

IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD
510 EAST 12TH, 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:

Iowa Juvenile Home
Name of Department or Office
101 S. Church St. Toledo, IA 52342
Mailing Address City, State, Zip Code
641/484-2560
Area Code & Telephone No.

CONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFICE:

Deb Hanus
Name
DHanus@dhs.state.ia.us City, State, Zip (if different from above)
Email Address Area Code & Telephone Number (if different from above)

DONOR OF GIFT, BEQUEST, OR GRANT:

Nancy Purk
Name
405 N. East St. Toledo, IA 52342
Mailing Address City, State, Zip Code
641.484.5073
Area Code & Telephone Number
Email Address (optional)

03/16/07 \$ 75
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:
To be used for activities for youth.
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, Deb Hanus 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.

Deb Hanus
Signature

03/22/07
Date

IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD
MAR 23 2007
3 2007
FILED

ETHICS AND CAMPAIGN DISCLOSURE BOARD

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Reset Form

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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, Glenwood, Iowa 51534
Area Code & Telephone No: 712-527-4811

CONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFICE:

Name: CONNIE BROWN
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: ABBOTT LABORATORIES, INC
Mailing Address: ABBOTT PARK, IL 60064
City, State, Zip Code:
Area Code & Telephone Number:
Email Address (optional):

Date of Gift, Bequest, or Grant: 3-7-07
Amount/Value*: \$ 147,69
*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:

LUNCHEON FOR 50 - EDUCATIONAL PROGRAM

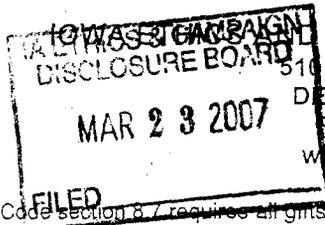
Criteria to use this form:
Receipt of any gift, bequest, or grant that is received by any department of the state or received by the Governor on behalf of the state.

Statement of Affirmation:

I, LUTZ 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.

Lutz Messinger
Signature

3-21-07
Date



CAMPAIGN DISCLOSURE BOARD

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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, Glenwood, Iowa 51534
Area Code & Telephone No: 712-527-4811

CONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFICE:

Name: CONNIE BROWN
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: BRISTOL-MYERS SQUIBB CO.
Mailing Address: 5920 S. 8TH ST. LINCOLN, NE
City, State, Zip Code: 68526
Area Code & Telephone Number:
Email Address (optional):

Date of Gift, Bequest, or Grant: 3-8-07
Amount/Value*: \$142.09
*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:

LUNCHEON FOR 50-EDUCATIONAL PROGRAM

Criteria to use this form:

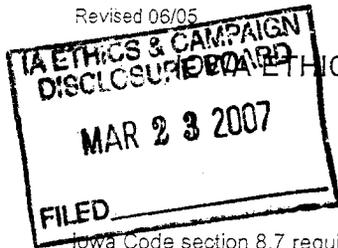
Receipt of any gift, bequest, or grant that is received by any department of the state or received by the Governor on behalf of the state.

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: 3-21-07



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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 712-527-4811

CONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFICE:

Name: CONNIE BROWN
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: ASTRAZENECA LP
Mailing Address: 14560 WOODCREST DR. City, State, Zip Code: CUIVE, IA 50325
Area Code & Telephone Number
Email Address (optional)

3-14-07 \$214.50
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:

LUNCHEON FOR 75- EDUCATIONAL PROGRAM

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, LUTZ 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.

Lutz Messinger
Signature

3-21-07
Date

IA ETHICS & CAMPAIGN DISCLOSURE BOARD
MAR 23 2007
FILED

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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	ip Code
Area Code & Telephone	712-537-4811	

CONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFICE:

CONNIE BROWN	
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:

UCB PHARMA, INC	
Name	
Mailing Address	City, State, Zip Code
1950 LAKE PARK DRIVE	
SMYRNA, GA 30080	
Area Code & Telephone Number	
Email Address (optional)	

3-19-07	\$ 71.42
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:

LUNCHEON FOR 50-EDUCATIONAL PROGRAM

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

3-21-07
 Date