ETHICS

Revised 06/08

2009 DEC 30 PM 2:06

IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD

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

Reset Form

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 _____

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 Medical and Classification Center
Name of Department or Office

2700 Coral Ridge Ave. — Coralville, IA 52241
Mailing Address — City, State, Zip Code

319-626-2391
Area Code & Telephone No.

CONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFICE:

Daniel R. Craig
Name

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

Daniel.Craig@iowa.gov — Same
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)

November, 2009 — $3,156.90
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:

170 cases of bananas

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, Terry 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 — Date: 12-29-09

Iowa Medical and Classification Center

2700 Coral Ridge Ave., Coralville, IA 52241

Date	Name	Address	Reason	Amount	Column1
11/25/2009	Camp Courageous	12007 190th Street, Monticello, IA 52310	for offender consumpton	$3,157	170 cases of Bananas

Total Amount : **$ 3,156.90**

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Name
Same — Same
Mailing Address (if different from above) — City, State, Zip (if different from above)
Daniel.Craig@iowa.gov — Same
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)

December 2009 — $75.00
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:

647 Promise Calendars

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

12-29-09
Date

Iowa Medical and Classification Center

2700 Coral Ridge Ave., Coralville, IA 52241

Date	Name	Address	Reason	Amount	Column 1
12/2/2009	Private Donations	C/O Bev Huffman, IMCC, 2700 Coral Ridge Ave, Coralville, IA 52241	For Chapel Use	$75	647 Promise Calendars

Total Amount : $ 75.00

December 2009

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Name
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Daniel.Craig@iowa.gov — Same
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)

September 2009 — $45.00
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:

Booklets for use in the chapel

Criteria to use this form:

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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

12-29-09
Date

Iowa Medical and Classification Center

2700 Coral Ridge Ave., Coralville, IA 52241

Date	Name	Address	Reason	Amount	Column1
9/2/2009	Private Donation	C/O Bev Huffman, IMCC, 2700 Coral Ridge Ave, Coralville, IA 52241	For chapel use	$45	36 Booklets

Total Amount : $ 45.00

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Name
Same — Same
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Daniel.Craig@iowa.gov — Same
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)

October 2009 — $6,271.79
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:

Single servings of yogurt; mineral water, bibles and one book.

Criteria to use this form:

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Statement of Affirmation:

I, Terry 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

12-29-09
Date

Iowa Medical and Classification Center

2700 Coral Ridge Ave., Coralville, IA 52241

Date	Name	Address	Reason	Amount	Column
10/9/2009	Table to Table	20 E Market Street, Iowa City, 52245	For offedner comsu	$5,788	4536 Single servings of yogurt; 2760 liter bottles of mineral
10/30/2009	Kenneth Copeland Prison Ministries	C/O Bev Huffman, IMCC, 2700 Coral Ridge Ave, Coralville, IA 52241	For chapel use	$480	48 Bibles
10/30/2009	Private Donation	C/O Bev Huffman, IMCC, 2700 Coral Ridge Ave, Coralville, IA 52241	For chapel use	$4	1 book
		Total Amount :		**$ 6,271.79**	