

Revised 08/08

IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD

610 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 State Penitentiary	
Name of Department or Office #3 John Bennett Drive	Fort Madison, IA 52627
Mailing Address 319-373-5432	City, State, Zip Code
Area Code & Telephone No.	

CONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFICE:

Mike Schierbrock	
Name	
Mailing Address (if different from above) mike.schierbrock@iowa.gov	City, State, Zip (if different from above)
Email Address	Area Code & Telephone Number (if different from above)

DONOR OF GIFT OR BEQUEST:

Jan Johnson	
Name	
10739 Villa Lea Lane	Houston, TX 77071
Mailing Address	City, State, Zip Code
832.573.9324	
Area Code & Telephone Number	
jan@grantsformation.com	
Email Address (optional)	

4/25/2014	\$ 100.00
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:

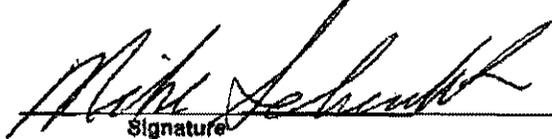
Item was donated to Iowa State Penitentiary Hospice program. It is unknown if former nursing administrator may not have filled out donation paperwork.

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, Mike Schierbrock 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

11/21/2014
Date

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:

Iowa State Penitentiary

Name of Department or Office _____
 #3 John Bennett Drive Fort Madison, IA 52627

Mailing Address _____
 519-372-5432 City, State, Zip Code

Area Code & Telephone No. _____

CONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFICE:

Mike Schierbrock

Name _____

Mailing Address (if different from above) _____
 mike.schierbrock@iowa.gov City, State, Zip (if different from above)

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

DONOR OF GIFT OR BEQUEST:

Beverly O'Regan

Name _____

889 Ninth Avenue, 2nd Floor New York, NY 10019

Mailing Address _____
 212-397-7911 City, State, Zip Code

Area Code & Telephone Number _____

jmiller@pinnaclearts.com

Email Address (optional) _____

unknown \$29.94

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.

Item was donated to Iowa State Penitentiary Hospice program. It is unknown if former nursing administrator may not have filled out donation paperwork.

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, Mike Schierbrock 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

11/21/2014
 Date

Revised 08/08

IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD

610 EAST 12TH, SUITE 1A
DES MOINES, IA 50319
Fax: (515)281-4073
www.iowa.gov/ethics



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 State Penitentiary
Name of Department or Office
#3 John Bennett Drive
Mailing Address
319-372-3432
Area Code & Telephone No.
Port Madison, IA 52627
City, State, Zip Code

CONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFICE:

Janie Mendez
Name
#3 John Bennett Drive
Mailing Address (if different from above)
Janie.Mendez@iowa.gov
Email Address
Port Madison, IA 52627
City, State, Zip (if different from above)
319-372-3432 ext. 520
Area Code & Telephone Number (if different from above)

DONOR OF GIFT OR BEQUEST:

City of Mt Pleasant / Police Dept.
Name
220 W. Monroe, Mt. Pl. Ia. 52641
Mailing Address
319-385-1450
Area Code & Telephone Number
mpolice18@iowatelecom.net
Email Address (optional)
Nov. 21, 2014
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:

Abandoned Bicycles

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, Ron Archer 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.

Ron Archer, Chief of Police
Signature

Nov. 21, 2014
Date