Revised 06/05

APR 23 2007
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:

Mental Health Institute
Name of Department or Office

1200 E. Washington — Mt. Pleasant, Iowa. 52641
Mailing Address — City, State, Zip Code

(319) 385-7231
Area Code & Telephone No.

CONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFICE:

Nathan Beattie
Name

Mailing Address (if different from above) — City, State, Zip (if different from above)

nathanbeattie@iowa.gov — Ext. 2371
Email Address — Area Code & Telephone Number (if different from above)

DONOR OF GIFT, BEQUEST, OR GRANT:

V.F.W. Aux.
Name

806 E. Monroe, M.E. Pleasant, Ia, 52641
Mailing Address — City, State, Zip Code

(319) 385-2337
Area Code & Telephone Number

Email Address (optional)

4/3/07 — $ 25.00
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:

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, Nathan Beattie 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.

Nathan Beattie — 4/18/07
Signature — Date

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

APR 23 2007

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

1200 E. Washington — Mt. Pleasant, Iowa. 52641
Mailing Address — City, State, Zip Code

(319) 385-7231
Area Code & Telephone No.

CONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFICE:

Nathan Beattie
Name

Mailing Address (if different from above) — City, State, Zip (if different from above)

nathanbeattie@iowa.gov — Ext. 2371
Email Address — Area Code & Telephone Number (if different from above)

DONOR OF GIFT, BEQUEST, OR GRANT:

WalMart
Name

1501 Mapleleaf Dr. — Mt Pleasant, Ia 52641
Mailing Address — City, State, Zip Code

(319) 385-4600
Area Code & Telephone Number

Email Address (optional)

4/4/07 — $ 25.00
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:

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, Nathan Beattie 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.

Nathan Beattie — 4/18/07
Signature — Date

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

IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD
FILED
APR 23 2007

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
Glenwood, Iowa 51534
Zip 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:

Name: LOESS HILLS AREA ED.
Mailing Address: 212 INDEPENDENCE ST.
City, State, Zip Code: GLENWOOD IA 51534
Area Code & Telephone Number:
Email Address (optional):

Date of Gift, Bequest, or Grant: 3-22-07
Amount/Value*: $ 19.99

*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:

BOOK – "CASEY AND THE BAT" – FOR CLIENT USE

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:

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.

Ruth Messinger
Signature

3-22-07
Date

Revised 06/05

IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD

510 EAST 12TH, SUITE 1A
DES MOINES, IA 50319
Fax: (515)281-3701
:wa.gov/ethics

Reset Form

APR 23 2007

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 o: Glenwood Resource Center
Mailing Address: 711 South Vine Street
Area Code & Telephon: Glenwood, Iowa 51534
ip 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: JEAN LARSEN / FIRST BAPTIST
Mailing Address: 2338-150TH
City, State, Zip Code: KIRKMON IA 51447
Area Code & Telephone Number
Email Address (optional)

Date of Gift, Bequest, or Grant: 4-1-07
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:

ASSORTED BLANKETS & SWEATERS - FOR CLIENT USE

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.

Ruth Messinger
Signature

4-1-07
Date

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 _____

APR 2 8 2007

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
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: HARRIET NICHOLSON
Mailing Address: 405 SE DELAWARE DRIVE #204
City, State, Zip Code: ANKENY, IA 50021
Area Code & Telephone Number:
Email Address (optional):

Date of Gift, Bequest, or Grant: 4-4-07
Amount/Value*: $502.00

*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:
ITEMS FROM DECEASED DAUGHTER - BEDROOM FURNITURE, ELECTRONICS, ROOM ACCESSORIES - TO BE SHARED AMONG 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 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.

Ruth Messinger
Signature

4-4-07
Date

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

APR 23 2007

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
Zip Code:

CONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFICE:

Name: Timothy J. Morgan M.D.
Mailing Address (if different from above): 711 S. Vine St.
City, State, Zip (if different from above): Glenwood IA 5153
Email Address:
Area Code & Telephone Number (if different from above): 712-525-1420

DONOR OF GIFT, BEQUEST, OR GRANT:

Name: Maureen Townsend - Eli Lilly
Mailing Address: 15307 Horton Ave
City, State, Zip Code: Urbandale, IA 50323
Area Code & Telephone Number: (515) 975-8518
Email Address (optional):

Date of Gift, Bequest, or Grant: 4/10/07
Amount/Value*: $ 9.00

*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:
Talk provided to Providers and Medical Staff.
Lunch Provided during talk.

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, Tim Morgan 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: Timothy J. Morgan M.D.
Date: 4-10-07

Revised 06/05

APR 23 2007

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
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: AMERICAN LEGION AUXILIARY
Mailing Address: UNIT 240-DIST 7
City, State, Zip Code: SHELBY, IA 51570
Area Code & Telephone Number:
Email Address (optional):

Date of Gift, Bequest, or Grant: 4-16-07
Amount/Value*: $ 10.00

*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:

CASH DONATION FOR YOUTH ACTIVITIES

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:

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.

Ruth Messinger
Signature

4-16-07
Date

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

APR 23 2007

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
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: GLENWOOD STATE BANK
Mailing Address: 32 N. WALNUT
City, State, Zip Code: GLENWOOD IA 51534
Area Code & Telephone Number:
Email Address (optional):

Date of Gift, Bequest, or Grant: 4-17-07
Amount/Value*: $15.00

*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:

PENS, NOTEPADS, SPONGES - HAND OUTS FOR ADMIN ASST. DAY

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.

Ruth Messinger
Signature

4-17-07
Date

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

APR 23 2007

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 & Telephon: Glenwood, Iowa 51534
ip 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: Jackie Curtin
Mailing Address: 61824 Mahaffey Rd
City, State, Zip Code: Glenwood, IA 51534
Area Code & Telephone Number: 712 527-3031
Email Address (optional)

Date of Gift, Bequest, or Grant: 4-17-07
Amount/Value*: $ 10.00

*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:
Tray, small shelves & picture easel
table runner

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, Jackie Curtin 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.

Jackie Curtin
Signature

4-17-07
Date

Revised 06/05

APR 23 2007

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
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: SWI MEDICAL EQUIPMENT
Mailing Address: 102 S. VINE ST
City, State, Zip Code: GLENWOOD IA 51534
Area Code & Telephone Number
Email Address (optional)

Date of Gift, Bequest, or Grant: 4-19-07
Amount/Value*: $ 5.00

*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:

BANDAID DISPENSER SAMPLE HANDOUTS - ADMIN ASST DAY

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, Beth 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.

Beth Messinger
Signature

4-19-07
Date