

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.	

2012 MAR 14 PM 12:28

IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD

CONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFICE:

Daniel R. 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 the attached statement	
Name	
Mailing Address	City, State, Zip Code
Area Code & Telephone Number	
Email Address (optional)	

December 2011	\$2,459.62
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:

3 Guitars, Perishable food, devotionals and bibles

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]
Signature

3-13-12
Date

Iowa Medical and Classification Center
 2700 Coral Ridge Ave., Coralville, IA 52241

Date	Name	Address	Reason	Amount	Items
12/1/2011	Dave and Joan Becker	Parkersburg, IA 50665	Offender use	900	3 guitars
12/8/2011	Table to Table	20 E. Market Street Iowa City, IA 52245	For offender consumption	1,272.02	63 cases Cottage Cheese; 61 cases Yogurt; 45 gallons Milk
12/28/2011	Private Donation Kenneth Copeland Prison Ministries C/O Bev Huffman		For Chapel Use	1,187.60	88 devotionals; 40 bibles
Total Amount:				\$ 2,459.62	

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CONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFICE:

Dante R. 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 the attached statement	
Name	_____
Mailing Address	City, State, Zip Code
Area Code & Telephone Number	_____
Email Address (optional)	_____

January 2012	\$11,625.41
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: Perishable food,
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

3-13-12
Date

Iowa Medical and Classification Center
 2700 Coral Ridge Ave., Coralville, IA 52241

Date	Name	Address	Reason	Amount	Quantity
1/19/2012	Table To Table	20 E. Market Street Iowa City, IA 52245	For offender	5,152.93	218 cases of cheese sauce; 30 pounds each
			consumption	601.98	37 cases of 70 case baking potatoes
1/27/2012	Table To Table	20 E. Market Street Iowa City, IA 52245	For offender	1,488.00	744 loaves raison Bread
			consumption	960.00	480 loaves muligrain bread
				2,636.10	101 cases of chips
				786.40	40 cases of bananas
					total delivery amount of 5870.50
Total Amount:				\$ 11,625.41	

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Daniel R. Craig	
Name	
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 the attached statement	
Name	
Mailing Address	City, State, Zip Code
Area Code & Telephone Number	
Email Address (optional)	

February 2012	\$175.00
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:

Books, 1 CD set, Promise Pocket Calendars

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Jerry Burt
Signature

3-13-12
Date

Iowa Medical and Classification Center
 2700 Coral Ridge Ave., Coralville, IA 52241

Date	Name	Address	Reason	Amount	Items
2/1/2012	Private Donation - Brandon Giza	IMCC Staff	Chapel Use	30.00	LECRAE REHAB - CD set - \$15; Distined to Reigh - Book - \$15.00
2/1/2012	Private donation - Bev Huffman	IMCC Staff	Chapel Use	60.00	500 Promise pocket Calendars
2/1/2012	1/2 price books	Cedar Rapids	For general offender use	85.00	17 boxes of new/used books
Total Amount:				\$ 175.00	