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:

DOC - Iowa Medical and Classification Center (IMCC)
Name of Department or Office

2700 Coral Ridge Ave — Coralville, IA 52241
Mailing Address — City, State, Zip Code

319-626-2391
Area Code & Telephone No.

CONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFICE:

Daniel Craig
Name

Same
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:

Table to Table
Name

20 East Market — Iowa City, IA 52242
Mailing Address — City, State, Zip Code

319-337-3400
Area Code & Telephone Number

Email Address (optional)

12/29, 2014 — ~~$9,880.70~~ 14,168.84
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:

Perishable food such as yogurt, bread, milk, orange juice, etc

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 — Date: 1-5-15

UNFI FOOD DONATION FORM

WAREHOUSE:

PICK UP NUMBER:

* The following information is required to process donation.

***WAREHOUSE CONTACT INFORMATION**

WAREHOUSE LOCATION	UNFI - IOWA
*EMPLOYEE NAME	JOHN MCCOWN
*STREET	2340 HEINZ ROAD
*CITY	IOWA CITY
*STATE	IA
*ZIP	52240
*PHONE	N/A
*E-MAIL	N/A
UNFI SIGNATURE:	

***RECIPIENT CONTACT INFORMATION**

*ORGANIZATION NAME	HACAP/TABLE 2 TABLE
*RECIPIENT NAME	DAVID WELLENDORT
*STREET	20 EAST MARKET
*CITY	IOWA CITY
*STATE	IA
*PHONE	319-337-3400
*E-MAIL	N/A
*TAX ID	42-0898405
RECIPIENT SIGNATURE:	

unfi
DRIVEN BY NATURE

DONATION DATE:	12/29/2014
# of Pallets:	7
# of Cases:	835
FOB Ext Total	$9,880.70
Total Weight AV:	10,029.72

Straght Truck.

INSTRUCTIONS: THIS IS A FEEDING AMERICA DONATION

*UNFI ITEM NUMBER	*BRAND	*PACK SIZE	*PRODUCT DESCRIPTION	*QTY	*Lot Code/ Exp Date	*ADJ Code	*FOB Cost per	*STORAGE (Dry/Chill/Frz)	*FOB Cost Extended	*Wholesale Cost per	*Wholesale Cost Extended	*Weight Per case	*Weight per case Extended
123675	BILINR	6/33.8 FZ	WATER	117	9/4/14	10	$6.42	DRY	$751.14	$8.76	$1,024.92	13.2	1,544.40
155397	BILINR	6/33.8 FZ	WATER	124	9/2/14	10	$6.42	DRY	$796.08	$8.76	$1,086.24	13.2	1,636.80
155396	BILINR	12/16.9 FZ	WATER	147	9/2/14	10	$9.24	DRY	$1,358.28	$12.72	$1,869.84	13.2	1,940.40
155395	BILINR	12/16.9 FZ	WATER	126	7/15/14	10	$9.24	DRY	$1,164.24	$12.72	$1,602.72	13.2	1,663.20
90028	OASISM	6/7 OZ	BREAD	2	12/28/14	10	$6.50	CHILL	$13.00	$9.61	$19.22	3	6.00
90044	OASISM	6/12 OZ	BREAD	2	12/28/14	10	$6.76	CHILL	$13.52	$10.02	$20.04	5	10.00
75581	SILK	6/64 FZ	COCONUT MILK	14	1/5/15	27	$17.58	CHILL	$246.12	$25.97	$363.58	26.89	376.46
150653	SILK	6/64 FZ	COCONUT MILK	7	1/1/15	27	$17.58	CHILL	$123.06	$25.97	$181.79	28.08	196.56
39092	HORIZN	6/16 OZ	COTTAGE CHEESE	22	12/29/14	27	$18.54	CHILL	$407.88	$27.42	$603.24	6.75	148.50
39088	HORIZN	6/16 OZ	COTTAGE CHEESE	6	12/29/14	27	$18.54	CHILL	$111.24	$27.42	$164.52	6.75	40.50
34891	OGVAL	12/8 OZ	SUOR CREAM	64	12/31/14	27	$14.52	CHILL	$929.28	$21.73	$1,390.72	6.69	428.16
159647	CHOBAN	12/5.3 OZ	YOGURT	19	12/29/14	27	$11.64	CHILL	$221.16	$17.22	$327.18	4.7	89.30
151846	SMARI	6/24 OZ	YOGURT	23	12/31/14	27	$26.64	CHILL	$612.72	$38.97	$896.31	9.38	215.74
159168	CHOBAN	12/5.3 OZ	YOGURT	39	1/2/15	27	$11.64	CHILL	$453.96	$17.20	$670.80	4.7	183.30
151233	CHOBAN	12/5.3 OZ	YOGURT	7	1/2/15	27	$11.64	CHILL	$81.48	$17.20	$120.40	4.7	32.90
151808	SIGGIS	4/8/2 OZ	YOGURT	5	1/2/15	27	$11.19	CHILL	$55.95	$16.40	$82.00	4.66	23.30
47382	GVLYOG	12/6 OZ	YOGURT	2	1/2/15	27	$11.89	CHILL	$23.78	$17.36	$34.72	5.1	10.20
68120	NANCYS	6/32 FZ	KEFIR	2	1/2/15	27	$20.10	CHILL	$40.20	$29.54	$59.08	14	28.00
151299	CCOMET	12/32 FZ	CHOC. MILK	33	1/7/15	10	$50.04	CHILL	$1,651.32	$73.65	$2,430.45	26.5	874.50
33823	365	6/89 FZ	O.J.	7	12/30/14	10	$22.71	CHILL	$158.97	$33.93	$237.51	40	280.00
119107	SILK	12/5.3 OZ	YOG, SOY, BLUEBRY, S1637	18	1/4/15	17	$9.96	CHILL	$179.28	$14.68	$264.24	4.5	81.00
119108	SILK	12/5.3 OZ	YOG, SOY, PCHMNGO, S163	14	1/17/15	17	$9.96	CHILL	$139.44	$14.68	$205.52	4.5	63.00
119108	SILK	12/5.3 OZ	YOG, SOY, PCHMNGO, S163	14	1/4/15	17	$9.96	CHILL	$139.44	$14.68	$205.52	4.5	63.00
127964	SILK	12/5.3 OZ	YOG, SOY VAN, S163759	4	1/17/15	17	$9.96	CHILL	$39.84	$14.68	$58.72	4.5	18.00
150651	SILK	12/5.3 OZ	YOG, SOY, BCHRY, S16376	17	1/4/15	17	$9.96	CHILL	$169.32	$14.68	$249.56	4.5	76.50
								Total	$9,880.70	Total	$14,168.84	Total	10,029.72

Revised 06/08

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For office use only

Indexed _____
Audited _____
Checked _____
Computer _____

2015 JAN -7 AM 7:31

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DOC - Iowa Medical and Classification Center (IMCC)
Name of Department or Office

2700 Coral Ridge Ave — Coralville, IA 52241
Mailing Address — City, State, Zip Code

319-626-2391
Area Code & Telephone No.

CONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFICE:

Daniel Craig
Name

Same
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:

Table to Table
Name

20 East Market — Iowa City, IA 52242
Mailing Address — City, State, Zip Code

319-337-3400
Area Code & Telephone Number

Email Address (optional)

12/18/14 — $10,210.12
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:

Perishable food such as yogurt, eggs, soy milk, bread, etc

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:

Jerry Beetruff 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] — 1-5-15

Signature — Date

UNFI FOOD DONATION FORM

WAREHOUSE:

PICK UP NUMBER:

* The following information is required to process donation.

***WAREHOUSE CONTACT INFORMATION**

WAREHOUSE LOCATION	UNFI - IOWA
*EMPLOYEE NAME	JOHN MCCOWN
*STREET	2340 HEINZ ROAD
*CITY	IOWA CITY
*STATE	IA
*ZIP	52240
*PHONE	N/A
*E-MAIL	N/A
UNFI SIGNATURE:	
INSTRUCTIONS:	THIS IS A FEEDING AMERICA DONATION

***RECEIPIENT CONTACT INFORMATION**

*ORGANIZATION NAME	HACAP/TABLE 2 TABLE
*RECIPIENT NAME	DAVID WELLENDORT
*STREET	20 EAST MARKET
*CITY	IOWA CITY
*STATE	IA
*PHONE	319-337-3400
*E-MAIL	N/A
*TAX ID	42-0898405
RECIPIENT SIGNATURE:	

unfi
DRIVEN BY NATURE

DONATION DATE:	12/18/2014
# of Pallets:	2
# of Cases:	469
FOB Ext Total	$6,833.66
Total Weight AV:	3,247.32

*UNFI ITEM NUMBER	*BRAND	*PACK SIZE	*PRODUCT DESCRIPTION	*QTY	*Lot Code/ Exp Date	*AD/ Code	*FOB Cost per	*STORAGE (Dry/Chill/Fz)	*FOB Cost Extended	*Wholesale Cost per	*Wholesale Cost Extended	*Weight per case	*Weight per case Extended
151241	CHOBAN	12/5.3 OZ	YOGURT	60	12/26/14	27	$11.64	CHILL	$698.40	$17.20	$1,032.00	4.7	282.00
151257	CHOBAN	12/5.3 OZ	YOGURT	13	12/26/14	48	$11.64	CHILL	$151.32	$17.20	$223.60	4.7	61.10
151257	CHOBAN	12/5.3 OZ	YOGURT	17	12/26/14	27	$11.64	CHILL	$197.88	$17.20	$292.40	4.7	79.90
123416	CHOBAN	12/5.3 OZ	YOGURT	17	12/26/14	27	$12.84	CHILL	$218.28	$18.88	$320.96	5.26	89.42
151808	SIGGIS	4/8/2 OZ	YOGURT	2	12/26/14	27	$11.19	CHILL	$22.38	$16.40	$32.80	4.66	9.32
89318	ABBOTS	4/5 LB	HARD EGGS	13	1/15/15	10	$55.22	CHILL	$717.86	$81.59	$1,060.67	20	260.00
50223	365	6/64 FZ	SOY MILK	30	12/30/14	27	$10.40	CHILL	$312.00	$15.48	$464.40	27.66	829.80
136443	TARTE	12/6 OZ	YOGURT	42	1/9/15	29	$13.80	CHILL	$579.60	$20.41	$857.22	5.5	231.00
136440	TARTE	12/6 OZ	YOGURT	26	1/9/15	29	$13.80	CHILL	$358.80	$20.41	$530.66	5.5	143.00
136441	TARTE	12/6 OZ	YOGURT	23	1/10/15	29	$13.80	CHILL	$317.40	$20.41	$469.43	5.5	126.50
136442	TARTE	12/6 OZ	YOGURT	42	1/9/15	29	$13.08	CHILL	$549.36	$20.41	$857.22	5.5	231.00
150911	CHOBAN	12/5.3 OZ	YOGURT	8	12/27/14	27	$11.64	CHILL	$93.12	$17.20	$137.60	4.7	37.60
159169	CHOBAN	6/32 OZ	YOGURT	8	12/27/14	27	$24.42	CHILL	$195.36	$35.75	$286.00	13	104.00
76162	GREEKG	12/6 OZ	YOGURT	95	12/27/14	27	$9.34	CHILL	$887.30	$16.26	$1,544.70	4.5	427.50
92277	OASISM	6/7 OZ	BREAD	3	12/21/14	10	$6.36	CHILL	$19.08	$9.30	$27.90	3	9.00
15094	SPCESN	24 FZ	FLAX OIL	4	1/19/15	27	$14.42	CHILL	$57.68	$19.43	$77.72	1.65	6.60
124928	UDI'S	12/4.93 OZ	CRISPS	19	1/15/15	10	$24.00	DRY	$456.00	$33.00	$627.00	4.4	83.60
124926	UDI'S	12/4.93 OZ	CRISPS	10	1/15/15	10	$24.00	DRY	$240.00	$33.00	$330.00	4.4	44.00
115451	KETTLE	15/4 OZ	CHIPS	16	1/15/15	27	$25.88	DRY	$414.08	$34.94	$559.04	6.25	100.00
119606	365	36/1.5 OZ	CHIPS	21	1/16/15	10	$16.56	DRY	$347.76	$22.80	$478.80	4.38	91.98
								Total	$6,833.66	Total	$10,210.12	Total	3,247.32

Revised 06/05

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

Reset Form

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

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

420 Mill Street SW — Mitchellville, Iowa 50169
Mailing Address — City, State, Zip Code

(515) 725-5042
Area Code & Telephone No.

2015 JAN -7 AM 7:31

CONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFICE:

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 2014 — $67.98
Date of Gift, Bequest, or Grant — Amount/Value*

Provide a description of the gift, bequest, or grant purpose thereof:

All donations for offenders 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

1-6-15
Date

Donations	number#	$ amount	Total
CD's	8	$ 5.00	$ 40.00
Valiant Women Book	2	$ 13.99	$ 27.98
Total	**10**	**$ 18.99**	**$ 67.98**