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:

Clarinda Correctional Facility
Name of Department or Office

2000 N. 16th Street — Clarinda Iowa 51632
Mailing Address — City, State, Zip Code

712-542-2161
Area Code & Telephone No.

CONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFICE:

Meredith Baker
Name

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

meredith.baker@iowa.gov — 712-542-6107
Email Address — Area Code & Telephone Number (if different from above)

2015 JUL -9 AM 7:46
IA ETHICS AND CAMPAIGN DISCLOSURE

DONOR OF GIFT OR BEQUEST:

Roberta Anderson
Name

72324 630th Street — Griswold Iowa 51535
Mailing Address — City, State, Zip Code

712-763-4496
Area Code & Telephone Number

Email Address (optional)

07/07/15 — $5.81
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 pound bag of Epson Salt for the Horticulture class to use on their vegetables.

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, Meredith Baker 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.

Meredith Baker
Signature

07/09/15
Date

Revised 06/08

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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:

St. Andrew Lutheran Church
Name

307 3rd Ave — Van Horn, IA 52346
Mailing Address — City, State, Zip Code

319-228-8325
Area Code & Telephone Number

Email Address (optional)

7/9/15 — $200.00
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 Chapel: Bibles

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

7/9/2015
Date