Revised 06/08

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

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

IA ETHICS AND CAMPAIGN DISCLOSURE B
2012 MAR 12 AM 8:

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:

IDOC - Newton Correctional Facility
Name of Department or Office

PO Box 281
Mailing Address

Newton, IA 50208
City, State, Zip Code

641.792.7552
Area Code & Telephone No.

CONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFICE:

A. D. Baack
Name

same
Mailing Address (if different from above)

same
City, State, Zip (if different from above)

aaron.baack@iowa.gov
Email Address

same
Area Code & Telephone Number (if different from above)

DONOR OF GIFT OR BEQUEST:

John Nankivell
Name

2209 N 5th Ave East
Mailing Address

Newton, IA 50208
City, State, Zip Code

641.792.7552
Area Code & Telephone Number

n/a
Email Address (optional)

12 March 2012
Date of Gift or Bequest

$30.00
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:

Atomic clock (time & temp)

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, [illegible] 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

3-12-12
Date

Revised 06/08

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510 EAST 12TH, SUITE 1A
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[redacted]

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 _____
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Computer _____

IA ETHICS AND CAMPAIGN DISCLOSURE BD
2012 MAR 12 AM 8:41

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:

IDOC - Newton Correctional Facility
Name of Department or Office

POox 281 — Newton, IA 50208
Mailing Address — City, State, Zip Code

641.792.7552
Area Code & Telephone No.

CONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFICE:

Aaron Baack
Name

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

aaron.baack@iowa.gov — same
Email Address — Area Code & Telephone Number (if different from above)

DONOR OF GIFT OR BEQUEST:

Richard W. Machin
Name

6133 E 36th Street S — Newton, IA 50208
Mailing Address — City, State, Zip Code

641.792.7866
Area Code & Telephone Number

n/a
Email Address (optional)

12 March 2012 — $400.00
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".

This Gift was not given

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

Four row crop cultivator for use in the Correctional Facility garden

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, Diann Wilder-Tomlinson 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.

Diann Wilder-Tomlinson
Signature

3-12-12
Date