

IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD
510 EAST 12TH SUITE 10A
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 agency of the Governor on behalf of the state.

For office use only

Indexed _____
 Audited _____
 Checked _____
 Computer _____

Iowa Code section 67 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:

State Training School	
Name of Department or Office	Edgewood, Iowa 50627
Mailing Address	City, State, Zip Code
Area Code & Telephone No.	

CONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFICE:

Milie Dagit	
Name	Edgewood, Iowa 50627
Mailing Address (if different from above)	City, State, Zip Code (if different from above)
Email Address	Area Code & Telephone Number (if different from above)

DONOR OF GIFT, BEQUEST, OR GRANT

Wal-Mart	
Name	Iowa Falls, Iowa
Mailing Address	City, State, Zip Code
Area Code & Telephone Number	
Email Address (optional)	

12/15/2006	\$ 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

Used for Camfel Productions for students

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, Milie Dagit, 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

Milie Dagit

Date

12-15-06

**IOWA ETHICS AND CAMPAIGN
 DISCLOSURE BOARD**
DEC 15 2006
 FILED

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, Request, 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 67.7 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:

State Training School
Name of Department or Office
3211 Edgington Avenue Eldora, Iowa 51627
Mailing Address City, State, Zip Code
Area Code & Telephone No

CONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFICE:

Millie Dagit
Name
3211 Edgington Avenue Eldora, Iowa 51627
Mailing Address (if different from above) City, State, Zip (if different from above)
mdagit@iads.state.ia.us (515) 281-3402 Ext. #125
Email Address Area Code & Telephone Number (if different from above)

DONOR OF GIFT, BEQUEST, OR GRANT:

American Legion Auxiliary
Name
Eagle Grove, Iowa
Mailing Address City, State, Zip Code
Area Code & Telephone Number
Email Address (optional)

12/15/2006 \$ 75.00
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 for students
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, Millie Dagit, 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.

Millie Dagit
Signature

12-15-06
Date

IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD
DEC 15 2006
FILED

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 or behalf of the state

For office use only

Indexed _____
Audited _____
Checked _____
Computer _____

IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD
DEC 15 2006

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:

State Training School
Name of Department or Office
1211 Edgerton Avenue Eldora, Iowa 50627
Mailing Address City, State, Zip Code
501 534-2902
Area Code & Telephone No

CONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFICE:

Millie Dagit
Name
1211 Edgerton Avenue Eldora, Iowa 50627
Mailing Address (if different from above): City, State, Zip (if different from above):
mdagit@lls.state.ia.us 501-858-5400 Fax: 8335
Email Address: Area Code & Telephone Number (if different from above)

DONOR OF GIFT, BEQUEST, OR GRANT:

St John's Meth Women
Name
Radcliffe, Iowa
Mailing Address City, State, Zip Code
Area Code & Telephone Number
Email Address (optional)

12/15/2006 \$ 30.00
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

Student 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, Millie Dagit 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.

Millie Dagit
Signature

12-15-06
Date

IOWA 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 _____

IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD
DEC 13 2006

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: Am. Legion Auxiliary
Mailing Address: PO Box 140; LESTER IA 51242
City, State, Zip Code: _____
Area Code & Telephone Number: _____
Email Address (optional): _____

Date of Gift, Bequest, or Grant: 11-21-06
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.

CHECK TO BE USED FOR CLIENT XMAS 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, R. 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

12-14-06
Date

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 _____

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 Glenwood, Iowa 51534
Area Code & Telephone No.	

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 - DEPT. OF IOWA
Mailing Address	720 LYON ST. DES MOINES IA City, State, Zip Code 50309-3457
Area Code & Telephone Number	
Email Address (optional)	

Date of Gift, Bequest, or Grant	11-27-06	Amount/Value*	\$ 110.00
*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 - FOR CLIENT USE TO PURCHASE X-MAS. 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:

R. 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.

Rita Messinger
Signature

12-14-06
Date

IOWA 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 _____

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 Glenwood, Iowa 51534
Area Code & Telephone No.	

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	IRIS J. FRANKER
Mailing Address	201 SOUTHMOOR DR. SPENCER, IA City, State, Zip Code 51301
Area Code & Telephone Number	
Email Address (optional)	

Date of Gift, Bequest, or Grant	11-28-06
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.

CHECK TO BE USED FOR CLIENT 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, R. 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

12-14-06
Date

IOWA 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 _____

IA ETHICS
DEC 18 2006

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 Glenwood, Iowa 51534
Area Code & Telephone No.	

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	AM. LEGION AUXILIARY
Mailing Address	1550 380 th St., ROYAL IA City, State, Zip Code 51357
Area Code & Telephone Number	
Email Address (optional)	

Date of Gift, Bequest, or Grant	11-28-06	Amount/Value*	\$ 50.00
*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.

CLIENT USE - ASS'T COLOR BOOKS, CRAYONS, MARKERS
ETC

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:

P. 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.

P. Messinger
Signature

12-14-06
Date

IOWA 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 _____

ETHICS & CAMPAIGN DISCLOSURE BOARD
DEC 18 2006

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 Glenwood, Iowa 51534
Area Code & Telephone No.	

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 - BRINGEWATER
Mailing Address	PO BOX 87, BRINGEWATER IA 50337
Area Code & Telephone Number	
Email Address (optional)	

Date of Gift, Bequest, or Grant	11-28-06	Amount/Value*	\$ 80.00
*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:

MITTENS & BOOTS - CRAFT ITEMS FOR X-MAS DECOR

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, R. 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

12-14-06
Date

IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD

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

FILED
DEC 18 2006



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 Glenwood, Iowa 51534
Area Code & Telephone No.	

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	AM. LEGION AUXILIARY, UNIT 66
Mailing Address	DIST 8 CHARTER OAK IA 51439
Area Code & Telephone Number	
Email Address (optional)	

Date of Gift, Bequest, or Grant	12-4-06	Amount/Value*	\$ 288.95
*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.

1 SWEATER, 1 PR. JEANS, 1 MEN'S SHIRT, 26 SCRAPBOOKS, CRAYONS, GLUE, NOTEBOOKS - FOR CLIENT USE.

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:

R. Resenter 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.

Aita Persinger
Signature

12-14-06
Date

IOWA 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 _____

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 Glenwood, Iowa 51534
Area Code & Telephone No.	

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	MARY JO DAVIS
Mailing Address	56138 230 th St GLENWOOD IA City, State, Zip Code 51534
Area Code & Telephone Number	
Email Address (optional)	

Date of Gift, Bequest, or Grant	12-4-06	Amount/Value*	\$ 275.00
*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.

MENS & WOMENS TOILETRIES: POWDER, COLOGNE, TOOTHBRUSH HOLDERS;
SUN GLASSES, HATS, ASS T SMALL TOYS, GLOVES = CLIENT USE

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:

R. Resinger 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.

Rita Resinger
Signature

12-14-06
Date

IOWA 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 _____

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	Glenwood, Iowa 51534	Zip Code

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	UNIT #120 - AUDUBON, IA 50025	
Area Code & Telephone Number	_____	
Email Address (optional)	_____	

Date of Gift, Bequest, or Grant	12-11-06	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 FOR CLIENT USE AT CANTEN ON CAMPUS

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

12-14-06
Date