

Revised 06/05

IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD

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

JAN 3 2005



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:

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:

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

DONOR OF GIFT, BEQUEST, OR GRANT:

Employees of Clarinda MHI
Name
Box 338 Clarinda, IA 51632
Mailing Address City, State, Zip Code
712-542-2161
Area Code & Telephone Number
Email Address (optional)

12/25/05 \$ 1,200.00
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.
Adopt a Patient program - employees purchase a Christmas gift for each patient or resident at the hospital.
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, Sue 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

1/3/06
Date

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

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

CONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFICE:

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

DONOR OF GIFT, BEQUEST, OR GRANT:

Presbyterian Outreach Program
Name
Mailing Address
Omaha, NE
City, State, Zip Code
Area Code & Telephone Number
Email Address (optional)

12/19/05 \$ 275.00
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:
Christmas stockings for the patients with snack food items.
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, Sue 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

1/3/06
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	ABBY ETTER
Mailing Address	35 N 40 th ST, KEOKUK, IA 52632
Area Code & Telephone Number	
Email Address (optional)	

Date of Gift, Bequest, or Grant	12/21/05	Amount/Value*	\$ 20.00
*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:

IN MEMORY OF - CLIENT ACTIVITY

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

12/29/05
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	DARLENE BYRNE
Mailing Address	1517 TIMEA ST, KEOKUK IA 52632
Area Code & Telephone Number	
Email Address (optional)	

Date of Gift, Bequest, or Grant	12/22/05	Amount/Value*	\$ 10.00
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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:

IN MEMORY OF - CLIENT ACTIVITY PURCHASE

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

12/29/05
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	MARILYN WIXOM
Mailing Address	902 PALEAN ST, ROCKWELL IA 52632
Area Code & Telephone Number	
Email Address (optional)	

Date of Gift, Bequest, or Grant	12/22/05	Amount/Value*	\$ 10.00
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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:

IN MEMORY OF - CLIENT ACTIVITY

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

12/29/05
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	U.S. ARMY CORP of ENGINEERS
Mailing Address	215 N 17th St, OMAHA NE 68102
Area Code & Telephone Number	
Email Address (optional)	

Date of Gift, Bequest, or Grant	12/16/05	Amount/Value*	\$ 1800 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:

KARAOKE MACHINE, MICROPHONES, TV AND STAND, GAMES

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

12/29/05
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	JEN NASH	
Mailing Address	304 N. LOCUST, GLENWOOD IA	
Area Code & Telephone Number	City, State, Zip Code 51534	
Email Address (optional)		

Date of Gift, Bequest, or Grant	12/20/05	Amount/Value*	\$ 25.00
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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:

USED TO PURCHASE: ACTION FIGURE TOYS

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

12/29/05
Date