

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

2016 MAR 31 11:09 AM
 IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD

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
 712-542-6107
 City, State, Zip Code

Area Code & Telephone No.

CONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFICE:

Meredith Baker

Name

Mailing Address (if different from above)
 meredith.baker@iowa.gov
 City, State, Zip (if different from above)
 711-542-6107

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

DONOR OF GIFT OR BEQUEST:

Bert Anderson

Name

Mailing Address
 City, State, Zip Code

Area Code & Telephone Number

Email Address (optional)

03/31/16 \$0.00

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.

12 old wooden posts to be used by the horticulture class. The person that gave the donation, says these posts have no value.

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

03.31.16
 Date

Revised 06/08

IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD

510 EAST 12TH, SUITE 1A

DES MOINES, IA 50319

Fax: (515) 281-4073

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2016 MAR 31 AM 9:56



FORM-GB

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

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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: 712-542-8634
Area Code & Telephone No.

CONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFICE:

Meredith Baker
Name
Mailing Address (if different from above): meredith.baker@iowa.gov, City, State, Zip (if different from above): 712-542-6107
Email Address: Area Code & Telephone Number (if different from above)

DONOR OF GIFT OR BEQUEST:

David Stephens
Name
Mailing Address: City, State, Zip Code
Area Code & Telephone Number
Email Address (optional)

03/31/16 \$115.00
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
9 bags of potting soil, 16 4' treated landscaping timbers and 8 8' treated landscaping timbers.
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

03/31/16
Date

Revised 06/08

IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD

510 EAST 12TH, SUITE 1A
DES MOINES, IA 50319
Fax: (515) 281-1111
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2016 MAR 31 AM 9:56 RECEIVED

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

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Iowa Code section 9.7 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
3000 N. 16th Street
Mailing Address
712-542-5634
Area Code & Telephone No.
Clarinda, Iowa 51602
City, State, Zip Code

CONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFICE:

Meredith Baker
Name
Mailing Address (if different from above)
meredith.baker@iowa.gov
Email Address:
City, State, Zip (if different from above)
712-542-6107
Area Code & Telephone Number (if different from above)

DONOR OF GIFT OR BEQUEST:

Bert Anderson
Name
Mailing Address
City, State, Zip Code
Area Code & Telephone Number
Email Address (optional)

03/31/16 \$0.00
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:
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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

03/31/16
Date

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IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD

510 EAST 12TH, SUITE 310

DES MOINES, IA 50319

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DEPARTMENT OR OFFICE RECEIVING THE GIFT OR BEQUEST:

| | |
|--------------------------------|-----------------------|
| Clarinda Correctional Facility | |
| Name of Department or Office | Clarinda, Iowa 51632 |
| Mailing Address | City, State, Zip Code |
| 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) |
| Email Address: meredith.baker@iowa.gov | Area Code & Telephone Number (if different from above) |

DONOR OF GIFT OR BEQUEST:

| | |
|------------------------------|-----------------------|
| David Stephens | |
| Name | |
| Mailing Address | City, State, Zip Code |
| Area Code & Telephone Number | |
| Email Address (optional) | |

| | |
|--|---------------|
| 03/31/16 | \$ 115.00 |
| 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". | |

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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

03/31/16
Date