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**

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:**

Mt. Pleasant Correctional Facility
Name of Department or Office

1200 E. Washington St. — Mt. Pleasant, Ia 52641
Mailing Address — City, State, Zip Code

319-385-9511
Area Code & Telephone No.

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

Ron Mullen
Name

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

Ron.Mullen@iowa.gov — 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)

May 2012 — $43.10
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:**

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** — 6-18-12 **Date**

# Mt. Pleasant Correctional Facility

May-12

| Date | Name | Address | Reason | Amount |
|---|---|---|---|---|
| 5/11/2012 | DiAnne Chubb | 2429 Gnahn St., Burlington, IA 52601 | volleyballs | $40.10 |
| 5/25/2012 | Annonymous | | crayons | $3.00 |

**Total Amount : $ 43.10**