

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 (if different from above)
319-626-2391
City, State, Zip Code

Area Code & Telephone No.

IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD
 2013 JUN 21 AM 9:38

CONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFICE:

Daniel Craig

Name
2700 Coral Ridge Ave.
Coralville, IA 52241

Mailing Address (if different from above)
Daniel.Craig@iowa.gov
City, State, Zip (if different from above)

Email Address
Area Code & Telephone Number (if different from above)

DONOR OF GIFT OR BEQUEST:

Private Donors

Name _____

Mailing Address _____
City, State, Zip Code _____

Area Code & Telephone Number _____

Email Address (optional) _____

5/23/13 \$7.50

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, magazines and jigsaw puzzles for activities department (offender library)

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 Kaufman 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

6-20-13
Date

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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.	

2013 JUN 21 AM 9:37
IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD

CONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFICE:

Daniel Craig	
Name 2700 Coral Ridge Ave.	Coralville, IA 52241
Mailing Address (if different from above) Daniel.Craig@iowa.gov	City, State, Zip (if different from above)
Email Address	
Area Code & Telephone Number (if different from above)	

DONOR OF GIFT OR BEQUEST:

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

6/18/2013	\$17.10
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:

Two pillows for Hospice Program

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, Serry Bartuff 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.

Serry Bartuff
Signature

6-20-13
Date

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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.

CONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFICE:

Daniel Craig
Name
2700 Coral Ridge Ave. Coralville, IA 52241
Mailing Address (if different from above) City, State, Zip (if different from above)
Daniel.Craig@iowa.gov
Email Address Area Code & Telephone Number (if different from above)

DONOR OF GIFT OR BEQUEST:

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

6/16/13 \$49.00
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:
Newspapers, magazines and books. For offender library

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 Bartruff 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

6-20-13
Date