

# IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD

510 EAST 12<sup>TH</sup>, 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 \_\_\_\_\_  
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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 State Penitentiary	
Name of Department or Office	
Part Medicine	
Mailing Address	City, State, Zip Code
319-373-6432	
Area Code & Telephone No.	

### 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 OR BEQUEST:

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

August 2008 \$ 702.00	
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:

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.

Larry Brimeyer  
Signature

9-10-08  
Date

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

Date	Name	Address	Reason	Amount
8/1 - 8/31/08	242 magazines	Various local churches	Inmate Rel. Ed.	\$242.00
	6 CD's	Various local churches	Inmate Rel. Ed.	\$30.00
	124 newspapers	Various local churches	Inmate Rel. Ed.	\$124.00
	3 cassette tapes	Various local churches	Inmate Rel. Ed.	\$8.00
	4 DVD's	Various local churches	Inmate Rel. Ed.	\$20.00
	6 books	Various inmates	Library use	\$30.00
	9 paperback books	Carol Zimmerman	Library use	\$22.50
	56 paperback books	Kirk Kippley	Library use	\$140.00
	22 hardback books	Kirk Kippley	Library use	\$110.00
			Total Amount	\$702.00

Revised 08/05

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# 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

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### 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 319-385-2911	City, State, Zip Code
Area Code & Telephone No.	

### CONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFICE:

<b>John Mathes, Superintendent</b>	
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, BEQUEST, OR GRANT:

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

<b>August 2008</b>	<b>\$ 514.99</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:

Items for offenders 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 Brinegar 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

9-5-08  
Date

# Mt. Pleasant Correctional Facility

Aug-08

Date	Name	Address	Reason	Amount
8/7/2008	Bill Summy, Heart Surrender Ministry	5576 22nd Ave., Vinton, IA 52349	headset system	\$299.00
8/7/2008	Bill Summy, Heart Surrender Ministry	5576 22nd Ave., Vinton, IA 52349	Battery Charger	\$55.99
8/23/2008	Eileen Gilroy	1185 1/2 4th Ave., Marion, IA 52302	Books	\$160.00

Total Amount : \$ 514.99

# IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD

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## FORM-GBG

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 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:

Private Donations	
Name	
Beverly Huffman - IMCC, PO Box A	Oakdale, IA 52319
Mailing Address	City, State, Zip Code
319-626-2391	
Area Code & Telephone Number	
beverly.huffman@iowa.gov	
Email Address (optional)	

April 2008	\$ 20.00
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:

The Bible Promist Book (4) for offender use in the prison chapel

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, Kerry Binney 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.

Kerry Binney  
Signature

9-5-08  
Date

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### 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:

Kenneth Copeland Ministries	
Name	
Beverly Huffman - IMCC, PO Box A	Oakdale, IA 52319
Mailing Address	City, State, Zip Code
319-626-2391	
Area Code & Telephone Number	
beverly.huffman@iowa.gov	
Email Address (optional)	

May 2008	\$ 1,104.00
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:

Faith to Faith Devotionals (96); Holy Bibles (24) --- for use by offenders in the prison chapel and on units.

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, Harry Brumey 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.

Harry Brumey  
Signature

9-5-08  
Date

# IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD

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IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD

2008 JUN 3 3:52 PM

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
(515) 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:

Private Donations	
Name	
Beverly Huffman - IMCC, PO Box A	Oakdale, IA 52319
Mailing Address	City, State, Zip Code
319-626-2391	
Area Code & Telephone Number	
beverly.huffman@iowa.gov	
Email Address (optional)	

May 2008	\$ 97.00
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:

Hope Bibles (7); Happiness is a Lifestyle (13); Spiritual Revival (6) --- for use by offenders in the prison chapel and on units.

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:

Larry Brininger 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 Brininger  
Signature

9-5-08  
Date

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IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD  
FORM 3:52

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:

Kenneth Copeland Prison Ministries	
Name	
Beverly Huffman - IMCC, PO Box A	Oakdale, IA 52319
Mailing Address	City, State, Zip Code
319-626-2391	
Area Code & Telephone Number	
beverly.huffman@iowa.gov	
Email Address (optional)	

July 2008	\$ 1,344.00
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:  
Faith to Faith Devotionals (96); Holy bibles (48) --- for use by offenders in the prison chapel and on units.

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 Brininger 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 Brininger  
Signature

9-5-08  
Date

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IA ETHICS AND CAMPAIGN DISCLOSURE BOARD  
PH 3:52

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### 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
(515) 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)	

August 25, 2008	\$ 21,996.69
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: 543 cases of Soy milk; 11 cases of tortilla chips, 2 bags of Quinoa; 127 cases of bagels for approximate value of \$21,996.69

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, Harry Brimyer 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.

Harry Brimyer  
Signature

9-5-08  
Date

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IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD

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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:

Private Donations	
Name	
Beverly Huffman - IMCC, PO Box A	Oakdale, IA 52319
Mailing Address	City, State, Zip Code
319-626-2391	
Area Code & Telephone Number	
beverly.huffman@iowa.gov	
Email Address (optional)	

August 2008	\$ 59.00
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.

Promise Calendars (500) --- to be distributed by prison chapel to 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 Binney 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 Binney  
Signature

9-5-08  
Date

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### 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:

Private Donation	
Name	
Beverly Huffman - IMCC, PO Box A Oakdale, IA 52319	
Mailing Address	City, State, Zip Code
319-626-2391	
Area Code & Telephone Number	
beverly.huffman@iowa.gov	
Email Address (optional)	

August 2008	\$ 60.00
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:

Victory Christian Center titles: This New Life - English & Spanish; You Are Valuable - English & Spanish; Something More - English; What To Do When You Don't Know What To Do - English --- donated to IMCC Chapel for offender distribution and 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 Brimmer 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

9-5-08  
Date