVING THE GIFT, BEQUEST, OR GRANT:

Fort Dodge Correctional Facility
 Name of Department or Office
 1550 L Street Fort Dodge, Iowa 50501
 Mailing Address City, State, Zip Code
 515-574-4700
 Area Code & Telephone No.

CONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFICE:

Cornell R. Smith
 Name
 Same Same
 Mailing Address (if different from above) City, State, Zip (if different from above)
 Cornell.Smith@iowa.gov 515-574-4711
 Email Address Area Code & Telephone Number (if different from above)

DONOR OF GIFT, BEQUEST, OR GRANT:

Delise Terwilliger
 Name
 1550 L Street Fort Dodge, Iowa 50501
 Mailing Address City, State, Zip Code
 Area Code & Telephone Number
 Email Address (optional)

5-25-08 \$ 0.00
 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:

Miscellaneous material to be used by G.R.O.W.T.H. offenders for quilts.

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, Dan Craig 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.

Dan Craig
 Signature

6-2-08
 Date

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

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

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, BEQUEST, OR GRANT:

Name

Mailing Address

City, State, Zip Code

Area Code & Telephone Number

Email Address (optional)

April 2008 **\$ 305.00**

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:

For offender use.

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

5-8-08
Date

Mt. Pleasant Correctional Facility

Apr-08

Date	Name	Address	Reason	Amount
4/2/2008	Sharon Barton	206 E. Main, New London, IA 52645	magazines	\$35.00
4/18/2008	Hospice of Central Iowa	204 S Jefferson St. Suite C, Mt. Pleasant, IA	books	\$70.00
4/28/2008	Kay Thomann	None given	memorial money	\$200.00

Total Amount : \$ 305.00