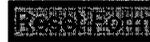


IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD  
510 EAST 12<sup>TH</sup>, SUITE 1A  
DES MOINES, IOWA 50319  
FAX: (515) 281-3701  
www.iowa.gov/ethics



**FORM-GBG**

Gift, Request, 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, bequest, 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:**

Iowa Correctional Institution for Women  
Name of Department or Office  
300 Elm Ave SW Mitchellville, Iowa 50169  
Mailing Address City, State, Zip Code  
(515) 967-4236  
Area Code & Telephone No.

**CONTACT PER FOR RECIPIENT DEPARTMENT OR OFFICE:**

Marcia Glenn  
Name  
Mailing Address (if different from above) City, State, Zip Code (if different from above)  
Email Address Area Code & Telephone No. (if different from above)

**DONOR OF GIFT, BEQUEST, OR GRANT:**

Various Donators  
Name  
Mailing Address City, State, Zip Code  
Area Code & Telephone Number  
Email Address (optional)

January 2012	\$	2200.33
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 purpose thereof:  
All donations for Inmate benefit.

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.

Diann Wilder-Tomlinson  
Signature

3-23-12  
Date

<b>Date</b>	<b>Name</b>	<b>Items</b>	<b>Costs</b>
01/06/12	Unknown	Booklets	\$225.00
01/04/12	Unknown	Newspapers	\$1.84
01/17/12	Thomas Nelson	Bibles (24)	\$719.76
01/19/12	Unknown	Spanish Booklets (5)	\$22.50
01/20/12	Unknown	Booklets	\$102.34
01/23/12	Pastor Lee	Books (70)	\$94.50
01/24/12	Harold Schram	Books (26)	\$649.74
01/24/12	Ricky Klein	Books (6)	\$50.00
01/24/12	Unknown	Bibles (30)	\$150.00
01/24/12	Unknown	Devotionals (6)	\$25.00
01/24/12	Unknown	Pamphlets (30)	\$10.00
01/24/12	Unknown	Books (16)	\$96.00
01/24/12	Unknown	Booklets (15)	\$52.65
01/25/12	Catholic Diocese	Newspaper (1)	\$1.00
		Total	\$2200.33

IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD  
510 EAST 12<sup>TH</sup>, SUITE 1A  
DES MOINES, IOWA 50319  
FAX: (515) 281-3701



[www.iowa.gov/ethics](http://www.iowa.gov/ethics)

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Iowa Correctional Institution for Women  
Name of Department or Office

300 Elm AveSW Mitchellville, Iowa 50169  
Mailing Address City, State, Zip Code

(515) 967-4236  
Area Code & Telephone No.

**CONTACT PER FOR RECIPIENT DEPARTMENT OR OFFICE:**

Marcia Glenn  
Name

\_\_\_\_\_  
Mailing Address (if different from above) City, State, Zip Code (if different from above)

\_\_\_\_\_  
Email Address Area Code & Telephone No. (if different from above)

**DONOR OF GIFT, BEQUEST, OR GRANT:**

Various Donators  
Name

\_\_\_\_\_  
Mailing Address City, State, Zip Code

\_\_\_\_\_  
Area Code & Telephone Number

\_\_\_\_\_  
Email Address (optional)

	\$	
<u>February 2012</u>		<u>1317.20</u>
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 purpose thereof:  
All donations for Inmate benefit.

Criteria to use this form:  
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**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.

Diann Wilder Tomlinson  
Signature Date

3-23-12

Our Daily Bread	RBC Ministries	PO Box 2222	Grand Rapids, MI 49501-2222	100	\$100.00	Booklets
The Word Among Us	La Palabra Entre Nosotros	7115 Guilford DrSte 100	Frederick, MD 21704-5234	5	\$22.50	Booklets
	Chaplain Kay Kopatich			2	\$30.00	CD's
Indian Life	Indian Life Newspaper	Box 32	Pembina, ND 58271	1	\$0.20	Newspaper
The Serving Brother	Apostles Of The Divine Mercy	10016 Park Place Ave	Riverview, FL 33569	25	\$0.00	Booklets
	Eleanor Bidler		Des Moines, Ia	22	\$277.68	Books
Cedar Valley Community Church	Prison Ministry	3520 Ansborough Ave	Waterloo, Ia. 50701	50	\$12.50	Pamphlets
Catholic Digest	Catholic Digest	PO Box 291826	Dayton, OH 45429-9775	1	\$4.99	Magazine
The Catholic Worker	The Catholic Worker	36 East First Street	New York, NY 10003	5	\$0.05	Newspaper
Our Lady's Rosary Makers Inc.	Dennis Wright	PO Box 37080	Louisville, KY 40233-7080	300	\$300.00	Rosaries
Catholic Church	Dennis Wright		DM, Ia	27	\$160.65	Booklets
Catholic Church	Dennis Wright		DM, Ia	4	\$23.80	Booklets
Catholic Church	Dennis Wright		DM, Ia	3	\$21.00	Booklets
Catholic Church	Dennis Wright		DM, Ia	1	\$3.95	Booklets
Thomas Nelson Publishers	Hope Impact Ministry	565 Royal Parkway	Nashville, Tn 37214-3646	12	\$359.88	Books
					<b>\$1,317.20</b>	

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

Iowa Correctional Institution for Women  
Name of Department or Office  
300 Elm Ave SW Mitchellville, Iowa 50169  
Mailing Address City, State, Zip Code  
(515) 967-4236  
Area Code & Telephone No.

**CONTACT PER FOR RECIPIENT DEPARTMENT OR OFFICE:**

Marcia Glenn  
Name  
Mailing Address (if different from above) City, State, Zip Code (if different from above)  
Email Address Area Code & Telephone No. (if different from above)

**DONOR OF GIFT, BEQUEST, OR GRANT:**

Various Donators  
Name  
Mailing Address City, State, Zip Code  
Area Code & Telephone Number  
Email Address (optional)

July, 2011 \$ 331.95  
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 purpose thereof:  
All donations for Inmate benefit.  
Criteria to use this form:  
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**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.

Diann Wilder-Tomlinson  
Signature

3-23-12  
Date



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

Iowa Correctional Institution for Women  
Name of Department or Office  
300 Elm Ave SW Mitchellville, Iowa 50169  
Mailing Address City, State, Zip Code  
(515) 967-4236  
Area Code & Telephone No.

CONTACT PER FOR RECIPIENT DEPARTMENT OR OFFICE:

Marcia Glenn  
Name  
Mailing Address (if different from above) City, State, Zip Code (if different from above)  
Email Address Area Code & Telephone No. (if different from above)

DONOR OF GIFT, BEQUEST, OR GRANT:

Various Donators  
Name  
Mailing Address City, State, Zip Code  
Area Code & Telephone Number  
Email Address (optional)

August, 2011 \$ 39.99  
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 purpose thereof:  
All donations for Inmate benefit.  
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:

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.

Diann Wilder-Tomlinson  
Signature

3-23-12  
Date



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**IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD**  
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**DEPARTMENT OR OFFICE RECEIVING THE GIFT, BEQUEST, OR GRANT:**

*Correctional Institution for Women*

0160

**IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD**  
**510 EAST 12<sup>TH</sup>, SUITE 1A**  
**DES MOINES, IOWA 50319**  
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**DEPARTMENT OR OFFICE RECEIVING THE GIFT, BEQUEST, OR GRANT:**

<u>Iowa Correctional Institution for Women</u>	
Name of Department or Office	
<u>300 Elm Ave SW</u>	<u>Mitchellville, Iowa 50169</u>
Mailing Address	City, State, Zip Code
<u>(515) 967-4236</u>	
Area Code & Telephone No.	

**CONTACT PER FOR RECIPIENT DEPARTMENT OR OFFICE:**

<u>Marcia Glenn</u>	
Name	
_____	_____
Mailing Address (if different from above)	City, State, Zip Code (if different from above)
_____	_____
Email Address	Area Code & Telephone No. (if different from above)

**DONOR OF GIFT, BEQUEST, OR GRANT:**

<u>Various Donators</u>	
Name	
_____	_____
Mailing Address	City, State, Zip Code
_____	_____
Area Code & Telephone Number	
_____	
Email Address (optional)	
_____	

_____	\$
<u>October 2011</u>	<u>1250.93</u>
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 purpose thereof:

All donations for Inmate benefit.

---

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.

Diann Wilder-Tomlinson  
 \_\_\_\_\_  
 Signature

3-23-12  
 \_\_\_\_\_  
 Date

Date	Name	Items	Costs
10/7/11	Sister Sandy Rodemyer	Books	\$225.00
10/12/11	Sister JoAnn Talarico	Cards	\$ 50.00
10/13/11	University of Iowa	Donated Books (80)	\$700.00
10/14/11	Eleanor Verwers	Cards	\$75.00
10/14/11	Dawn Molloy	Books	\$40.00
10/17/11	Iowa Medical & Classification Center – E Unit	Books	\$125.00
10/18/11	Janet Elwer	Cards	\$25.00
10/25/11	Mary Reichter	Cards	\$37.00
10/21/11	Unknown	Cards	\$125.00
		Total	\$1250.93

IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD  
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**DEPARTMENT OR OFFICE RECEIVING THE GIFT, BEQUEST, OR GRANT:**

Iowa Correctional Institution for Women  
Name of Department or Office

300 Elm Ave SW Mitchellville, Iowa 50169  
Mailing Address City, State, Zip Code

(515) 967-4236  
Area Code & Telephone No.

**CONTACT PER FOR RECIPIENT DEPARTMENT OR OFFICE:**

Marcia Glenn  
Name

\_\_\_\_\_  
Mailing Address (if different from above) City, State, Zip Code (if different from above)

\_\_\_\_\_  
Email Address Area Code & Telephone No. (if different from above)

**DONOR OF GIFT, BEQUEST, OR GRANT:**

Various Donators  
Name

\_\_\_\_\_  
Mailing Address City, State, Zip Code

\_\_\_\_\_  
Area Code & Telephone Number

\_\_\_\_\_  
Email Address (optional)

_____	\$	_____
<u>November 2011</u>		<u>115.50</u>
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 purpose thereof:  
All donations for Inmate benefit.

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 WILDEA-TORLAWSON 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.

Dianna Wilde-Torlawnson  
Signature

3-23-12  
Date

Date	Name	Items	Costs
11/15/2011	Rosemary Holland	Calendars and Office supplies	40.50
11/30/11	Eleanor Verwers	Cards	75.00
		Total	\$115.50

**IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD**  
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 Name of Department or Office

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 Mailing Address City, State, Zip Code

(515) 967-4236  
 Area Code & Telephone No.

**CONTACT PER FOR RECIPIENT DEPARTMENT OR OFFICE:**

Marcia Glenn  
 Name

\_\_\_\_\_  
 Mailing Address (if different from above) City, State, Zip Code (if different from above)

\_\_\_\_\_  
 Email Address Area Code & Telephone No. (if different from above)

**DONOR OF GIFT, BEQUEST, OR GRANT:**

Various Donators  
 Name

\_\_\_\_\_  
 Mailing Address City, State, Zip Code

\_\_\_\_\_  
 Area Code & Telephone Number

\_\_\_\_\_  
 Email Address (optional)

	\$	
December 2011		3989.00
Date of Gift, Bequest, or Grant		Amount/Value*

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Provide a description of the gift, bequest, or grant purpose thereof:  
All donations for Inmate benefit.

Criteria to use this form:  
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**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.

Diann Wilder-Tomlinson  
 Signature

3-23-12  
 Date



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 Name of Department or Office

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 Mailing Address City, State, Zip Code

(515) 967-4236  
 Area Code & Telephone No.

**CONTACT PER FOR RECIPIENT DEPARTMENT OR OFFICE:**

Marcia Glenn  
 Name

\_\_\_\_\_  
 Mailing Address (if different from above) City, State, Zip Code (if different from above)

\_\_\_\_\_  
 Email Address Area Code & Telephone No. (if different from above)

**DONOR OF GIFT, BEQUEST, OR GRANT:**

Various Donators  
 Name

\_\_\_\_\_  
 Mailing Address City, State, Zip Code

\_\_\_\_\_  
 Area Code & Telephone Number

\_\_\_\_\_  
 Email Address (optional)

September 2011	\$	277.73
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 purpose thereof.

All donations for Inmate benefit.

Criteria to use this form:

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**Statement of Affirmation:**

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Diann Wilder-Tomlinson  
 Signature

3-23-12  
 Date

Date	Name	Items	Costs
09/01/11	Unknown	Word Among US- Booklets	\$225.00
09/12/12	Rev Heasley	Bible Dictionary	\$ 21.78
09/13/11	Daughters of Destiny	Magazines	\$25.00
09/20/11	Catholic Diocese	Catholic Digest – Magazines	\$4.95
09/23/11	Catholic Diocese	Catholic	\$1.00
		Total	\$277.73