

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
IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD
Gift or Bequest information received by a department or accepted by the Governor on behalf of the state
2009 SEP 15 AM 9:04
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:

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:

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) _____

August 2009	\$242.00
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.

Jerry Burt
Signature

9-14-09
Date

Mt. Pleasant Correctional Facility

Aug-09

Date	Name	Address	Reason	Amount
8/3/2009	Peral City Outreach	513 Mulberry Ave, Muscatine, IA	yarn/crafts	\$100.00
8/3/2009	Fellowship Cup	Mt. Pleasant, IA 52641	quilting material	\$50.00
8/6/2009	Kareem Duckett	Mt. Pleasant, IA 52641	yarn	\$18.00
8/15/2009	Kareem Duckett	Mt. Pleasant, IA 52641	Relay for life	\$19.00
8/10/2009	Travis Harbough	2430 28th Ave., Marion, IA 52302	toothpaste	\$40.00
8/20/2009	Mrs. Richard McBeth	803 E Washington, Mt. Pleasant, IA 52641	fabric	\$15.00

Total Amount : \$ 242.00

IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD

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Reset Form

IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD

FORM-GB

2009 SEP 14 AM 11:17

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

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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:

Anamosa State Penitentiary	
Name of Department or Office	
PO BOX 10	Anamosa, Ia 52205
Mailing Address	City, State, Zip Code
319-462-3504	
Area Code & Telephone No.	

CONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFICE:

John Fayram	
Name	
Mailing Address (if different from above)	City, State, Zip (if different from above)
john.fayram@iowa.gov	
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 2009	\$304.49
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:

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 Burr 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 Burr
Signature

9-8-09
Date

Anamosa State Penitentiary

406 N. High St., Anamosa, Iowa 52205

Aug-09

Date	Name	Address	Reason	Amount
8/30/2009	Various Inmates	406 N. High St. Anamosa, Iowa 52205	Books to the Inmate	\$ 294.49
8/30/2009	Various Inmates	406 N. High St. Anamosa, Iowa 52205	Population -19	
8/30/2009	Various Inmates	406 N. High St. Anamosa, Iowa 52205	Catholic Fund	\$ 7.00
			Religious Book	\$ 3.00

Total Amount : \$ 304.49

IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD

510 EAST 12TH, SUITE 1A
DES MOINES, IA 50319
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www.iowa.gov/ethics



IA ETHICS AND CAMPAIGN DISCLOSURE BOARD
FORM-GB
 2009 SEP 15 AM 11:09
 Gift or Bequest information received by a department or accepted by the Governor on behalf of the state

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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:

IMCC

Name of Department or Office
2700 Coral Ridge Ave
Coralville, IA 52241

Mailing Address
319-266-2391
City, State, Zip Code

Area Code & Telephone No.

CONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFICE:

Dan Craig

Name
Same

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:

Please see attached

Name _____

Mailing Address _____
City, State, Zip Code _____

Area Code & Telephone Number _____

Email Address (optional) _____

August 2009 \$17,241.20

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:

131 cases of Cheese puff, 1605 doz eggs, 27 cases of Yogurt, 27 cases of Tofu, 48 cases of soy milk, 48 bibles, 8 books, 8 cd's, 280 cases of chips, 225 pizza crusts, 97 cases of flavored bottled water

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

9-15-09
Date

IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD

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

IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD
FORM GBC

2009

Reset Form

Gift, Bequest, or Grant information received by a department 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 Fort Madison, IA 52627

Mailing Address 319-372-5432 City, State, Zip Code

Area Code & Telephone No.

CONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFICE:

John Ault

Name same

Mailing Address (if different from above) john.ault@iowa.gov City, State, Zip (if different from above) 319-372-5432

Email Address Area Code & Telephone Number (if different from above)

DONOR OF GIFT, BEQUEST, OR GRANT:

See attached listing for Aug. 2009

Name

Mailing Address City, State, Zip Code

Area Code & Telephone Number

Email Address (optional)

August 2009	\$ 15.00
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:

Used books for library 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, Jerry Burt 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.

Jerry Burt
Signature

9-14-09
Date

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

Date	Name	Address	Reason	Amount
8/1-8/31/09	2 used books	Mark Peterson 805282	Library use	\$15.00
			Total Amount	\$1,359.00