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:

Newton Correctional Facility
Name of Department or Office

PO Box 218 — Newton, IA 50208
Mailing Address — City, State, Zip Code

641-792-7552
Area Code & Telephone No.

CONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFICE:

Brad Hier
Name

PO Box 218 — Newton, IA 50208
Mailing Address (if different from above) — City, State, Zip (if different from above)

brad.hier@iowa.gov — 641-792-7552
Email Address — Area Code & Telephone Number (if different from above)

DONOR OF GIFT OR BEQUEST:

David L. Vaughan
Name

443 James Ave — St. Paul, MN 55105-2553
Mailing Address — City, State, Zip Code

Area Code & Telephone Number

dvaughanmn@gmail.com
Email Address (optional)

7-20-16 — $ 100.00
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:

Money for the inmate fund to be used for books /education materials. In appreciation for David's professional experience at the NCF as a VISTA volunteer in 1972-1973.

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, _____ 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**

8-1-16 **Date**

Newton Correctional Facility

PO Box 218, Newton, Iowa 50208

Date	Name	Address	Reason	Amount
07/20/16	David L. Vaughan	1443 James Ave St. Paul, MN 55105-2553	donation	$ 100.00
		"This gift is in appreciation for my professional experience at your facility as a VISTA volunteer in 1972-73."		
			Total Amount :	**$ 100.00**

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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:

Jim McKinney, Warden
Name

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

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

DONOR OF GIFT OR BEQUEST:

Christian Motoyclist Asso.
Name

PO Box 9, Hatfield, AK, 71945 — Iowa City, IA 52245
Mailing Address — City, State, Zip Code

Area Code & Telephone Number

Email Address (optional)

June 2016 — $ 10.00
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:

Bibles, Christian magazines, DVD, etc

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, Daniel 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.

Signature — August 1, 2016 **Date**

Revised 06/08

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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:

Jim McKinney, Warden
Name
Mailing Address (if different from above) — 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 Street — Iowa City, IA 52245
Mailing Address — City, State, Zip Code
Area Code & Telephone Number
Email Address (optional)

June 2016 — $ 163.67
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:

Food; bananas, Bread, canned corn

Criteria to use this form:

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Statement of Affirmation:

I, Daniel 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.

Signature — August 1, 2016 **Date**

Morano, Lynn [DOC]

From: Lowenberg, Janet [DOC]
Sent: Friday, July 08, 2016 11:56 AM
To: Morano, Lynn [DOC]
Subject: June Donations

All the donations are from Table to Table

6/5/2016		
	1cs rotton bananas	12.67
	Canned Corn	14.00
	30 loaves of bread	15.00
6/17/2016		
	139 loaves of bread	69.50
	12 dinner rolls	.60
6/23/2016		
	63 loaves of bread	31.50
	54 Bagels	8.10
	246 dinner rolls	12.30
Total		163.67

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319-626-2391
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CONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFICE:

Jim McKinney, Warden
Name

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

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

DONOR OF GIFT OR BEQUEST:

Brotherhood Prison Ministries
Name

PO Box 333, Kalona, IA 52247 — Iowa City, IA 52245
Mailing Address — City, State, Zip Code

Area Code & Telephone Number

Email Address (optional)

June 2016 — $457.50
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:

Bibles, Christian magazines, DVD, etc

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, Daniel 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.

Signature

August 1, 2016
Date