

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 | FATHEAD.COM |
| Mailing Address | 3357 H SOUTH PARK PLACE Grove City, OH 43123 |
| Area Code & Telephone Number | |
| Email Address (optional) | |

| | | | |
|--|--------|---------------|-------------------|
| Date of Gift, Bequest, or Grant | 9-1-06 | Amount/Value* | \$ 2400.00 APPROX |
| *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:

MISC. WALL MURALS TO DECORATE HOMES OF CLIENTS

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.

Ruth Messinger
Signature

10-5-06
Date

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|------------------------------|---|
| 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 | BILL & REXANNA SALMONS | |
| Mailing Address | BOX 654 MALVERN IA 51534 | |
| Area Code & Telephone Number | | |
| Email Address (optional) | | |

| | | | |
|---------------------------------|---------|---------------|----------|
| Date of Gift, Bequest, or Grant | 9-13-06 | Amount/Value* | \$ 50.00 |
| | | | Approp |

*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 WHEELCHAIR FOR CLIENT USE

Criteria to use this form:

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Statement of Affirmation:

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Ruth Messinger
Signature

10-5-06
Date

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| | |
|------------------------------|---|
| 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 | SUBWAY - GREG KINSLEY MGR. | |
| Mailing Address | 948 S. LOCUST GLENWOOD IA 51534 | |
| Area Code & Telephone Number | | |
| Email Address (optional) | | |

| | | | |
|--|---------|---------------|----------|
| Date of Gift, Bequest, or Grant | 9-14-06 | 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:

GIFT CERTIFICATES FOR CLIENT USE

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Statement of Affirmation:

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Ruth Messinger
Signature

10-5-06
Date

CAMPAIGN
RE BOARD

10/9/06

NON-PROFIT
INDEPENDENCE MHI
SEPTEMBER 2006
FY 07

| REF | DATE | FND | SOURCE | PURPOSE | DEPOSITS | WITHDR. |
|--------|----------|------|-----------------------------------|-----------------------|-------------|-------------|
| | | | | BEGINNIG BALANCE | \$20,194.30 | |
| 101022 | 09/01/06 | SFV | FAREWAY | SPORTS DAY | \$0.00 | \$114.74 |
| 101023 | 09/01/06 | UPF | WAL-MART COMMUNITY | PATIENT'S USE | \$0.00 | \$116.34 |
| 9856 | 09/05/06 | SFV | AMERICAN LEG. AUX., NORTHWOOD | PARTIES FOR PATIENTS | \$20.00 | \$0.00 |
| 101024 | 09/08/06 | SFV | CAPITOL VENDING | SPORTS DAY | \$0.00 | \$100.00 |
| 101025 | 09/12/06 | SFV | BECKY VAN DAELE | VETERAN'S PARTY | \$0.00 | \$20.00 |
| 9858 | 09/13/06 | SFV | AMERICAN LEGION, INDEPENDENCE | VETERAN'S USE | \$50.00 | \$0.00 |
| 9859 | 09/13/06 | UPF | AMVETS AUX., EVANSDALE | CLOTHING FOR PATIENTS | \$150.00 | \$0.00 |
| 9860 | 09/19/06 | SFV | AMERICAN LEG/ AUX., FAIRBANK | VETERAN'S USE | \$50.00 | \$0.00 |
| 9861 | 09/19/06 | SFV | AMERICAN LEG., MAYNARD | VETERAN'S USE | \$25.00 | \$0.00 |
| 9862 | 09/19/06 | SFV | AMERICAN LEG, WESTGATE | VETERAN'S USE | \$25.00 | \$0.00 |
| 9863 | 09/19/06 | CCUG | CEDAR VALLEY MENS GARDEN CLUB | GARDEN | \$25.00 | \$0.00 |
| 9864 | 09/19/06 | CCUG | DEBBIE DENTON | GARDEN | \$10.00 | \$0.00 |
| 101026 | 09/19/06 | SFV | INDEPENDENCE FOOD BANK | TREATS FOR WARDS | \$0.00 | \$20.16 |
| 101027 | 09/19/06 | UPF | WAL-MART COMMUNITY | WARD EQUIPMENT | \$0.00 | \$79.22 |
| 9865 | 09/21/06 | SFV | AMERICAN LEGION, ARLINGTON | VETERAN'S USE | \$25.00 | \$0.00 |
| 9866 | 09/21/06 | SFV | AMERICAN LEGION, CRESCO | VETERAN'S USE | \$25.00 | \$0.00 |
| 9867 | 09/22/06 | SFV | AMERICAN LEGION AUX., LIME SPRING | VETERAN'S USE | \$25.00 | \$0.00 |
| 101028 | 09/26/06 | UPF | CAPITOL VENDING | CANTEEN BOOKS | \$0.00 | \$45.00 |
| 101029 | 09/26/06 | SFV | CAPITOL VENDING | CANTEEN BOOKS | \$0.00 | \$2.00 |
| | | | | TOTAL | \$430.00 | \$497.46 |
| | | | | ENDING BALANCE | | \$20,126.84 |

Monthly Volunteer Report for:
For month of:

| | |
|--|---|
| Independence Mental Health Institute, Independence, Iowa 50644 | |
| September | use this from for monthly reporting |
| 2006 | submit report monthly (by end of following month) |
| 1. # of Individuals registered as DHS Volunteers | 70 |
| 2. # of Groups registered as DHS Volunteer Groups | 9 |

to Sandy Knudsen RBA division
sknudse@dhs.state.ia.us

| | 3. Total # Volunteers Active This Month | 4. Total # Hours Active This Month | 5. Cumulative Hours to Date | 6. # Clients Served – Adults 18 to 59 | 7. # Clients Served – Adults 60 or older | 8. # Clients Served – Children 0 to 17* |
|--|---|------------------------------------|-----------------------------|---------------------------------------|--|---|
| a. Individual Volunteers - providing direct Service to clients/residents | 0 | 0 | 30 | | | |
| b. Individual Volunteers – providing Indirect Service, i.e., clerical assistance, etc. | 3 | 72 | 205 | | | |
| c. Individuals in Groups Direct Service to clients/residents | 12 | 91 | 361 | | | |
| d. Individuals in Groups indirect Service i.e., clerical assistance, etc. | 0 | 0 | 0 | | | |
| e. Stipend Volunteers (i.e., Foster Grandparents, Promise Jobs, Green Thumb, etc.) | 15 | 42 | 140 | | | |
| TOTAL | 30 | 205 | 736 | 47 | 0 | 89 |

* new federal reporting requirement

Report completed by: Becky Van Daele, Volunteer Coordinator

CONTRIBUTIONS REPORT

Institution/Bureau Independence Mental Health

Region _____ County Buchanan

September 2006
Month/Year

Name of person completing report Becky Van Daele Title Volunteer Coordinator

| DATE | CONTRIBUTOR (Name & Address if Available) | Contribution | \$ Value | Check type | | Purpose - If Specified |
|-----------|---|-----------------------|----------|------------|---------|------------------------|
| | | | | Cash | In-Kind | |
| 9/7/2006 | Ruth Diemer 207 E. RR St, Box236 Fredericksburg, Iowa 50630 | Carpets rags and misc | 62.30 | | X | Creative Art |
| 9/12/2006 | Laura Van Daele 1374 Benson Ave. Fairbank, Iowa 50629 | Cookies | 58.00 | | X | Patients Use |
| 9/13/2006 | Loraine Atkins 625 River Forest Rd. Evansdale, Iowa 50707 | Cookies | 30.00 | | X | Patients Use |
| 9/19/2006 | Loraine Hayes 1616 1 st St. E. Independence, Iowa 50644 | Clothing | 400.00 | | X | Patients Use |
| 9/2006 | Please see attached sheet for itemized listing of cash | | 430.00 | | | |

Total value of this page: \$ 980.30

Total value of pages 1 thru 1: \$ 980.30