

# 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



## 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	Code
Mailing Address	711 South Vine Street	
Area Code & Telephone	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	FAIRVIEW WORKING BAND
Mailing Address	STUART IA 50250
Area Code & Telephone Number	
Email Address (optional)	

Date of Gift, Bequest, or Grant	12-26-06	Amount/Value*	\$ 100.00
*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:

FUNDS TO CLIENT CHRISTMAS

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, LUITH 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.

Luith Messinger  
Signature

1-26-07  
Date

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Name of Department or Office	Glenwood Resource Center	Code
Mailing Address	711 South Vine Street	
Area Code & Telephone	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-LINN GROVE
Mailing Address	LINN GROVE, IA 51033
Area Code & Telephone Number	
Email Address (optional)	

Date of Gift, Bequest, or Grant	Amount/Value*
12-26-06	\$ 10.00

\*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:

FUNDS TO CLIENT CHRISTMAS

Criteria to use this form:

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### Statement of Affirmation:

I, \_\_\_\_\_ 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

1-26-07  
Date

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Name of Department or Office	Glenwood Resource Center	Code
Mailing Address	711 South Vine Street	
Area Code & Telephone	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	VANESSA MARSHALL	
Mailing Address	23473 KANE AVE, GLENWOOD, IA	
	City, State, Zip Code	51534
Area Code & Telephone Number		
Email Address (optional)		

Date of Gift, Bequest, or Grant	12-18-06	Amount/Value*	\$ 30.00
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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:

LASER PRESENTER FOR ETS STAFF

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, \_\_\_\_\_ 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.

Lita Messinger  
Signature

1-29-07  
Date