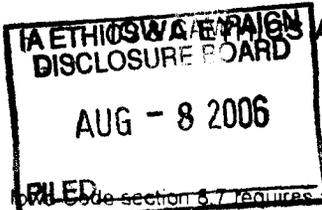


Revised 06/05



ETHICS AND CAMPAIGN DISCLOSURE BOARD

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



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 _____

Code section 6.7 requires all gifts, bequests, and grants given to any department of the state or 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:

Independence Mental Health Institute

Name of Department or Office
Business Office

Mailing Address City, State, Zip Code
2271 Iowa Ave Independence, Iowa 50644

Area Code & Telephone No.

CONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFICE:

Linda Evers

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

Mailing Address City, State, Zip Code

Area Code & Telephone Number

Email Address (optional)

\$

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:
Please see attached.

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, Linda Evers, 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.

Linda Evers
Signature

August 8, 2006
Date

NON-PROFIT
INDEPENDENCE MHI
JULY 2006
FY 07

REF	DATE	FND	SOURCE	PURPOSE	DEPOSITS	WITHDR.
				BEGINNIG BALANCE	\$21,048.92	
9841	07/07/06	CCUR	JOYCE WILLIS	KERNELS GAME	\$100.00	\$0.00
101003	07/07/06	CCUR	ALEA NIEMEIER	TREATS AT WATER PARK	\$0.00	\$25.00
9843	07/10/06	SFV	VFW, INDEPENDENCE	CARNIVAL	\$25.00	\$0.00
101004	07/10/06	SFV	BECKY VAN DAELE	CARNIVAL	\$0.00	\$39.00
101005	07/11/06	SFV	JOHN SHEDA	CARNIVAL	\$0.00	\$298.14
101006	07/11/06	UPF	FAREWAY	7/4/2006 PATIENT'S COOKOUT	\$0.00	\$64.21
101007	07/12/06	CCUR	RON REISNER	KERNELS GAME	\$0.00	\$100.00
9846	07/18/06	SFV	AMERICAN LEGION AUX., WESTGATE	CANTEEN	\$5.00	\$0.00
9847	07/19/06	SFV	VFW	CARNIVAL	\$30.00	\$0.00
101008	07/20/06	SFV	INDEPENDENCE AREA FOOD BANK	TREATS FOR PATIENTS	\$0.00	\$55.38
101009	07/21/06	UPF	WAL MART COMMUNITY	PATIENT LIBRARY	\$0.00	\$106.62
9849	07/26/06	SFV	NORMA HAWKINS	FOOD BANK TRAY FAVORS	\$10.00	\$0.00
101010	07/26/06	UPF	CAPITOL VENDING	CAPITOL VENDING	\$0.00	\$45.00
101011	07/27/06	UPF	PIZZA RANCH	PATIENT'S LUNCH	\$0.00	\$58.60
				TOTAL	\$170.00	\$792.15
				ENDING BALANCE		\$20,426.77

Monthly Volunteer Report for: **Independence Mental Health Institute, Independence, Iowa 50644**

For month of: **July**

2006

1. # of Individuals registered as DHS Volunteers	70
2. # of Groups registered as DHS Volunteer Groups	9

use this from for monthly reporting
 submit report monthly (by end of following month)
 to Sandy Knudsen RBA division
 sknudse@dhs.state.ia.us

	3. Total # Volunteers Active This Month	4. Total # Hours Active This Month	5. Cumulative Hours to Date	6. # Clients Served – Adults 18 to 59	7. # Clients Served – Adults 60 or older	8. # Clients Served – Children 0 to 17*
a. Individual Volunteers - providing direct Service to clients/residents	2	14	14			
b. Individual Volunteers – providing Indirect Service, i.e., clerical assistance, etc.	2	76	76			
c. Individuals in Groups Direct Service to clients/residents	49	210	210			
d. Individuals in Groups Indirect Service i.e., clerical assistance, etc.	0	0	0			
e. Stipend Volunteers (i.e., Foster Grandparents, Promise Jobs, Green Thumb, etc.)	15	45	45			
TOTAL	68	345	345			

* new federal reporting requirement

Report completed by: **Becky Van Daele, Volunteer Coordinator**

CONTRIBUTIONS REPORT

Institution/Bureau Independence Mental Health

Region _____ County Buchanan

July 2006
Month/Year

Name of person completing report Becky Van Daele Title Volunteer Coordinator

DATE	CONTRIBUTOR (Name & Address if Available)	Contribution	\$ Value	Check type		Purpose - If Specified
				Cash	In-Kind	
7/10/06	Laura Van Daele 1374 Benson Ave. Fairbank, Iowa 50629	Artificial flowers	125.00		x	For cemetery
7/10/06	Laura Van Daele 1374 Benson Ave. Fairbank, Iowa 50629	Cookies	40.00		x	Patients Use
7/12/06	Mike Smock 613 8 th Ave. N.E. Independence, Iowa 50644.	Helium Balloons	52.00		x	For Carnival
7/12/06	Mary Peterson 305 3 St. S.W. Independence, Iowa 50644	Syrup and cups	6.50		x	For carnival
7/18/06	MHI Credit Union Independence, Iowa 50644	VCR and DVD tapes	1000.00		x	For Library

Total value of this page: \$ 1223.50

Total value of pages 1 thru 2: \$ 2682.50

CONTRIBUTIONS REPORT

Institution/Bureau Independence Mental HealthRegion _____ County BuchananJuly 2006
Month/YearName of person completing report Becky Van Daele Title Volunteer Coordinator

DATE	CONTRIBUTOR (Name & Address if Available)	Contribution	\$ Value	Check type		Purpose - If Specified
				Cash	In-Kind	
7/19/06	Dept. of Iowa Loraine Atkins 625 River Forest Rd. Evansdale, Iowa 50707	Ice cream bars and quarters	35.00		x	For party
7/19/06	Loraine Atkins 625 River Forest Rd Evansdale, Iowa 50707	Cookies	30.00		x	Patients Use
7/26/06	Cannon's Greenhouse 345 East Line W. Westgate, Iowa 50681	Plants	1224.00		x	For grounds
7/06	Please see attached sheet for itemized list.		170.00			

Total value of this page: \$ 1459.00Total value of pages 1 thru 2: \$ 2682.50