

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	Fort Madison, IA, 52627
2111 330th Avenue, PO BOX 316	
Mailing Address	City, State, Zip Code
319-372-5432	
Area Code & Telephone No.	

CONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFICE:

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

DONOR OF GIFT OR BEQUEST:

Joyce Meyer Ministries	
Name	
P.O. Box 655	Fenton, MO 63026
Mailing Address	City, State, Zip Code
(636) 349-0303	
Area Code & Telephone Number	
klormis@jmmwo.org	
Email Address (optional)	

12/01/2015	\$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:

8 books titled Exodus Moments by Roy Lormas. 2 for the chapel library, 3 for JBU library, 3 for max unit library. the author declared their value at \$0.00 when he donated them.

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, Warden Nick Ludwick 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

12-2-2015

Date

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2111 330th Avenue, PO BOX 316	
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519-372-5432	
Area Code & Telephone No.	

CONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFICE:

Warden Nick Ludwick	
Name	
Mailing Address (if different from above)	City, State, Zip (if different from above)
nick.ludwick@iowa.gov	
Email Address	Area Code & Telephone Number (if different from above)

DONOR OF GIFT OR BEQUEST:

Joyce Meyer Ministries	
Name	
P.O. Box 655	Fenton, MO 63026
Mailing Address	City, State, Zip Code
(636) 349-0303	
Area Code & Telephone Number	
klormis@jmmwo.org	
Email Address (optional)	

12/01/2015	\$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:

CD's and DVD's that the company claims were overruns that were scheduled to be destroyed so they are giving them away. Thus the claim of no value by the Joyce Meyer Ministries staff.

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Nick Ludwick
Signature

12-2-2015
Date