

Revised 06/08

### IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD

510 EAST 12<sup>TH</sup>, SUITE 1A  
DES MOINES, IA 50319  
Fax: (515)281-4073  
www.iowa.gov/ethics



#### FORM-GB

Gift or Request 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:

Clarinda Correctional Facility	
Name of Department or Office Chaplain's Office/ Religious Coordinator	
Mailing Address 2000 N. 16th St	City, State, Zip Code Clarinda, Ia. 51632
Area Code & Telephone No.	

2013 FEB 25 AM 7:31

IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD

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

Chaplain Jeremy Wulbecker	
Name	
Mailing Address (if different from above) jeremy.wulbecker@iowa.gov	City, State, Zip (if different from above) 51632
Email Address	
Area Code & Telephone Number (if different from above)	

#### DONOR OF GIFT OR BEQUEST:

Beau Morris #6515114	
Name	
CCF 2000 N. 16 <sup>th</sup> St	City, State, Zip Code
Clarinda IA 51632	
Area Code & Telephone Number	
Email Address (optional)	

1/14/13	\$ 20.00
Date of Gift or Request	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. CD - R. Carlos Nakai - Dancing Into Silence CD - Rollin' & Lil Spade - Dine bi keyah CD - Red - Innocence & Instinct	CD - Fireflight - Now Book - The Book of Enoch
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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, Jeremy Wulbecker 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

2-22-13  
Date

Revised 06/08

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Name of Department or Office Chaplain's Office/ Religious Coordinator	
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Area Code & Telephone No.	

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IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD

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

<b>Chaplain Jeremy Wulbecker</b>	
Name	
Mailing Address (if different from above) jeremy.wulbecker@iowa.gov	City, State, Zip (if different from above) 51632
Email Address	Area Code & Telephone Number (if different from above)

**DONOR OF GIFT OR BEQUEST:**

<b>Lucas McAllister</b>	
Name	
Mailing Address CCF 2000 N. 14 <sup>th</sup> St, Clarinda, Ia 51632	City, State, Zip Code
Area Code & Telephone Number	
Email Address (optional)	

1-27-13	\$ 10 <sup>00</sup>
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.  
2 CDs Used *Haside Ten Day* "Dream" "Best of the Best"

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, Lucas McAllister 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

2-22-13  
Date