

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:

| | |
|---|-----------------------|
| Anamosa State Penitentiary | |
| Name of Department or Office 406 N High St | Anamosa, IA 52205 |
| Mailing Address 319-462-3504 X2221 | City, State, Zip Code |
| Area Code & Telephone No. | |

CONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFICE:

| | |
|--|--|
| Mary Rose Coleman | |
| Name | |
| Mailing Address (if different from above) maryrose.coleman@iowa.gov | City, State, Zip (if different from above) |
| Email Address | |
| Area Code & Telephone Number (if different from above) | |

DONOR OF GIFT OR BEQUEST:

| | |
|-------------------------------|------------------------|
| Bridgehaven Pregnancy Support | |
| Name | |
| 701 Center Point Rd NE | Cedar Rapids, IA 52402 |
| Mailing Address | City, State, Zip Code |
| Area Code & Telephone Number | |
| Email Address (optional) | |

| | |
|--|---------------|
| August 2014 | \$269.70 |
| 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:

30 Fathering Handbooks for the Inside Out Dads Group

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, John Fayram 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.

John Fayram
Signature

11/21/14
Date

This may have already been submitted. The person in the position responsible for doing so retired. If it hasn't, sorry that it wasn't submitted timely.

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| Mary Rose Coleman | |
| Name | |
| Mailing Address (if different from above) | City, State, Zip (if different from above) |
| maryrose.coleman@iowa.gov | |
| Email Address | Area Code & Telephone Number (if different from above) |

DONOR OF GIFT OR BEQUEST:

| | |
|------------------------------|-----------------------|
| Kurt Gillmore | |
| Name | |
| 406 N High St | Anamosa, IA 52205 |
| Mailing Address | City, State, Zip Code |
| 319-462-3504 | |
| Area Code & Telephone Number | |
| Email Address (optional) | |

| | |
|--|---------------|
| September 2014 | \$0.00 |
| 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:

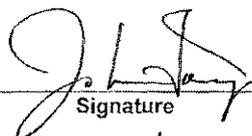
Miscellaneous cabinet hardware

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Signature

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| | |
|---|--|
| Mary Rose Coleman | |
| Name | |
| Mailing Address (if different from above) | City, State, Zip (if different from above) |
| maryrose.coleman@iowa.gov | |
| Email Address | Area Code & Telephone Number (if different from above) |

DONOR OF GIFT OR BEQUEST:

| | |
|--|-----------------------|
| Cedar Rapids Zen Center and Archdiocese of Dubuque | |
| Name | |
| See below. | |
| Mailing Address | City, State, Zip Code |
| | |
| Area Code & Telephone Number | |
| | |
| Email Address (optional) | |

| | |
|--|---------------|
| October 2014 | \$ 345.00 |
| 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: |
| Cedar Rapids Zen Center, 1618 Bever Ave SE, Cedar Rapids, IA 52403: Super SOnic CD Player w/MP3-\$45.00; Chapel media equipment project-\$200.00 |
| Archdiocese of Dubuque, Mt. Loretta Ave, Dubuque, IA: 50 copies Advent Missalette and 100 copies Breaking Bread service books |
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J. L. Fayram
Signature

11/21/14
Date

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