

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 _____

JUN 29 PM 12:32

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 City, State, Zip Code

319-385-9511

Area Code & Telephone No.

CONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFICE:

Ron Mullen

Name Same

Same

Mailing Address (if different from above) City, State, Zip (if different from above)

Ron.Mullen@iowa.gov 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) _____

June 2009	\$ 128.00
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, Jerry Burt 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.

Signature

6-29-09
Date

Mt. Pleasant Correctional Facility

Jun-09

Date	Name	Address	Reason	Amount
6/23/2009	Elaine Gilroy	1185 1/2 4th Ave., Marion, IA 52302	books	\$108.00
6/25/2009	Mrs. Harold Stillwell	P.O. Box 92, New Sharon, IA 50207	books	\$20.00

Total Amount : \$ 128.00