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

Reset Form

IA ETHICS & CAMPAIGN DISCLOSURE BOARD
MAR - 9 2006
FILED

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:

Glenwood Resource Center - DHS
Name of Department or Office

711 S. Vine St. — Glenwood, IA 51534
Mailing Address — City, State, Zip Code

712-527-4811
Area Code & Telephone No.

CONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFICE:

Jane Butler
Name

same — same
Mailing Address (if different from above) — City, State, Zip (if different from above)

jbutler@phonet.com — 712-527-2232
Email Address — Area Code & Telephone Number (if different from above)

DONOR OF GIFT, BEQUEST, OR GRANT:

Corporation for National & Community Service
Name

Fed. Bldg., Rm 917, 210 Walnut — Des Moines, IA 50309
Mailing Address — City, State, Zip Code

515-284-4819
Area Code & Telephone Number

Email Address (optional)

July 1, 2005 - June 30, 2006 — $ 211,469.00
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:

Funds to operate Federal volunteer program (Foster Grandparent Program) in southwest Iowa.

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, Jane Butler 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.

Jane Butler
Signature

1/24/2006
Date

Revised 06/05

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

Name of Department or (: Glenwood Resource Center
Mailing Address: 711 South Vine Street
Area Code & Telephone: Glenwood, Iowa 51534
Code:

CONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFICE:

Name: CONNIE BROWN
Mailing Address (if different from above): 711 S. VINE ST, GLENWOOD IA 51534
City, State, Zip (if different from above):
Email Address:
Area Code & Telephone Number (if different from above):

DONOR OF GIFT, BEQUEST, OR GRANT:

Name: ELI LILLY & CO
Mailing Address: WEST DES MOINES IA 50266
City, State, Zip Code:
Area Code & Telephone Number:
Email Address (optional):

Date of Gift, Bequest, or Grant: 1/24/06
Amount/Value*: $ 434.07

*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:

TRAINING SESSION FOR MEDICATION THERAPY
40 BOXED LUNCHES - SANDWICH, CHIPS, PICKLE, SALAD, COOKIE & SODA

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

3-7-06
Date

Revised 06/05

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

Name of Department or: 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: WM. THOMPSON, UNIT 703
Mailing Address: 213 N. MAIN BOX 87
City, State, Zip Code: BRIDGEWATER, IA 50837
Area Code & Telephone Number:
Email Address (optional):

Date of Gift, Bequest, or Grant: 1/30/06
Amount/Value*: $ 27.50

*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:
FROM AMERICAN LEGION AUXILIARY MEMBERS
HANDMADE VALENTINES - 55 COUNT

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

2/3/06
Date

Revised 06/05

IA ETHICS & CAMPAIGN DISCLOSURE BOARD
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DEPARTMENT OR OFFICE RECEIVING THE GIFT, BEQUEST, OR GRANT:

Name of Department or (
Mailing Address
Area Code & Telephone

Glenwood Resource Center
711 South Vine Street
Glenwood, Iowa 51534

Code

CONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFICE:

Name: DOUG WISE, TPA
Mailing Address (if different from above): 711 S. VINE ST
City, State, Zip (if different from above): GLENWOOD IA 51534
Email Address
Area Code & Telephone Number (if different from above)

DONOR OF GIFT, BEQUEST, OR GRANT:

Name: KAY SKIDMORE
Mailing Address: 5723 N 50 ST
City, State, Zip Code: OMAHA NE 68134
Area Code & Telephone Number
Email Address (optional)

Date of Gift, Bequest, or Grant: 1/30/06
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:

19" BE TV - FOR CLIENT ENJOYMENT

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.

Signature: Ruth Messinger
Date: 3-7-06

Revised 06/05

IA ETHICS & CAMPAIGN DISCLOSURE BOARD
MAR - 9 2006
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Gift, Bequest, or Grant information received by a department or accepted by the Governor on behalf of the state

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

Name of Department or (
Mailing Address
Area Code & Telephone

Glenwood Resource Center
711 South Vine Street
Glenwood, Iowa 51534

Code

CONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFICE:

Name: MAX MUPP
Mailing Address (if different from above): 711 S. VINE ST
City, State, Zip (if different from above): GLENWOOD IA 51534
Email Address
Area Code & Telephone Number (if different from above)

DONOR OF GIFT, BEQUEST, OR GRANT:

Name: ON WITH LIFE
Mailing Address: 714 LACEY, SUITE 100
City, State, Zip Code: GLENWOOD IA 51534
Area Code & Telephone Number
Email Address (optional)

Date of Gift, Bequest, or Grant: 2/7/06
Amount/Value*: $350.00

*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:

SEVEN USED BEDS - 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:

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

3-7-06
Date

Revised 06/05

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

Name of Department or (
Mailing Address
Area Code & Telephone

Glenwood Resource Center
711 South Vine Street
Glenwood, Iowa 51534

Code

CONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFICE:

LEN NILAND
Name
711 S. VINE ST. GLENWOOD, IA 51534
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:

AM. LEGION AUXILIARY
Name
CHARTER OAK, IA 51439
Mailing Address — City, State, Zip Code
Area Code & Telephone Number
Email Address (optional)

2/27/06 — Date of Gift, Bequest, or Grant
$ 145.00 — 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:

CLIENT USE
SCRAPBOOKS, CLOTHING, USED GREETING CARDS, CRAYONS, LOTION

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

3-7-06
Date

Revised 06/05

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

Independence Mental Health Institute
Name of Department or Office
Business Office
Mailing Address: 2277 Iowa Ave
City, State, Zip Code: 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

March 9, 2006
Date

IA ETHICS & CAMPAIGN DISCLOSURE BOARD
MAR - 9 2006
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DONATIONS
MHI INDEPENDENCE
FEBRUARY 2006
FY 06

REF	DATE	FND	SOURCE	PURPOSE	DEPOSITS	WITHDR.
				BEGINNIG BALANCE	$19,689.98	
672820	02/01/06	UPF	D.M. BROKMAN	PATIENT'S USE	$15.00	$0.00
672821	02/02/06	ADOL	MARTY SORG	CHRISTMAS	$180.00	$0.00
10028	02/02/06	UPF	CARLETTE PAULSON	WARD EQUIPMENT	$0.00	$159.45
10029	02/02/06	SFV	MHI DIETARY DEPT.	FRUIT FOR WARDS	$0.00	$324.80
672824	02/03/06	UPF	INGRID BOLLER	WOMEN'S WARD USE	$200.00	$0.00
672825	02/07/06	UPF	ST. JOHN CATHOLIC CHURCH	PATIENT'S USE	$831.83	$0.00
10032	02/07/06	SFV	BECKY VAN DAELE	VETERAN'S PARTY	$0.00	$20.00
10034	02/07/06	UPF	CAPITOL VENDING	CANTEEN BOOKS	$0.00	$35.00
10035	02/07/06	SFV	CAPITOL VENDING	CANTEEN BOOKS	$0.00	$14.00
672826	02/08/06	SFV	AMVETS AUX., EVANSDALE	CANTEEN BOOKS	$50.00	$0.00
10036	02/08/06	UPF	CARLETTE PAULSON	WARD EQUIPMENT	$0.00	$121.18
10039	02/09/06	UPF	WAL-MART COMMUNITY	PATIENT LIBRARY	$0.00	$190.61
10040	02/14/06	FDF	STANLEY FIRE DEPT	EQUIPMENT	$0.00	$25.00
10041	02/16/06	WSF	U.S POST OFFICE	CONFERENCE	$0.00	$19.50
10042	02/21/06	SFV	INDEPENDENCE FOOD BANK	TREATS FOR WARDS	$0.00	$33.12
672828	02/22/06	SFV	AMVETS AUX., EVANSDALE	FRUIT FOR WARDS	$50.00	$0.00
672831	02/24/06	SFV	AM. LEGION AUX., MANCHESTER	CANDY FAVORS	$20.00	$0.00
10043	02/27/06	UPF	CAPITOL VENDING	CANTEEN BOOKS	$0.00	$40.00
				TOTAL	$1,346.83	$982.86
				ENDING BALANCE		$20,053.95

03/09/2006 10:58 334-5205 MHI INDEP PURCHASING PAGE 05/06

CONTRIBUTIONS REPORT

Institution/Bureau Independence Mental Health

Region _____ County Buchanan

February 2006
Month/Year

Name of person completing report Becky Van Daele Title Volunteer Coordinator

DATE	CONTRIBUTOR (Name & Address if Available)	Contribution	$ Value	Check type Cash	In-Kind	Purpose – If Specified
2/8/06	Loraine Atkins 625 River Forest Rd. Evansdale, Iowa 50707	Cookies and containers	37.00		X	Patients Use
2/8/06	Dixie Madsen 1013 Ellen St. Cedar Falls, Iowa 50613	Valentine card	1.50		X	For a Patient
2/8/06	Curtis Salow 317 4th Ave. S.E. Independence. Iowa 50644	6 mini pies	6.00		X	Patients Use
2/11/06	Loraine Atkins 625 River Forest Rd. Evansdale, Iowa 50707	Vacuum Cleaner	109.99		X	For Creative Arts
2/14/06	Laura Van Daele 1374 Benson Ave. Fairbank, Iowa 50629	Cookies	32.00		X	Patients Use

Total value of this page: $ 186.49

Total value of pages 1 thru 2 : $ 1739.43

IA ETHICS & CAMPAIGN DISCLOSURE BOARD
MAR - 9 2006
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CONTRIBUTIONS REPORT

Institution/Bureau Independence Mental Health

Region _____ County Buchanan

February 2006
Month/Year

Name of person completing report Becky Van Daele Title Volunteer Coordinatoar

DATE	CONTRIBUTOR (Name & Address if Available)	Contribution	$ Value	Check type Cash	In-Kind	Purpose – If Specified
2/14/06	Brandon United Methodist Church Brandon, Iowa 52210	Prizes, caps and mittens	53.00		X	Patients Use
2/21/06	Barb Roberson MHI Staff	Valentine Prizes	48.11		x	Patients Use
2/24/06	Florence Logan 3005 8th St, Manchester, Iowa 52057	Tray favors and Scholl bags	105.00		x	Patients Use
Please see attached sheet for itemized listing of cash			1346.83			

Total value of this page: $ 1552.94

Total value of pages 1 thru 2: $ 1739.43

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