Revised 06/05

MAY - 1 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 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 (: 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: TERRI L. JOHNS
Mailing Address: 24 ASPEN CT
City, State, Zip Code: COUNCIL BLUFFS, IA 51503-8443
Area Code & Telephone Number:
Email Address (optional):

Date of Gift, Bequest, or Grant: 4-2-06
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:

IN MEMORY OF DECEASED CLIENT

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.

Ruth Messinger
Signature

4/27/06
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
Glenwood, Iowa 51534
Code
Area Code & Telephone

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:

BRISTOL-MYERS SQUIBB CO.
Name
5920 S. 88th ST. LINCOLN, NE
Mailing Address
City, State, Zip Code 68526
Area Code & Telephone Number
Email Address (optional)

4-6-06
Date of Gift, Bequest, or Grant
$ 345.29
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:

PER ETS STAFF:
LUNCHEON PROVIDED TO STAFF / PHARMACEUTICAL CONFERENCE

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.

Lisa Messinger
Signature

4-27-06
Date

Revised 06/05

MAY - 1 2006

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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
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:

TERESA A. OSBAHR
Name
2325 S. 13th St. - COUNCIL BLUFFS, IA
Mailing Address
City, State, Zip Code
51501-7414
Area Code & Telephone Number
Email Address (optional)

4-11-06
Date of Gift, Bequest, or Grant

$ 200.00
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:

IN MEMORY OF DECEASED CLIENT

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.

Ruth Messenger
Signature

4-27-06
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:

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:

UNKNOWN DONOR
Name
Mailing Address
City, State, Zip Code
Area Code & Telephone Number
Email Address (optional)

4-11-06
Date of Gift, Bequest, or Grant

$50.00 APPROX
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:

PER STOREKEEPER STAFF:
USED CLOTHING DROPPED OFF AT CLOTHING CENTER

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.

Ruth Messenger
Signature

4-27-06
Date

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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
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:

IWCC STUDENT GROUP
Name
UNKNOWN
Mailing Address
City, State, Zip Code
Area Code & Telephone Number
Email Address (optional)

4-26-06
Date of Gift, Bequest, or Grant
$ 200.00 APPROX.
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:

PER SOCIAL SERVICES STAFF:
SOCCER, FOOTBALL & BASKET BALLS, TACKLE BOX ITEMS, 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:

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Ruth Messinger
Signature

4-27-06
Date