

Revised 06/05

IA ETHICS AND
CAMPAIGN DISCLOSURE BOARD

2007 JUN 25 AM 9:04

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:

Mental Health Institute
Name of Department or Office
1200 E. Washington Mt. Pleasant, Iowa 52641
Mailing Address City, State, Zip Code
(319) 385-7251
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)

6/6/07 \$ 2500
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:

For client + patient 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:

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
Signature

6/20/07
Date

IA ETHICS AND CAMPAIGN DISCLOSURE BOARD

IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD

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Reset Form

2007 JUN 11 PM 2:27

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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

CONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFICE:

Name, Mailing Address, City, State, Zip, Email Address, Area Code & Telephone Number

DONOR OF GIFT, BEQUEST, OR GRANT:

Name: THE UNIVERSITY OF IOWA, 202 PC, IA CITY, IA 52242-2500

Date of Gift, Bequest, or Grant: 5-25-07, Amount/Value*: \$5828.84

*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: WAIVER PROGRAM: TRANSITION EXPENSES

Statement of Affirmation:

I, Ruth Messenger, 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 Messenger

Date: 6-8-07

Revised 06/05
 IA ETHICS AND
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 2007 JUN -8 AM 8:40

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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

nathanbeattie@iowa.gov Ext. 7371
 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:

American Legion Aux. Unit 584
 Name Wilton

Wilton Ia 52778
 Mailing Address City, State, Zip Code

Area Code & Telephone Number

Email Address (optional)

5/21/07 \$1000
 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:

Cash for Volunteer Fund

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
 Signature

6/6/07
 Date

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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

nathanbeattie@iowa.gov Ext. 2371
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:

American Legion Aux Unit 509
Name

West Liberty IA 52776
Mailing Address City, State, Zip Code

Area Code & Telephone Number

Email Address (optional)

5/24/07 \$ 1000
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:

Cash for Volunteer fund

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
Signature

6/6/07
Date

Revised 06/05
IA ETHICS AND
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2007 JUN -8 AM 8:41

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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
nathanbeattie@iowa.gov
Mailing Address (if different from above) Email Address
Ext. 2371
City, State, Zip (if different from above) Area Code & Telephone Number (if different from above)

DONOR OF GIFT, BEQUEST, OR GRANT:

American Legion Auxiliary Unit 27
Name
Muscatine, Iowa 52761
Mailing Address City, State, Zip Code
Area Code & Telephone Number
Email Address (optional)

5/21/07 \$ 10.00
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:

Cash for volunteer fund

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
Signature

6/6/07
Date

Revised 10/06/05
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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

nathanbeattie@iowa.gov Ext. 2371
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:

Muscatine Co. I.A.
Name

Muscatine, Iowa 52761
Mailing Address City, State, Zip Code

563-263-7770
Area Code & Telephone Number

Email Address (optional)

5/21/07 \$ 300.00
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:

Annual veterans dinner - food for patients + 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, 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
Signature

6/6/07
Date

IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD

IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD

2007 JUN -6 PM 1:43

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

Form with fields: Name of Department or Office (Independence Mental Health Institute), Business Office, Mailing Address (2277 Iowa Ave), City, State, Zip Code (Independence, Iowa 50644), Area Code & Telephone No.

CONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFICE:

Form with fields: Name (Linda Evers), Mailing Address, City, State, Zip, Email Address, Area Code & Telephone Number

DONOR OF GIFT, BEQUEST, OR GRANT:

Form with fields: Name, Mailing Address, City, State, Zip Code, Area Code & Telephone Number, Email Address (optional)

Table with columns: Date of Gift, Bequest, or Grant, Amount/Value*. Includes note: *value is defined as "fair market value" of item as determined by receiving department or office.

Text area for description of gift, bequest, or grant and purpose thereof. Includes criteria to use this form and receipt information.

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.

Signature: Linda Evers

Date: June 6, 2007

Monthly Volunteer Report for:

For month of :

Independence Mental Health Institute, Independence, Iowa 50644

May

2007

use this form for monthly reporting

submit report monthly (by end of following month)

to Sandy Knudsen RBA division

sknudse@dhs.state.ia.us

1. # of Individuals registered as DHS Volunteers	70
2. # of Groups registered as DHS Volunteer Groups	9

	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	1	6	51			
b. Individual Volunteers – providing Indirect Service, i.e., clerical assistance, etc.	2	85	828			
c. Individuals in Groups Direct Service to clients/residents	9	61	763			
d. Individuals in Groups Indirect Service i.e., clerical assistance, etc.	1	41	100			
e. Stipend Volunteers (i.e., Foster Grandparents, Promise Jobs, Green Thumb, etc.)	13	66	598			
TOTAL	26	259	2340	48	4	102

* new federal reporting requirement

Report completed by: Becky Van Daele, Volunteer Coordinator

IA ETHICS AND
CAMPAIGN DISCLOSURE
2007 JUN -6 PM 1:43

CONTRIBUTIONS REPORT

Institution/Bureau Independence Mental HealthRegion _____ County BuchananMay 2 007
Month/YearName 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	
5/9/2007	Mary Peterson 305 3 rd St. S.W. Independence, Iowa 50644	Prizes and ice cream bars	16.00		X	Patients Use
5/9/2007	Loraine Atkins 625 River Forest Rd. Evausdale, Iowa 50707	Cookies and Cards	27.00		X	Patients Use
5/15/2007	Cheryl Leinbaugh MHI Staff	Avon Products	35.00		X	Patients Use
5/15/2007	Jerry Earles MHI Staff	Flowers, Timbers and Cement	200.00		X	Grounds
5/15/2007	Laura Van Daele 1374 Benson Ave. Fairbank, Iowa 50629	Cookies and Bars	49.00		X	Patients Use

Total value of this page: \$ 327.00Total value of pages 1 thru 2: \$ 1104.96

IA ETHICS AND
CAMPAIGN DISCLOSURE BD
2007 JUN -6 PM 1:44
Page 2 of 2

CONTRIBUTIONS REPORT

Institution/Bureau Independence Mental HealthRegion _____ County BuchananMay 2007
Month/YearName 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	
5/15/2007	American Legion Aux. P.O. Box 318 Manly, Iowa 50456	Shampoo, crafts and misc.	150.96		X	Patients Use
5/2007	Please see attached sheet for itemized listings of cash		627.00			

Total value of this page: \$ 777.96Total value of pages 1 thru 2: \$ 1104.96IA ETHICS AND
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INDEPENDENCE MENTAL HEALTH INSTITUE
NON PROFIT REPORT
FY 07
MAY 2007

DATE	REF #	FND	SOURCE	PURPOSE	DEPOSITS	WITHDR.
				BEGINNIG BALANCE	\$22,432.85	
05/02/07	10033	CCUG	CHERYL HAND	CCU GARDEN	\$37.00	\$0.00
05/07/07	10035	SFV	AMERICAN LEGION AUX., WESTGATE	VETERAN'S CANTEEN BOOKS	\$5.00	\$0.00
05/08/07	10036	SFV	ORCHARD LEGION AUX.	FOOD BANK	\$25.00	\$0.00
05/08/07	101114	SFV	INDEPENDENCE FOOD BANK	PATIENT'S TREATS	\$0.00	\$5.60
05/08/07	101115	fdf	QUAD CO. FIRE ASSOCIATION	FIRE TRAINING	\$0.00	\$75.00
05/09/07		WSF	RE-DEPOSIT NSF CHECK	NOV 06 CONFERENCE	\$50.00	
05/09/07	10038	SFV	AMVETS AUX., EVANSDALE	PATIENT'S FRUIT	\$50.00	\$0.00
05/15/07	101116	CCUR	ERIC REISNER	PATIENT'S ACTIVITY	\$0.00	\$80.00
05/17/07	101118	SFV	CAPITOL VENDING	CANTEEN BOOKS	\$0.00	\$14.00
05/17/07	101119	UPF	CAPITOL VENDING	CANTEEN BOOKS	\$0.00	\$30.00
05/22/07	101120	UPF	JEFF ANDERSON	PATIENT'S TREATS	\$0.00	\$13.46
05/29/07	10039	WSF	NORTHEAST IA. COMMUNITY COLLEGE	NOV 06 CONFERENCE	\$450.00	\$0.00
05/29/07	101122	SFV	INDEPENDENCE FOOD BANK	PATIENT'S TREATS	\$0.00	\$20.88
05/29/07	101123	UPF	WAL MART COMMUNITY	PATIENT LIBRARY	\$0.00	\$57.32
05/29/07	101124	UPF	CAPITOL VENDING	CANTEEN BOOKS	\$0.00	\$10.00
				TOTAL	\$627.00	\$306.26
				ENDING BALANCE		\$22,753.89

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