

IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD

510 EAST 12TH, 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 _____

RECEIVED
DISCLOSURE BOARD
DEC 16 2005

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	Glenwood Resource Center	
Mailing Address	711 South Vine Street	Zip Code
Area Code & Telephone	Glenwood, Iowa 51534	

CONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFICE:

Name		CONNIE BROWN	
Mailing Address (if different from above)	City, State, Zip (if different from above)	712-527-2438	
Email Address	Area Code & Telephone Number (if different from above)		

DONOR OF GIFT, BEQUEST, OR GRANT:

Name	ABBOTT LABORATORIES		
Mailing Address	City, State, Zip Code	68118	
Area Code & Telephone Number			
Email Address (optional)			
Date of Gift, Bequest, or Grant	Amount/Value*	12/1/05 \$	

*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:

REFRESHMENTS PROVIDED TO STAFF AT 12-BAGELS
INFORMATION SEMINAR FOR PHARMACEUTICALS 1-CREAM CHEESE CONTAINER

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

12/4/05
Date

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

Name of Department	Glenwood Resource Center	City, State, Zip Code	
Mailing Address	711 South Vine Street Glenwood, Iowa 51534		712-527-2683
Area Code & Telep			

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, Unit 703		
Mailing Address	213 N MAIN BRIDGEWATER IA City, State, Zip Code 50837		
Area Code & Telephone Number			
Email Address (optional)			

Date of Gift, Bequest, or Grant	12/2/05	Amount/Value*	\$ 0.00
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*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:

Handmade Christmas stockings, mittens

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

12/6/05
Date

DEC

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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 Glenwood, Iowa 51534
Area Code & Telephone No	712-527-2683

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 - LESTER IA
Mailing Address	Box 140 LESTER IA 51241
Area Code & Telephone Number	
Email Address (optional)	

Date of Gift, Bequest, or Grant	12/6/05	Amount/Value*	\$ 100.00
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*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 noted as "x-mas gifts"

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 Messenger, 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 Messenger
Signature

12/6/05
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.: 712-527-2683
City, State, Zip: 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-AUDUBON
Mailing Address: 315 CHURCH ST, AUDUBON IA 50025
City, State, Zip Code: _____
Area Code & Telephone Number: _____
Email Address (optional): _____

12/8/05 CHECK \$ 25.00
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:

TO PROVIDE TREATS/SNACKS AT CANTEEN

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, Lucy 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.

Lucy Messinger
Signature

12-14-05
Date