

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:

Newton Correctional Facility	
Name of Department or Office	Newton, IA 50208
PO Box 218	
Mailing Address	City, State, Zip Code
641-792-7552 X411	
Area Code & Telephone No.	

CONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFICE:

Terry Mapes	
Name	
Mailing Address (if different from above)	City, State, Zip (if different from above)
terry.mapes@iowa.gov	
Email Address	Area Code & Telephone Number (if different from above)

DONOR OF GIFT OR BEQUEST:

Herb Rosen	
Name	
1237 Cummins Pkwy	Des Moines, IA 50311
Mailing Address	City, State, Zip Code
515-274-1007	
Area Code & Telephone Number	
Email Address (optional)	

6-3-14	\$250.00
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:

Lumber for offender woodworking shop

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, Duan Under-Toulon 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.

Duan Under-Toulon
Signature

6-6-14
Date

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Newton Correctional Facility	
Name of Department or Office	Newton, IA 50208
PO Box 218	City, State, Zip Code
Mailing Address	City, State, Zip Code
641-792-7552 X411	
Area Code & Telephone No.	

CONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFICE:

Terry Mapes	
Name	
Mailing Address (if different from above)	City, State, Zip (if different from above)
terry.mapes@iowa.gov	
Email Address	Area Code & Telephone Number (if different from above)

DONOR OF GIFT OR BEQUEST:

Russ Wilson	
Name	
1342 73rd St.	Windsor Heights, IA 50324
Mailing Address	City, State, Zip Code
515-274-6013	
Area Code & Telephone Number	
Email Address (optional)	

6-3-14	\$ 250.00
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:

Lumber for offender woodworking shop

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, Diana Under-Toulson 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.

Diana Under-Toulson
Signature

6-6-14
Date

