

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  
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: UNKNOWN  
Mailing Address: \_\_\_\_\_ City, State, Zip Code: \_\_\_\_\_  
Area Code & Telephone Number: \_\_\_\_\_  
Email Address (optional): \_\_\_\_\_

Date of Gift, Bequest, or Grant: 3/21/06  
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:

AN OLDER COUPLE DROPPED OFF 4 BOXES OF USED CLOTHING FOR CLIENT USE

Criteria to use this form:

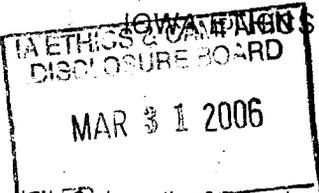
Receipt of any gift, bequest, or grant that is received by any department of the state or received by the Governor on behalf of the state.

Statement of Affirmation:

I, Luth 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.

Luth Messinger  
Signature

3/28/06  
Date



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Name of Department or Office: Glenwood Resource Center  
Mailing Address: 711 South Vine Street  
Area Code & Telephone: Glenwood, Iowa 51534  
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: BASS PRO SHOP "REEL TRADE-IN  
MULTIPLE DONORS EVENT"  
Mailing Address: COUNCIL BLUFFS IA 51534  
Area Code & Telephone Number: \_\_\_\_\_  
Email Address (optional): \_\_\_\_\_

Date of Gift, Bequest, or Grant: 3/19/06  
Amount/Value\* Approx.: \$ 600.00  
\*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: BASS PRO SHOP GAVE CUSTOMERS \$10 COUPONS FOR OLD EQUIP - BASS PRO SHOP GAVE GR. APPROX 100 OLD RODS FOR CLIENT USE (USED FISHING RODS)

Criteria to use this form:

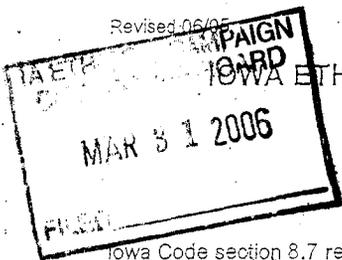
Receipt of any gift, bequest, or grant that is received by any department of the state or received by the Governor on behalf of the state.

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: 3/28/06



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Mailing Address: 711 South Vine Street  
Area Code & Telephone: Glenwood, Iowa 51534  
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: DEANNA GORMAN  
Mailing Address: BOL 186  
City, State, Zip Code: SILVER CITY IA 51571  
Area Code & Telephone Number: \_\_\_\_\_  
Email Address (optional): \_\_\_\_\_

Date of Gift, Bequest, or Grant: 3/28/06  
Amount/Value\*: \$ 5.00  
\*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:

GENERAL DONATION - CLIENT / CAMPUS 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.

Signature: Ruth Messinger

Date: 3/28/06