

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:

Mount Pleasant Correctional Facility	
Name of Department or Office 1200 E. Washington St.	Mo. Pleasant, IA 52541
Mailing Address 319-385-9511	City, State, Zip Code
Area Code & Telephone No.	

CONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFICE:

Gail Huckins	
Name Same	Same
Mailing Address (if different from above) Gail.Huckins@iowa.gov	City, State, Zip (if different from above) Same
Email Address	Area Code & Telephone Number (if different from above)

2015 MAY 19 AM 9:18

DONOR OF GIFT OR BEQUEST:

Jim Tvedte	
Name	
6 greenview Dr.	West Branch, IA 52358
Mailing Address	City, State, Zip Code
319-331-0322	
Area Code & Telephone Number	
Email Address (optional)	

May 13, 2015	\$40.00
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 ".00".	

Provide a description of the gift or bequest and purpose thereof:
Books for offenders use.

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, Gail Huckins 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.

Gail Huckins
Signature

5-18-15
Date

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DEPARTMENT OR OFFICE RECEIVING THE GIFT OR BEQUEST:

Mt. Pleasant Correctional Facility	
Name of Department or Office 1200 East Washington St	Mt. Pleasant, IA 52641
Mailing Address 319-386-9511	City, State, Zip Code
Area Code & Telephone No.	

CONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFICE:

Gail Huckins	
Name Same	Same
Mailing Address (if different from above) Gail.Huckins@iowa.gov	City, State, Zip (if different from above) Same
Email Address	Area Code & Telephone Number (if different from above)

DONOR OF GIFT OR BEQUEST:

Joe Kout	
Name	
212 Hayes St. W.	Hazletown, IA 50641
Mailing Address	City, State, Zip Code
Area Code & Telephone Number	
Email Address (optional)	

May 15, 2015	\$20.00
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"	

2015 MAY 19 AM 9:18
IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD

Provide a description of the gift or bequest and purpose thereof:

Books for offenders

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, Gail Huckins 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.

Gail Huckins
Signature

5-18-15
Date

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DEPARTMENT OR OFFICE RECEIVING THE GIFT OR BEQUEST:

Fort Dodge Correctional Facility	
Name of Department or Office	
1550 L Street	Fort Dodge, Iowa 50501
Mailing Address	City, State, Zip Code
(515) 574-4700	
Area Code & Telephone No.	

2015 MAY 20 AM 8:40
IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD

CONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFICE:

Jim McKinney	
Name	
Same	Same
Mailing Address (if different from above)	City, State, Zip (if different from above)
Jim.McKinney@iowa.gov	515-574-4711
Email Address	Area Code & Telephone Number (if different from above)

DONOR OF GIFT OR BEQUEST:

SEE ATTACHED LISTING FOR May 2015	
Name	
Mailing Address	City, State, Zip Code
Area Code & Telephone Number	
Email Address (optional)	

May 2015	\$ 220.00
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:

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 Dahm 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.

Sheryl Dahm
Signature

5-20-15
Date

Fort Dodge Correctional Facility

1550 L Street, Fort Dodge, Iowa 50501

Date	Name	Address	Reason	Amount
May 4,2015	Gregg Warland	533 South 20th, Fort Dodge, Iowa 50501 Donated to Hobby Craft Projects	14 BF Walnut 12 BF Oak	\$150.00 \$ 70.00

Total Amount : \$ 220.00