

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

Reset Form

FORM-GBG

Gift, Request, or Grant 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, bequest, 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 Correctional Institution for Women
Name of Department or Office
300 Elm Ave SW Mitchellville, Iowa 50169
Mailing Address City, State, Zip Code
(515) 967-4236
Area Code & Telephone No.

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IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD

CONTACT PER FOR RECIPIENT DEPARTMENT OR OFFICE:

Patti Wachtendorf
Name
Mailing Address (if different from above) City, State, Zip Code (if different from above)
Email Address Area Code & Telephone No. (if different from above)

DONOR OF GIFT, BEQUEST, OR GRANT:

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

June 2009 \$ 991.14
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 purpose thereof.

All donations for Inmate Benefit.

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, Diann Wilder-Tomlinson, 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.

Diann Wilder-Tomlinson
Signature

7-7-09
Date

6/10/2009 Nancy Milton	Des Moines	fabric	\$269.95
6/10/2009 Linda Haack	staff	erasers/hygiene	\$11.88
6/18/2009 Women's Club	Gladbrook, IA	craft items	\$410.31
6/29/2009 Dottie Spinler	Ankeny	cards	\$171.00
6/23/2009 Linda Haack	staff	fabric	\$28.00
6/30/2009 Coats & Clark	N.Carolina	yarn	\$100
			\$991.14

IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD

510 EAST 12TH, SUITE 1A
DES MOINES, IA 50319
Fax: (515)281-4073
www.iowa.gov/ethics

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DEPARTMENT OR OFFICE RECEIVING THE GIFT OR BEQUEST:

IMCC
Name of Department or Office
2700 Coral Ridge Ave
Mailing Address
319-626-2391
Area Code & Telephone No.
Coraville, IA 52241
City, State, Zip Code

CONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFICE:

Greg Ort, Acting Warden
Name
Same as above
Mailing Address (if different from above)
Greg.Ort@iowa.gov
Email Address
City, State, Zip (if different from above)
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)

2/5/09 \$96.00
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 Chapel use; DVD's, CD's and books

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.

Jerry Burt
Signature

7-8-09
Date

Iowa Medical and Classification Center
2700 Coral Ridge Ave., Coralville, IA 52241

2/5/2009 Private Donation

C/O Bev Huffman, IMCC, 2700 Coral
Ridge Ave, Coralville, IA 52241

Reason: For Offender use in
the Chapel

Amount: \$96 4 DVD; 10 CD; 4 books

Total Amount :

\$ 96.00

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DEPARTMENT OR OFFICE RECEIVING THE GIFT OR BEQUEST:

IMCC
Name of Department or Office
2700 Coral Ridge Ave. Coralville, IA 52241
Mailing Address
319-626-2391 City, State, Zip Code
Area Code & Telephone No.

CONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFICE:

Dan Craig, Warden
Name
same as above
Mailing Address (if different from above) Daniel.Craig@iowa.gov 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)

3/31/09 \$17,107.29
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 chapel: bibles, minibooks, and prayerbooks; for offender consumption: Mineral water and chips

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.

Jerry Burt
Signature

7-8-09
Date

Iowa Medical and Classification Center
 2700 Coral Ridge Ave., Coralville, IA 52241

DATE	NAME	REASON	AMOUNT	QUANTITY
3/6/2009	Private Donation C/O Bev Huffman, IMCC, 2700 Coral Ridge Ave, Coralville, IA 52241	For chapel use	\$27	3 prayer books
3/4/2009	Private Donation C/O Bev Huffman, IMCC, 2700 Coral Ridge Ave, Coralville, IA 52241	For chapel use	\$89	15 bibles; 8 prayer books
3/9/2009	Table to Table 20 E Market Street, Iowa City, 52245	For offender consumption	\$14,620.00	731 cases of Mineral Water
3/25/2009	Private Donation C/O Bev Huffman, IMCC, 2700 Coral Ridge Ave, Coralville, IA 52241	For chapel use	\$112.00	12 bibles; 390 minibooks
3/31/2009	Table to Table 20 E Market Street, Iowa City, 52245	For chapel use consumption	\$2,259.29	390 cases of chips
Total Amount :			\$	17,107.29



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DEPARTMENT OR OFFICE RECEIVING THE GIFT OR BEQUEST:

IMCC	
Name of Department or Office 2700 Coral Ridge Ave.	Coralville, IA 52241
Mailing Address 319-626-2391	City, State, Zip Code
Area Code & Telephone No.	

CONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFICE:

Dan Craig, Warden	
Name same as above	
Mailing Address (if different from above) Daniel.Craig@iowa.gov	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)	

4/31/09	\$7,130.36
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 chapel: devotionals, minibooks, Vietnamese bible; for offender consumption: Fresh eggs, pasta kits, pizza kits

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, Ferry Durt 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]
Signature

7-8-09
Date

Iowa Medical and Classification Center
2700 Coral Ridge Ave., Coralville, IA 52241

Date	Name	Address	Reason	Amount
4/24/2009	Table to Table	20 E Market Street, Iowa City, 52245	for Offender Consumption	\$6,316 fresh eggs; pasta kits, pizza kits
4/27/2009	Kenneth Copeland Ministries	C/O Bev Huffman, IMCC, 2700 Coral Ridge Ave, Coralville, IA 52241	For chapel Use	\$797 98 devotionals, 120 minibooks
4/27/2009	Private Donations	C/O Bev Huffman, IMCC, 2700 Coral Ridge Ave, Coralville, IA 52241	For chapel Use	\$ 17.00 Vietnamese Bible

Total Amount : \$ 7,130.36

April 2009



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IMCC
Name of Department or Office
2700 Coral Ridge Ave.
Mailing Address
319-626-2391
Area Code & Telephone No.
Coralville, IA 52241
City, State, Zip Code

CONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFICE:

Dan Craig, Warden
Name
same as above
Mailing Address (if different from above)
Daniel.Craig@iowa.gov
Email Address
City, State, Zip (if different from above)
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)

5/30/09
Date of Gift or Bequest
\$4,143.85
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 chapel: DVD set; for offender consumption: chips, yogurt, soy milk, eggs, and cottage cheese

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 Dunt 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.

[Handwritten Signature]

Signature

7-8-09

Date

Iowa Medical and Classification Center
 2700 Coral Ridge Ave., Coralville, IA 52241

Date	Name	Address	Reason	Amount	Column1
5/7/2009	Table to Table	20 E Market Street, Iowa City, 52245	for offender consumption	\$4,086.85	70 cases of chips, 14 cases of Yogurt, 210 cases of soy milk, 126 cases of eggs, 70 cases of cottage cheese
5/21/2009	Private Donations	C/O Bev Huffman, IMCC, 2700 Coral Ridge Ave, Coralville, IA 52241	for Chapel use	\$57	DVD set
Total Amount :				\$ 4,143.85	