

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



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:

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

CONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFICE:

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

DONOR OF GIFT OR BEQUEST:

Various Donors - Please see attached list  
Name  
Mailing Address City, State, Zip Code  
Area Code & Telephone Number  
Email Address (optional)

May 2015 \$760.00  
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 and offender recreation 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, Sheryl Dahn 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 Dahn  
Signature

May 13, 2015  
Date

Iowa Medical and Classification Center  
 2700 Coral Ridge Ave., Coralville, IA 52241

Date	Name	Address	Reason	Amount	Items
5/1/2015	Carlos Davis Family		Donation	\$20	4 DVD'S (Adam Sandler)
5/1/2015	Private Donation		Donation	\$ 80.00	Wii System and one program
5/5/2015	St. Thomas More Church	3000 12th Ave, Coralville, IA	Donation	\$ 50.00	1 set of red guitar music books; 1 box of quarterly prayer books
FROM APRIL 2015	Chapel Report	Brotherhood Prison Ministries Kalona, Iowa	For Chapel Use	\$ 339.15	85 Student Bibles
FROM APRIL 2015	Chapel Report	Brotherhood Prison Ministries Kalona, Iowa	For Chapel Use	\$ 50.00	Reflections through the window books
FROM APRIL 2015	Chapel Report	Brotherhood Prison Ministries Kalona, Iowa	For Chapel Use	\$ 200.00	20 God Guy Bibles
5/6/2015	Private Donation		For GP Use	\$ 21.18	2 DVDs
Total Amount				\$760	

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Iowa Medical and Classification Center
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:

Daniel R. Craig
Name
Same as above
Mailing Address (if different from above) City, State, Zip (if different from above)
daniel.craig@iowa.gov
Email Address Area Code & Telephone Number (if different from above)

DONOR OF GIFT OR BEQUEST:

Various - See attached
Name
Mailing Address City, State, Zip Code
Area Code & Telephone Number
Email Address (optional)

5/15/15 \$ 108.50
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:

Gifts to Chapel of magazines and books for the chaplin to distribute.

Criteria to use this form:

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Statement of Affirmation:

I, [Signature] 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]
Signature

5-18-2015
Date

Chapel Donations  
(Ethics Disclosure Report)

Date	Items	Donated by / Address	Value
	CMA HeartBeat Mag. Christian Motorcyclists Assoc. X10	P.O. Box 9 Hatfield, Ar 71945 870-389-6196	\$25.00
	HEBREW CONCORDANCE CBC	Brotherhood Prison Ministries	\$23.00
	Greek Concordance CBC	B.P.M.	\$29.00
	Book (Addiction and Virture) CBC	B.P.M.	\$25.00
	Book (Spiritual Life in Anabaptism) CBC X2	B.P.M.	\$6.50
	Loves & Fishes Disipleship Magazine for Prisoners  X 120	Light House Publishing PO Box 332 Bedford, PA 15522 800-313-1871 info@lighthousepublishing.org	???????