

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 319-626-2391	City, State, Zip Code
Area Code & Telephone No.	

CONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFICE:

Daniel R Craig	
Name 2700 Coral Ridge Ave	Coralville, Iowa, 52241
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:

Private Donor	
Name 2700 Coral Ridge Ave	Coralville, IA 52241
Mailing Address 319-626-4201	City, State, Zip Code
Area Code & Telephone Number	
Email Address (optional)	

9/25/12	\$22.00
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:
 22 books for library and unit 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

11-20-12
 Date

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Name of Department or Office 2700 Coral Ridge Ave	Coralville, IA 52241
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CONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFICE:

Daniel R Craig	
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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:

Private Donor	
Name	
2700 Coral Ridge Ave	Coralville, IA 52241
Mailing Address 319-626-4201	City, State, Zip Code
Area Code & Telephone Number	
Email Address (optional)	

11/22/12	\$83.00
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: 700 calendars for Spritual Center 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

11-20-12
Date

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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	
2700 Coral Ridge Ave	Coralville, Iowa, 52241
Mailing Address (if different from above)	City, State, Zip (if different from above)
Daniel.Craig@iowa.gov	
Email Address	Area Code & Telephone Number (if different from above)

DONOR OF GIFT OR BEQUEST:

Private Donor	
Name	
2700 Coral Ridge Ave	Coralville, IA 52241
Mailing Address	City, State, Zip Code
319-626-4201	
Area Code & Telephone Number	
Email Address (optional)	

7/25/12	\$ 60.00
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:

500 calendards for Spiritual Center use

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.

Jerry Burt
Signature

11-20-12
Date

