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

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 O
Mailing Address
Area Code & Telephone N

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:

AM. LEGION AUXILIARY
Name
103 N CO RD TOLEDO IA 52342
Mailing Address City, State, Zip Code
Area Code & Telephone Number
Email Address (optional)

1-26-07 $0.00
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:

CARD FRONTS FOR CRAFT USE WITH 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:

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.

Signature

2-14-07
Date

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

Name of Departme: Glenwood Resource Center
Mailing Address: 711 South Vine Street
Area Code & Telep: Glenwood, Iowa 51534
e, 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: AM. LEGION AUXILIARY
Mailing Address: BRIDGEWATER, IA 50837
City, State, Zip Code
Area Code & Telephone Number
Email Address (optional)

Date of Gift, Bequest, or Grant: 1-31-07
Amount/Value*: $31.50

*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:

HOME MADE VALENTINES FOR 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:

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.

Signature: Luck Messinger
Date: 2-14-07

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

Name of Department or Mailing Address: Glenwood Resource Center
711 South Vine Street
Glenwood, Iowa 51534

Area Code & Telephone

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: CONAGRA FOODS

Mailing Address: 5 CONAGRA DRIVE

City, State, Zip Code: OMAHA, NE 68102

Area Code & Telephone Number

Email Address (optional)

Date of Gift, Bequest, or Grant: 1-30-07

Amount/Value*: $ 30.00

*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:

CANVAS LAWN CHAIR, 3 MICROWAVE DISHES TO FNS

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.

Signature

2-14-07
Date

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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 No.: 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: CANTWO FOOD BROKERAGE
Mailing Address: 101 W. MAIN, WEST BRANCH, IA
City, State, Zip Code: 52358
Area Code & Telephone Number
Email Address (optional)

Date of Gift, Bequest, or Grant: 1-30-07
Amount/Value*: $ -0-

*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:

NUTRITIONAL INFORMATION FLYERS TO FNS

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.

Signature: Ruth Messinger
Date: 2-14-07

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

Name of Department or Offic: Glenwood Resource Center
Mailing Address: 711 South Vine Street
Area Code & Telephone No.: Glenwood, Iowa 51534
de

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: BARRY HILLER
Mailing Address: 1003 VALLEYWAY DR.
City, State, Zip Code: GLENWOOD IA 51534
Area Code & Telephone Number
Email Address (optional)

Date of Gift, Bequest, or Grant: 2-9-07
Amount/Value*: $ 14.99

*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:

US FLAG FOR CLIENTS IN HSE 248

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

2-14-07
Date