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:

Anamosa State Penitentiary
Name of Department or Office

406 N High St — Anamosa, IA 52205
Mailing Address — City, State, Zip Code

319-462-3504
Area Code & Telephone No.

CONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFICE:

Mary Rose Coleman
Name

Mailing Address (if different from above) — City, State, Zip (if different from above)

maryrose.coleman@iowa.gov — 319-462-3504, ext. 2221
Email Address — Area Code & Telephone Number (if different from above)

DONOR OF GIFT OR BEQUEST:

Creative Communications
Name

PO Box 291848 — Kettering, OH 45429
Mailing Address — City, State, Zip Code

Area Code & Telephone Number

Email Address (optional)

4/2/15 — $21.78
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:

Living Faith Devotionals

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:

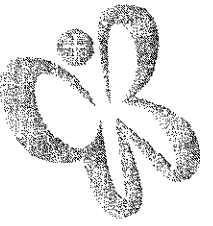
I, Sheryl Dohm affirm that the gift or bequest reported above is accurate. I further affirm that the information concerning the donor and assessment of the fair market value (if applicable) is correct and true to the best of my knowledge.

Signature

4-6-15
Date

Creative Communications for the Parish
P.O. Box 291848
Kettering, OH 45429-0848
USA

INVOICE



Invoice Number: 2188776-201502

Balance Due: $0.00

☐ Check enclosed (payable to Creative Communications)

☐ Please charge my credit card
○ VISA ○ Mastercard ○ Discover ○ AMEX

CARD # EXP. DATE

SIGNATURE

E-MAIL

ANAMOSA STATE PENITENTIARY
RICK JENKINS-CHAPLAIN
PO BOX 10
406 N HIGH ST
ANAMOSA IA 52205

▲ PLEASE DETACH HERE AND RETURN TOP PORTION. THANK YOU! ▲

Customer ID	Customer PO	Ship Method	Invoice Date	Invoice Number
1001206			2015-3-9	2188776-201502

Qty	Edition	Description	Unit Price	Amount
38	LFP	LIVING FAITH POCKET SIZE (201502, exp. 201503)	0.22	8.36

Customer Service: (800) 246-7390

Subtotal	8.36
Sales Tax	0.00
Shipping	13.42
Total Invoice Amount	21.78
Payments / Credits	21.78
Balance (Payable in US $)	0.00

Bill To:
ANAMOSA STATE PENITENTIARY
RICK JENKINS-CHAPLAIN
PO BOX 10
406 N HIGH ST
ANAMOSA IA 52205

Ship To:
ANAMOSA STATE PENITENTIARY
RICK JENKINS-CHAPLAIN
PO BOX 10
406 N HIGH ST
ANAMOSA IA 52205-0010

LivingFaith Daily Catholic Devotions LIVING FAITH Kids Daily Catholic Devotions La Fe Viva

WWW.LIVINGFAITH.COM

Payments may be mailed in the enclosed pre-addressed envelope or mail to
Creative Communications for the Parish, P.O. Box 291848, Kettering, OH 45429-0848

TERMS: Full payment due on receipt. Thereafter a 1.5% monthly service charge will be added to past due balance.
Please write invoice number on check. We also accept Visa, Mastercard, Discover, and American Express.

F-NEXP