

# IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD

510 EAST 12<sup>TH</sup>, SUITE 1A  
DES MOINES, IA 50319  
Fax: (515)281-3701  
www.iowa.gov/ethics

Reset Form

## FORM-GBG

Gift, Bequest, or Grant 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, bequests, and grants 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 required to be filed within 20 days of receipt of the gift, bequest, or grant.

### DEPARTMENT OR OFFICE RECEIVING THE GIFT, BEQUEST, OR GRANT:

Name of Department or Office	Glenwood Resource Center
Mailing Address	711 South Vine Street
Area Code & Telephone No.	Glenwood, Iowa 51534

### CONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFICE:

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, BEQUEST, OR GRANT:

Name	DR. FRED ECHTERNACHT & FAMILY
Mailing Address	711 S. VINE #18 GLENWOOD IA
City, State, Zip Code	51534
Area Code & Telephone Number	
Email Address (optional)	

Date of Gift, Bequest, or Grant	11/15/05	Amount/Value*	\$ 0.00
*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, bequest, or grant and purpose thereof:

*Assorted used clothing: sweaters, skirts, jeans*

Criteria to use this form:

Receipt of any gift, bequest, or grant that is received by any department of the state or received by the Governor on behalf of the state.

### Statement of Affirmation:

I, Luth Messinger affirm that the gift, bequest, or grant 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.

Luth Messinger  
Signature

11-21-05  
Date

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### DEPARTMENT OR OFFICE RECEIVING THE GIFT, BEQUEST, OR GRANT:

Name of Department or Office	Glenwood Resource Center
Mailing Address	711 South Vine Street
Area Code & Telephone No.	Glenwood, Iowa 51534

### CONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFICE:

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, BEQUEST, OR GRANT:

Name	ALA-CHARTER OAK, IA	
Mailing Address	HOMER HALL, UNIT 600	
Area Code & Telephone Number	City, State, Zip Code	CHARTER OAK, IA 51439
Email Address (optional)		

Date of Gift, Bequest, or Grant	11-14-05	Amount/Value*	\$ 0.00
*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, bequest, or grant and purpose thereof:

*Donated notebooks, pens, gloves, sweaters, crayons*

Criteria to use this form:

Receipt of any gift, bequest, or grant that is received by any department of the state or received by the Governor on behalf of the state.

### Statement of Affirmation:

I, Ruth Messinger, affirm that the gift, bequest, or grant 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.

Ruth Messinger  
Signature

11-21-05  
Date

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### DEPARTMENT OR OFFICE RECEIVING THE GIFT, BEQUEST, OR GRANT:

Name of Department or Office	Glenwood Resource Center
Mailing Address	711 South Vine Street
Area Code & Telephone No.	Glenwood, Iowa 51534

### CONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFICE:

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, BEQUEST, OR GRANT:

Name	UMW
Mailing Address	GLENWOOD IA 51534
Area Code & Telephone Number	
Email Address (optional)	

Date of Gift, Bequest, or Grant	10/28/05	Amount/Value*	\$ 0.00
*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, bequest, or grant and purpose thereof:

*Card prints, assorted pillows*

Criteria to use this form:

Receipt of any gift, bequest, or grant that is received by any department of the state or received by the Governor on behalf of the state.

### Statement of Affirmation:

I, Beth Messinger affirm that the gift, bequest, or grant 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.

Beth Messinger  
Signature

11-21-05  
Date

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### DEPARTMENT OR OFFICE RECEIVING THE GIFT, BEQUEST, OR GRANT:

Name of Department or Office	Glenwood Resource Center
Mailing Address	711 South Vine Street
Area Code & Telephone No.	Glenwood, Iowa 51534

### CONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFICE:

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, BEQUEST, OR GRANT:

Name	BAPTIST CHURCH	
Mailing Address	HARLAN IA 51531	
Area Code & Telephone Number		
Email Address (optional)		

Date of Gift, Bequest, or Grant	11/12/05	Amount/Value*	\$ 0.00
*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, bequest, or grant and purpose thereof:

*Accounted used handsets*

Criteria to use this form:

Receipt of any gift, bequest, or grant that is received by any department of the state or received by the Governor on behalf of the state.

### Statement of Affirmation:

I, Ruth Messinger affirm that the gift, bequest, or grant 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.

Ruth Messinger  
Signature

11-21-05  
Date

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### DEPARTMENT OR OFFICE RECEIVING THE GIFT, BEQUEST, OR GRANT:

Name of Department or Office	Glenwood Resource Center
Mailing Address	711 South Vine Street
Area Code & Telephone No.	Glenwood, Iowa 51534

### CONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFICE:

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, BEQUEST, OR GRANT:

Name	ALA - ROYAL, IA
Mailing Address	1550 380 <sup>th</sup> ST ROYAL IA
City, State, Zip Code	51357
Area Code & Telephone Number	
Email Address (optional)	

Date of Gift, Bequest, or Grant	11/21/05	Amount/Value*	\$ 0.00
*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, bequest, or grant and purpose thereof:

*Used tee-shirts, used top*

Criteria to use this form:

Receipt of any gift, bequest, or grant that is received by any department of the state or received by the Governor on behalf of the state.

### Statement of Affirmation:

I, Ruth Messinger affirm that the gift, bequest, or grant 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.

Ruth Messinger  
Signature

11-21-05  
Date

Revised 06/05

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#### DEPARTMENT OR OFFICE RECEIVING THE GIFT, BEQUEST, OR GRANT:

Clarinda MHU	
Name of Department or Office	
Box 338	Clarinda, IA 51632
Mailing Address	City, State, Zip Code
Area Code & Telephone No.	

#### CONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFICE:

Suc Rehwaldt Hays	
Name	
Mailing Address (if different from above)	City, State, Zip (if different from above)
Suc.RehwaldtHays@iowa.gov	712-542-2161 Ext. 3317
Email Address	Area Code & Telephone Number (if different from above)

#### DONOR OF GIFT, BEQUEST, OR GRANT:

LaValle Family	
Name	
Mailing Address	Fort Madison, IA 52627
Area Code & Telephone Number	
Email Address (optional)	

11-17-05	\$ 250.00
Date of Gift, Bequest, or Grant	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, bequest, or grant and purpose thereof:

Personal clothing and wheelchair

Criteria to use this form:

Receipt of any gift, bequest, or grant that is received by any department of the state or received by the Governor on behalf of the state.

#### Statement of Affirmation:

I, Suc Rehwaldt Hays affirm that the gift, bequest, or grant 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

12/1/05  
Date

Revised 06/05

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#### DEPARTMENT OR OFFICE RECEIVING THE GIFT, BEQUEST, OR GRANT:

Clarinda MHI	
Name of Department or Office	
Box 338	Clarinda, IA 51632
Mailing Address	City, State, Zip Code
712-542-2161	
Area Code & Telephone No.	

#### CONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFICE:

Suc Rehwaldt Hays	
Name	
Mailing Address (if different from above)	City, State, Zip (if different from above)
Suc.RehwaldtHays@iowa.gov	712-542-2161 Ext. 3317
Email Address	Area Code & Telephone Number (if different from above)

#### DONOR OF GIFT, BEQUEST, OR GRANT:

Arca Lutheran Churches	
Name	
South West Iowa	
Mailing Address	City, State, Zip Code
-	
Area Code & Telephone Number	
-	
Email Address (optcnal)	

12/9/05	\$ 1,100.00
Date of Gift, Bequest, or Grant	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, bequest, or grant and purpose thereof:

Gift packages for each resident of the MHI.

Criteria to use this form:

Receipt of any gift, bequest, or grant that is received by any department of the state or received by the Governor on behalf of the state.

#### Statement of Affirmation:

I, Suc Rehwaldt Hays affirm that the gift, bequest, or grant 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

12/13/05  
Date

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### DEPARTMENT OR OFFICE RECEIVING THE GIFT, BEQUEST, OR GRANT:

Name of Department or Office	Glenwood Resource Center
Mailing Address	711 South Vine Street
Area Code & Telephone No.	712-527-2623 Glenwood, Iowa 51534

### CONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFICE:

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, BEQUEST, OR GRANT:

Name	SUTHERLAND AM. LEGION
Mailing Address	404 CINO ST, SUTHERLAND IA
City, State, Zip Code	51058
Area Code & Telephone Number	
Email Address (optional)	

Date of Gift, Bequest, or Grant	Check 11/14/05	Amount/Value*	\$ 25.00
*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, bequest, or grant and purpose thereof:

*Check*

Criteria to use this form:

Receipt of any gift, bequest, or grant that is received by any department of the state or received by the Governor on behalf of the state.

### Statement of Affirmation:

I, Ruth Messinger affirm that the gift, bequest, or grant 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.

Ruth Messinger  
Signature

11-22-05  
Date

# IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD

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### DEPARTMENT OR OFFICE RECEIVING THE GIFT, BEQUEST, OR GRANT:

Name of Department or Office	Glenwood Resource Center
Mailing Address	711 South Vine Street
Area Code & Telephone No.	Glenwood, Iowa 51534

### CONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFICE:

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, BEQUEST, OR GRANT:

Name	Wm. THOMPSON AUXILIARY
Mailing Address	Box 201 BRIDGEWATER IA 50837
Area Code & Telephone Number	
Email Address (optional)	

Date of Gift, Bequest, or Grant	Check	Amount/Value*
		\$ 50 <sup>00</sup>

\*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, bequest, or grant and purpose thereof:

Criteria to use this form:  
Receipt of any gift, bequest, or grant that is received by any department of the state or received by the Governor on behalf of the state.

### Statement of Affirmation:

I, Lutz Messinger, affirm that the gift, bequest, or grant 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.

Lutz Messinger  
Signature

11-28-05  
Date