

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 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:

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.

2010 SEP 23 PM 12:28
IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD

CONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFICE:

Jim McKinney
Name Same
Mailing Address (if different from above) Jim.McKinney@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:

SEE ATTACHED LISTING FOR May 2010
Name
Mailing Address City, State, Zip Code
Area Code & Telephone Number
Email Address (optional)

July 2010 \$ 275.00
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:
Various donations for offender's use. (See attached spreadsheet)

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.


Signature

9-20-10
Date

Fort Dodge Correctional Facility

1550 L Street, Fort Dodge, Iowa 50501

Date	Name	Address	Reason	Amount
7/9/2010	Pastor Paul Stone	239 N. 11th St., Fort Dodge, IA 50501	games, markers & toys	\$75.00
7/16/2010	Maureen Cameron	622 N. Water St., Goldfield, IA 50542	Fabric for quilts	\$ 50.00
7/28/2010	Pastor Paul Stone	239 N. 11th St., Fort Dodge, IA 50501	Our Daily Bread booklets for inmates	\$150.00

Total Amount : \$ 275.00

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:

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.	

2010 SEP 23 PM 2:26
IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD

CONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFICE:

Ron Mullen	
Name Same	Same
Mailing Address (if different from above) Ron.Mullen@iowa.gov	City, State, Zip (if different from above) 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)	_____

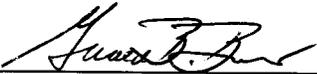
August 2010	\$ 128.00
Date of Gift or Bequest	Amount/Value*
*value is defined as "fair market value" of item as determined by receiving department or office. If no value mark "0.00".	

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:

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

9-20-10
 Date

Mt. Pleasant Correctional Facility

Aug-10

Date	Name	Address	Reason	Amount
8/1/2010	Julie Brook	2570 Springville, Rd, Springville, IL 52336	yarn	\$20.00
8/1/2010	Marilyn Walljasper	2563 121st st., West Point, IA 52656	potting soil	\$21.00
8/4/2010	Albert Fenzloff	2797 290th St., Greene, IA 50636	yarn	\$57.00
8/4/2010	Julie Brook	2570 Springville, Rd, Springville, IL 52336	clothes, yarn, etc	\$30.00
Total Amount :				\$ 128.00

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DEPARTMENT OR OFFICE RECEIVING THE GIFT, BEQUEST, OR GRANT:

Anamosa State Penitentiary	
Name of Department or Office 406 N. High Street, PO Box 10	Anamosa, Iowa 52205
Mailing Address 319-462-3504, ext.2222	City, State, Zip Code
Area Code & Telephone No.	

2010 SEP 23 PM 2:26

IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD

CONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFICE:

John Fayram	
Name	
Mailing Address (if different from above) john.fayram@iowa.gov	City, State, Zip (if different from above)
Email Address	
Area Code & Telephone Number (if different from above)	

DONOR OF GIFT, BEQUEST, OR GRANT:

(See Attached List)	
Name	
Mailing Address	City, State, Zip Code
Area Code & Telephone Number	
Email Address (optional)	

8/25/10	\$ 1,005.03
Date of Gift, Bequest, or Grant	Amount/Value*
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Provide a description of the gift, bequest, or grant and purpose thereof:

Criteria to use this form:
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Statement of Affirmation:

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.

Signature

Date

9-20-10

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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
319-628-2391
City, State, Zip Code

Area Code & Telephone No.

2010 SEP 23 PM 2:26
IA ETHICS AND CAMPAIGN DISCLOSURE BOARD

CONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFICE:

Daniel R. Craig

Name
Same

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:

Please see attached statement

Name _____

Mailing Address _____
City, State, Zip Code _____

Area Code & Telephone Number _____

Email Address (optional) _____

8/16/10 \$55.00

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:

150 mini books

Criteria to use this form:

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Statement of Affirmation:

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

9-20-10
Date

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Iowa Medical and Classification Center

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.

2010 SEP 23 PM 2:26

IOWA ETHICS AND

CONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFICE:

Daniel R. Craig

Name
 Same

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:

Please see attached statement

Name _____

Mailing Address _____
 City, State, Zip Code _____

Area Code & Telephone Number _____

Email Address (optional) _____

7/15/10 \$2,665.00

Date of Gift or Bequest Amount/Value*

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Provide a description of the gift or bequest and purpose thereof:

250 cases of flavored yogurt

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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]
 Signature

9-20-10
 Date