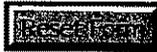


IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD
 510 EAST 12TH, SUITE 1A
 DES MOINES, IA 50319
 Fax: (515)281-4073
 www.iowa.gov/ethics



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.

2015 AUG 24 PM 3:47

IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD

DEPARTMENT OR OFFICE RECEIVING THE GIFT OR BEQUEST:

Iowa Medical and Classification Center - DOC	
Name of Department or Office 2700 Coral Ridge Ave.	Coralville, IA 52241
Mailing Address 319-626-2391	City, State, Zip Code
Area Code & Telephone No.	

CONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFICE:

Greg Ort, Interim Warden	
Name	
Mailing Address (if different from above) gregory.ort@iowa.gov	City, State, Zip (if different from above)
Email Address	Area Code & Telephone Number (if different from above)

DONOR OF GIFT OR BEQUEST:

Table to Table	
Name	
20 E Market Strett	Iowa City, IA 52245
Mailing Address	City, State, Zip Code
Area Code & Telephone Number	
Email Address (optional)	

8/6/2015	\$2,454.00
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:

818 gallons of orange and other juices

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, Jan Craig, 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.

Jan Craig
 Signature

8-24-15
 Date

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DES MOINES, IA 50319
Fax: (515)281-4073
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IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD

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DEPARTMENT OR OFFICE RECEIVING THE GIFT OR BEQUEST:

Iowa Medical and Classification Center - DOC	
Name of Department or Office 2700 Coral Ridge Ave.	Coralville, IA 52241
Mailing Address 319-626-2391	City, State, Zip Code
Area Code & Telephone No.	

CONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFICE:

Greg Ort, Interim Warden	
Name	
Mailing Address (if different from above) gregory.ort@iowa.gov	City, State, Zip (if different from above)
Email Address	Area Code & Telephone Number (if different from above)

DONOR OF GIFT OR BEQUEST:

Table to Table	
Name	
20 E Market Strett	Iowa City, IA 52245
Mailing Address	City, State, Zip Code
Area Code & Telephone Number	
Email Address (optional)	

7/31/2015	\$906.84
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:
 864 serving of hamburger/veggie burgers, 1812 servings of pizza crust; 192 servings of cheese pizza

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, Dan Gray 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.

Dan Gray
 Signature

8-24-15
 Date

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DEPARTMENT OR OFFICE RECEIVING THE GIFT OR BEQUEST:

Iowa Medical and Classification Center - DOC	
Name of Department or Office 2700 Cornl Ridge Ave.	Coralville, IA 52241
Mailing Address 319-626-2391	City, State, Zip Code
Area Code & Telephone No.	

2015 AUG 24 PM 3:47
 IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD

CONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFICE:

Greg Ort, Interim Warden	
Name	
Mailing Address (if different from above) gregory.ort@iowa.gov	City, State, Zip (if different from above)
Email Address	Area Code & Telephone Number (if different from above)

DONOR OF GIFT OR BEQUEST:

Table to Table	
Name	
20 E Market Strett	Iowa City, IA 52245
Mailing Address	City, State, Zip Code
Area Code & Telephone Number	
Email Address (optional)	

7/21/15	\$ 1,804.20
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:

307 gallons of orange juice; 1920 servings of yogurt; all for offender consumption

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, Don Craig 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.

Don Craig
 Signature

8-24-15
 Date

IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD
510 EAST 12TH, SUITE 1A
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FORM-GB

Gift or Bequest Information received by a department or accepted by the Governor on behalf of the state

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2015 AUG 24 PM 3:46

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 Medical and Classification Center - DOC

Name of Department or Office
2700 Coral Ridge Ave. Coralville, IA 52241

Mailing Address
319-626-2391 City, State, Zip Code

Area Code & Telephone No.

CONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFICE:

Greg Ort, Interim Warden

Name

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

gregory.ort@iowa.gov

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

DONOR OF GIFT OR BEQUEST:

Table to Table

Name

20 E Market Strett Iowa City, IA 52245

Mailing Address City, State, Zip Code

Area Code & Telephone Number

Email Address (optional)

7/16/2015 \$1,200.00

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:

400 gallons of orange just for offender consumption

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, Dan Craig 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.

Dan Craig
Signature

8-24-15
Date

IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD
510 EAST 12TH, SUITE 1A
DES MOINES, IA 50319
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DEPARTMENT OR OFFICE RECEIVING THE GIFT OR BEQUEST:

Iowa Medical and Classification Center - DOC

Name of Department or Office
2700 Coral Ridge Ave. Coralville, IA 52241

Mailing Address
319-626-2391 City, State, Zip Code

Area Code & Telephone No.

CONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFICE:

Greg Ort, Interim Warden

Name

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

gregory.ort@iowa.gov

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

2015 AUG 21 PM 3:16
IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD

DONOR OF GIFT OR BEQUEST:

Eternal Perspective Ministries

Name

39085 Pioneer Blvd, Str 206 Sandy, OR 97055

Mailing Address City, State, Zip Code

Area Code & Telephone Number

Email Address (optional)

8/12/2015 \$ 169.99

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.

10 copies of the Kingstone Bible for Chapel 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, Don Craig 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.

Don Craig
Signature

8-24-15
Date