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

MAY - 3 2006

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:

Mental Health Institute
Name of Department or Office

Business Office
Mailing Address

City, State, Zip Code
2277 Iowa Ave., Independence, Iowa 50644

319-334-2583
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

May 3, 2006
Date

DONATIONS
MHI INDEPENDENCE
APRIL 2006
FY 06

REF	DATE	FND	SOURCE	PURPOSE	DEPOSITS	WITHDR.
				BEGINNIG BALANCE	$19,933.85	
10060	04/03/06	WSF	JAGUAR EDUCATIONAL	EDUCATIONAL MATERIALS	$0.00	$218.12
672860	04/04/06	UPF	LINDA WALTHART	PATIENT'S USE	$5.00	$0.00
672861	04/10/06	WSF	CARLA MERTENS	CONFERENCE	$30.00	$0.00
672862	04/10/06	WSF	ROBIN SHELBY	CONFERENCE	$30.00	$0.00
672863	04/10/06	WSF	TRUDY PETERSON	CONFERENCE	$30.00	$0.00
672864	04/10/06	WSF	RACHEL HANCOCK	CONFERENCE	$30.00	$0.00
672865	04/10/06	WSF	JUDY WALLACE	CONFERENCE	$30.00	$0.00
672866	04/10/06	WSF	EMILY KERR	CONFERENCE	$30.00	$0.00
672867	04/10/06	WSF	CERRO GORDO COUNTY	CONFERENCE	$30.00	$0.00
672868	04/10/06	WSF	CEDAR COUNTY	CONFERENCE	$30.00	$0.00
10061	04/11/06	UPF	WAL-MART COMMUNITY	PATIENT LIBRARY	$0.00	$43.64
672869	04/12/06	WSF	DIANNE KLEIN	CONFERENCE	$30.00	$0.00
672870	04/12/06	WSF	GRETCHEN TRIPOLINO	CONFERENCE	$30.00	$0.00
672871	04/12/06	WSF	CARLETTE PAULSON	CONFERENCE	$30.00	$0.00
672872	04/12/06	WSF	SUE WOODS	CONFERENCE	$30.00	$0.00
672873	04/12/06	WSF	HORIZONS	CONFERENCE	$30.00	$0.00
10062	04/12/06	SFV	OFFICE TOWNE, INC.	EQUIPMENT	$0.00	$299.96
10063	04/14/06	WSF	MHI DIETARY DEPT.	CONFERENCE	$0.00	$33.46
10064	04/17/06	SFV	WAL-MART COMMUNITY	WARD EQUIPMENT	$0.00	$189.37
10065	04/17/06	SFV	INDEPENDENCE AREA FOOD BANK	TREATS FOR WARDS	$0.00	$66.30
672874	04/19/06	CCUR	UNITED METHODIST CHURCH, ROWLEY	EASTER/PATIENT'S USE	$70.00	$0.00
10066	04/20/06	WSF	BL. HAWK-GRUNDY MENTAL HEALTH CENTER	CONFERENCE	$0.00	$500.00
10068	04/21/06	WSF	CAROL COFFLAND	CONFERENCE REIMBURSEMENT	$0.00	$30.00
10069	04/21/06	UPF	CAPITOL VENDING	CANTEEN BOOKS	$0.00	$40.00
10070	04/25/06	SFV	WAL-MART COMMUNITY	VOLUNTEER RECOGNITION DAY	$0.00	$13.21
10071	04/26/06	SFV	SHERYL STANFORD	MUSEUM-PATIENT EDUCATION	$0.00	$38.00
				TOTAL	$465.00	$1,472.06
				ENDING TOTAL		$18,926.79

CONTRIBUTIONS REPORT

Institution/Bureau Independence Mental Health

Region _____ County Buchanan

April 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
4/5/06	Laura van Daele 1374 Benson Ave. Fairbank, Iowa 50629	Tray favors and cookies	43.00		X	Patients Use
4/11/06	Brenda Hamlin 417 3rd St. S.W. Mason City, Iowa 50401	Tray Favors	25.00		X	Patients Use
4/12/06	Adelle Williams 921 3rd Ave. S.W. Oelwein, Iowa 50662	Clothes and misc.	100.00		X	Patients Use
4/12/06	Loraine Atkins 625 River Forest Rd. Evansdale, Iowa 50707	Ice Cream Bars, Cookies and Quarters for Party	54.00		X	Patients Use
Please see attached sheet for itemized listing of cash			465.00			

Total value of this page: $ 687.00

Total value of pages 1 $687.00