

IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD

510 EAST 12TH, SUITE 1A
DES MOINES, IA 50319
Fax: (515)281-3701
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 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:

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:

William J. Petsche	
Name	
1301 8th Street	Des Moines, Iowa 50314
Mailing Address	City, State, Zip Code
515-867-4117	
Area Code & Telephone Number	
Email Address (optional)	

1-23-09	\$ 0.79
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:

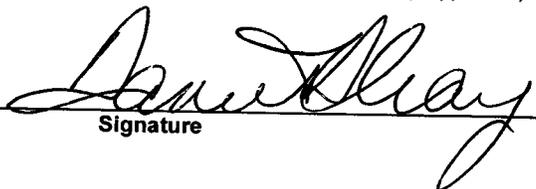
One deck of playing cards to be used by offenders and visitors in the Visiting Room.

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, Daniel R. 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

1-28-09
Date

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

DONOR OF GIFT, BEQUEST, OR GRANT:

Clare Ueltschy	
Name	
2025 8th Avenue South	Fort Dodge, Iowa 50501
Mailing Address	City, State, Zip Code
515-570-6167	
Area Code & Telephone Number	
Email Address (optional)	

1-23-09	\$ 35.00
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:

One Trivial Pursuit game and one Scrabble game to be used by offenders and visitors in the Visiting Room.

Criteria to use this form:

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Statement of Affirmation:

I, Daniel R. 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

1-28-09
Date