

COR-811

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:

Iowa Medical and Classification Center, Iowa Department of Corrections
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
Name
Same
Mailing Address (if different from above) City, State, Zip (if different from above)
James.McKinney@iowa.gov
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)

July 2016 \$274.11
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:
Three donations of food; assorted bread and bananas, 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, 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

8-11-16
Date

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DEPARTMENT OR OFFICE RECEIVING THE GIFT OR BEQUEST:

Iowa Medical and Classification Center, Iowa Department of Corrections	
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:

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

DONOR OF GIFT OR BEQUEST:

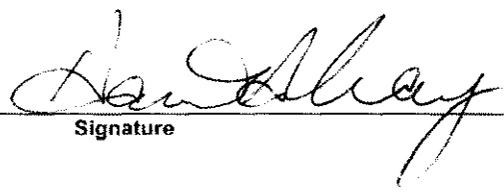
Terry and Judy Weeks	
Name	
Mailing Address	City, State, Zip Code
Area Code & Telephone Number	
Email Address (optional)	

July 1, 2016	\$ 250.00
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: Pendax Digital Camera; for documentation of progress in the offender wellness program.
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

8-11-16
Date

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

Name	Address	Reason	Amount	Items
Terry and Judy Weeks		For Offender fitness	\$250	Pentax SLR Digital Camera; K200D
Table to Table	20 E Market Street, Iowa City, Iowa 52245	Offender Consumptic	\$ 165.21	Bread and bananas
Table to Table	20 E Market Street, Iowa City, Iowa 52245	Offender Consumptic	\$ 80.40	Rolls and Bread
Table to Table	20 E Market Street, Iowa City, Iowa 52245	Offender Consumptic	\$ 28.50	Bread
			\$ 524.11	