

IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD

510 EAST 12<sup>TH</sup>, 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 x2221  
Email Address Area Code & Telephone Number (if different from above)

DONOR OF GIFT OR BEQUEST:

Jones Regional Medical Center  
Name  
1795 Hwy 64 E Anamosa, IA 52205  
Mailing Address City, State, Zip Code  
Area Code & Telephone Number  
Email Address (optional)

5/6/15 \$500.00  
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:  
For Health Services - leaded apron

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

5-7-2015  
Date

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**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 x2221
Email Address	Area Code & Telephone Number (if different from above)

**DONOR OF GIFT OR BEQUEST:**

Michael Walker	
Name	_____
406 N High St	Anamosa, IA 52205
Mailing Address	City, State, Zip Code
Area Code & Telephone Number	_____
Email Address (optional)	_____

5/5/15	\$36.20
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:  
 For Chapel-4 new books donated to the Chapel library fiction section.

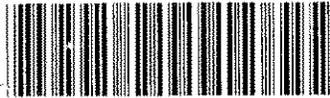
Criteria to use this form:  
 Receipt of any gift or bequest that is received by any department of the state or received by the Governor on behalf of the state.

**Statement of Affirmation:**

I, Seryl 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.

Seryl Dahm  
 Signature

5-7-2015  
 Date



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**Edward R. Hamilton *Bookseller Company***

PO Box 15, Falls Village, CT 06031-0015

21511810  
Michael Walker  
#6656893 ASP  
PO Box 10  
Anamosa IA 52205-0010

18309963X

BATCH 1618954X

5

ORDER RECEIVED: 4/27/2015  
AMOUNT PREPAID: \$36.20  
ITEMS ORDERED: 6  
ITEMS SHIPPED: 5

4-88

**THE FOLLOWING ITEMS HAVE BEEN SHIPPED:**

0-72	1	10B2-P	Eye of God, Rollins	6.95	6436498
1-44	1	10E4-C	Blood Gospel, Rollins & Cantrell	5.95	2688840
1-41	1	13E1-C	Heaven's Shadow, Goyer et al	3.95	2679345
0-75	1	27I1-P	Genesis Secret, Knox	4.95	3344029
0-56	1	63I5-P	When God Spoke English: The Making of th	4.95	6402143

**A REFUND CHECK WILL BE SENT FOR THE ITEM BELOW:**

1 XXXX-C Sign, Khoury 1.95 7537557

Postage and Handling \$3.50

**OVERPAID \$4.00**

If ITEMS ORDERED and ITEMS SHIPPED shown above agree, your order is complete. If any items were not shipped, a second shipment and/or a refund by bank check will be made as soon as possible, but in no case later than 60 days.

If all items were shipped but a credit was due you, a refund check has been mailed to you separately.

If you receive a damaged, defective, or incorrect item please do NOT return it. Just let us know what is wrong and we will correct it. You may return any item for a refund of its purchase price. You pay only the postage.