

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:

North Central Correctional Facility	
Name of Department or Office	
313 Lanedale	Rockwell City, IA 50579
Mailing Address	City, State, Zip Code
712-297-7521	
Area Code & Telephone No.	

CONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFICE:

Cornell Smith	
Name	
313 Lanedale	Rockwell City, IA 50579
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:

The Church of the Damascus Road	
Name	
239 North 11th Street Fort Dodge, IA 50501	
Mailing Address	City, State, Zip Code
515-955-3579	
Area Code & Telephone Number	
DamascusCh@aol.com	
Email Address (optional)	

3-22-13	\$1,546.19
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:

Materials for remodeling of dining hall and servery.

Ferguson Enterprises Inc.

Paul E Stone

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-TALANSON 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-Talanson

Signature

3-22-13

Date

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Name	
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DONOR OF GIFT OR BEQUEST:

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Name	
239 North 11th Street Fort Dodge, IA 50501	
Mailing Address	City, State, Zip Code
515-955-3579	
Area Code & Telephone Number	
DamascusCh@aol.com	
Email Address (optional)	

3-22-13.	\$ 1140.69
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:

Materials for remodeling of dining hall and servery.

Paul E Stone

For wage Steele

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, DIAN 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.

Dian Wilder-Tomlinson
Signature

Date