

Revised 06/05

**IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD**  
 IA ETHICS AND CAMPAIGN DISCLOSURE BOARD  
 3012<sup>TH</sup>, SUITE 1A  
 DES MOINES, IA 50319  
 Fax: (515)281-3701  
 www.iowa.gov/ethics

2007 AUG -7 PM 3:25



**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:**

State Training School  
 Name of Department or Office  
 3211 Edgington Ave. Eldora, IA, 50627  
 Mailing Address City, State, Zip Code  
 641 858-5402  
 Area Code & Telephone No.

**CONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFICE:**

Millie Dagit  
 Name  
 3211 Edgington Ave. Eldora, IA, 50627  
 Mailing Address (if different from above) City, State, Zip (if different from above)  
 mdagit@this.state.ia.us  
 Email Address Area Code & Telephone Number (if different from above)

**DONOR OF GIFT, BEQUEST, OR GRANT:**

American Legion Auxiliary  
 Name  
 545 490th St. Cleghorn, Iowa 51014  
 Mailing Address City, State, Zip Code  
 Area Code & Telephone Number  
 Email Address (optional)

8/7/2007 \$ 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:  
 Donation to Christmas fund for the students

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, Millie Dagit 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.

Millie Dagit  
 Signature

August 7, 2007  
 Date

Revised 06/05

ETHICS AND CAMPAIGN DISCLOSURE BOARD

### IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD

510 EAST 12<sup>TH</sup>, SUITE 1A  
DES MOINES, IA 50319  
Fax: (515)281-4073  
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 \_\_\_\_\_  
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#### DEPARTMENT OR OFFICE RECEIVING THE GIFT, BEQUEST, OR GRANT:

Woodward Resource Center	
Name of Department or Office	
1251 334th Street	Woodward, Iowa 50276
Mailing Address	City, State, Zip Code
515/438-1123	
Area Code & Telephone No.	

#### CONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFICE:

Ruth Ashton	
Name	
Mailing Address (if different from above)	City, State, Zip (if different from above)
rash1un@dhs.state.ia.us	
Email Address	Area Code & Telephone Number (if different from above)

#### DONOR OF GIFT, BEQUEST, OR GRANT:

American Legion Auxiliary	
Name	
Department of Iowa	Des Moines, IA
Mailing Address	City, State, Zip Code
Area Code & Telephone Number	
Email Address (optional)	

3/1/2007	\$ 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:

Donation for use by the clients of the Woodward Resource Center.

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 Ashton 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 Ashton*  
Signature

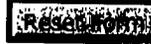
8/7/07

Date

Revised 06/05

# IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD

1510 EAST 12<sup>TH</sup>, SUITE 1A  
DES MOINES, IA 50319  
Fax: (515)281-4073  
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

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

Woodward Resource Center	
Name of Department or Office	
1251 334th Street	Woodward, Iowa 50276
Mailing Address	City, State, Zip Code
515/281-3123	
Area Code & Telephone No.	

### CONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFICE:

Ruth Ashton	
Name	
Mailing Address (if different from above)	City, State, Zip (if different from above)
rashon@ihs.state.ia.us	
Email Address	Area Code & Telephone Number (if different from above)

### DONOR OF GIFT, BEQUEST, OR GRANT:

Anne Renquist	
Name	
911 4th Avenue North	Humboldt, IA 50548
Mailing Address	City, State, Zip Code
Area Code & Telephone Number	
Email Address (optional)	

4/16/07	\$ 14.30
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:  
 Donation for use by the clients of the Woodward Resource Center.

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 Ashton 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

8/7/07

Date

IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD

510 EAST 12<sup>TH</sup>, SUITE 1A  
DES MOINES, IA 50319  
Fax: (515)281-4073  
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DEPARTMENT OR OFFICE RECEIVING THE GIFT, BEQUEST, OR GRANT:

Woodward Resource Center  
Name of Department or Office  
1251 334th Street Woodward, Iowa 50276  
Mailing Address City, State, Zip Code  
515/438-3123  
Area Code & Telephone No.

CONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFICE:

Ruth Ashton  
Name  
Mailing Address (if different from above) City, State, Zip (if different from above)  
rashton@dlr.state.ia.us  
Email Address Area Code & Telephone Number (if different from above)

DONOR OF GIFT, BEQUEST, OR GRANT:

Michael Davis  
Name  
Des Moines, IA  
Mailing Address City, State, Zip Code  
Area Code & Telephone Number  
Email Address (optional)

4/20/07 \$ 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:  
Donation of a bicycle for use by the clients of the Woodward Resource Center.  
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 Ashton, 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

8/7/07  
Date

# IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD

510 EAST 12<sup>TH</sup>, SUITE 1A  
DES MOINES, IA 50319  
Fax: (515)281-4073  
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## FORM-GBG

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

Woodward Resource Center	
Name of Department or Office	
1251 334th Street	Woodward, Iowa 50276
Mailing Address	City, State, Zip Code
515/438-3123	
Area Code & Telephone No.	

### CONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFICE:

Ruth Ashton	
Name	
Mailing Address (if different from above)	City, State, Zip (if different from above)
rashon@ihs.iawc.ia.us	
Email Address	Area Code & Telephone Number (if different from above)

### DONOR OF GIFT, BEQUEST, OR GRANT:

Jeff Helgren	
Name	
Mailing Address	Woodward, IA 50276
	City, State, Zip Code
Area Code & Telephone Number	
Email Address (optional)	

6/22/07	\$ 4.73
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:  
Donation for use by the clients of the Woodward Resource Center.

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 Ashton 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

8/7/07  
Date

**IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD**

510 EAST 12<sup>TH</sup>, SUITE 1A  
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**DEPARTMENT OR OFFICE RECEIVING THE GIFT, BEQUEST, OR GRANT:**

<b>Woodward Resource Center</b>	
Name of Department or Office 1251 334th Street	Woodward, Iowa 50276
Mailing Address 515/438-3123	City, State, Zip Code
Area Code & Telephone No.	

**CONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFICE:**

Ruth Ashton	
Name	
Mailing Address (if different from above) rashton@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:**

John Aldridge	
Name	
Mailing Address Minneapolis, MN 55402	City, State, Zip Code
Area Code & Telephone Number	
Email Address (optional)	

6/29/07	\$ 85.00
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:  
**Donation for use by the clients of the Woodward Resource Center.**

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 Ashton 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

8/7/07  
Date

IA ETHICS AND  
CAMPAIGN DISCLOSURE BOARD  
**IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD**  
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**DEPARTMENT OR OFFICE RECEIVING THE GIFT, BEQUEST, OR GRANT:**

**Woodward Resource Center**

Name of Department or Office  
 1251 334th Street  
 Mailing Address  
 515438-3122  
 Area Code & Telephone No.

Woodward, Iowa 50276  
 City, State, Zip Code

**CONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFICE:**

Ruth Ashton  
 Name

Mailing Address (if different from above)  
 rashon@dhs.state.ia.us  
 Email Address

City, State, Zip (if different from above)  
 Area Code & Telephone Number (if different from above)

**DONOR OF GIFT, BEQUEST, OR GRANT:**

Mike Davis  
 Name

Des Moines, IA  
 City, State, Zip Code

Area Code & Telephone Number

Email Address (optional)

6/12/07  
 Date of Gift, Bequest, or Grant

\$ 5.00  
 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:

Donation for use by the clients of the Woodward Resource Center.

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 Ashton 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

8/7/07

Date

IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD  
Revised 06/05

**IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD**  
310 EAST 12<sup>TH</sup>, SUITE 1A  
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Reset Form

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

Independence Mental Health Institute  
Name of Department or Office  
Business Office  
Mailing Address City, State, Zip Code  
2222 Iowa Ave Independence, Iowa 50946  
Area Code & Telephone No.

**CONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFICE:**

Linda Evers  
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  
Mailing Address City, State, Zip Code  
Area Code & Telephone Number  
Email Address (optional)

See Attached \$  
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, 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.

Linda Evers  
Signature

August 7, 2007  
Date

INDEPENDENCE MENTAL HEALTH INSTITUTE  
NON PROFIT REVENUE AND EXPENDITURE REPORT  
JULY 2007  
FY 08

DATE	REF #	FND	SOURCE	PURPOSE	DEPOSITS	WITHDR.
				BEGINNIG BALANCE	\$22,814.46	
07/03/07	10053	SFV	BLACK HAWK AUX. M.O.C.A.	CARNIVAL	\$50.00	\$0.00
07/03/07	10054	SFV	INDEPENDENCE ROTARY CLUB	CARNIVAL	\$25.00	\$0.00
07/03/07	10055	SFV	D.A.V.A., SIOUX CITY	VETERAN'S USE	\$30.00	\$0.00
07/03/07	101137	SFV	BECKY VAN DAELE	CARNIVAL	\$0.00	\$39.00
07/11/07	10056	SFV	VFW AUX. NEW ALBIN	CARNIVAL	\$10.00	\$0.00
07/11/07	101138	SFV	JOHN SHEDA	CARNIVAL	\$0.00	\$195.77
07/11/07	101139	SFV	FAREWAY	CARNIVAL	\$0.00	\$53.65
07/17/07	10057	SFV	AMERICAN LEG. AUX. DECORAH	TRAY FAVORS	\$25.00	\$0.00
07/17/07	10058	SFV	VFW, INDEPENDENCE	CARNIVAL	\$30.00	\$0.00
07/17/07	101141	SFV	INDEPENDENCE FOOD BANK	PATIENT'S TREATS	\$0.00	\$34.44
07/18/07	10059	SFV	AMVETS AUX. EVANSDALE	SPORT'S DAY	\$250.00	\$0.00
07/19/07	10060	SFV	AMVETS AUX. EVANSDALE	CARNIVAL	\$85.00	\$0.00
07/18/07	101143	UPF	HEARTLAND ACRES AG. CENTER	PATIENT ACTIVITY	\$0.00	\$95.01
07/23/07	101144	UPF	CAPITOL VENDING	CANTEEN BOOKS	\$0.00	\$28.00
07/23/07	101145	SFV	CAPITOL VENDING	CANTEEN BOOKS	\$0.00	\$9.00
07/24/07	10061	SFV	AMERICAN LEG. AUX. OSAGE	TRAY FAVORS	\$15.00	\$0.00
07/30/07	101146	UPF	CAPITOL VENDING	CANTEEN BOOKS	\$0.00	\$6.00
					\$520.00	\$460.87
						\$22,873.59

JANET AND  
CARRIE  
2007 AUG - 7 PM 12:34

Monthly Volunteer Report for:

For month of :

Independence Mental Health Institute, Independence, Iowa 50644

July

2007

1. # of Individuals registered as DHS Volunteers

70

2. # of Groups registered as DHS Volunteer Groups

9

use this form for monthly reporting

submit report monthly (by end of following month)

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	1	6	6			
b. Individual Volunteers - providing Indirect Service, i.e., clerical assistance, etc.	3	71	71			
c. Individuals in Groups Direct Service to clients/residents	31	168	168			
d. Individuals in Groups Indirect Service i.e., clerical assistance, etc.	2	49	49			
e. Stipend Volunteers (i.e., Foster Grandparents, Promise Jobs, Green Thumb, etc.)	10	29	29			
<b>TOTAL</b>	<b>47</b>	<b>323</b>	<b>323</b>	<b>45</b>	<b>6</b>	<b>102</b>

\* new federal reporting requirement

Report completed by: Becky Van Daele, Volunteer Coordinator

## CONTRIBUTIONS REPORT

Institution/Bureau Independence Mental Health \_\_\_\_\_

Region \_\_\_\_\_ County Buchanan \_\_\_\_\_

July 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	
7/9/2007	Mariam Eicks 1216 11/2 St. S.W. Dyersville, Iowa 52040	Stuffed animals	125.00		X	Patients Use
7/9/2007	Laura Van Daele 1374 Benson Ave. Fairbank, Iowa 50629	Cemetery flowers	100.00		X	Decorations for Cemetery
7/9/2007	Same as above	Cookies	36.00		X	Patients Use
7/10/2007 +	Jim Morrison Eleanor Womack 2609 S. Fredrick Oelwein, Ian. 50662	Magazines	25.00		X	Patients Use
7/10/2007	Post #30 David Smock 6138 8 <sup>th</sup> Ave. N.E. Independence, Ian 50644	Helium Balloons	50.00		X	Carnival

Total value of this page: \$ 336.00Total value of pages 1 thru 3: \$ 1876.46

CONTRIBUTIONS REPORT

Institution/Bureau Mental Health Institute

Region \_\_\_\_\_ County Buchanan

July 2007  
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	
7/16/2007	Ranell Bolson 2610 143 <sup>rd</sup> Ave. Decorah, Iowa 52101	Tray Favors	55.00		X	Patients Use
7/16/2007	Mary Peterson 305 3 <sup>rd</sup> St. S.W. Independence, Ia 50644	Cups & Syrup	3.36		X	Patients Use
7/18/2007	Loraine Atkins 625 River Forest Rd/ Evansdale, Iowa 50707	Ice Cream Bars and Prizes	27.00		X	Patients Use
7/20/2007	Cannon's Greenhouse 345 East Line W. Westgate, Iowa 50644	Plants	684.00		X	Grounds
7/24/2007	N. Malmin 3426 Golf Course Rd. Osage, Iowa 50461	Tray Favors	29.35		X	Patients Use

Total value of this page: \$ 798.71

Total value of pages 1 thru 3: \$ 1876.46

CONTRIBUTIONS REPORT

Institution/Bureau Independence Mental Health \_\_\_\_\_

Region \_\_\_\_\_ County Buchanan

July 2007  
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	
7/31/2007	Laura Van Daele 1374 Benson Ave. Fairbank, Iowa 50629	Bike, tread mill and decorate tree	200.00		X	Patients Use
7/31/2007	First United Methodist Church 313 2 <sup>nd</sup> St. S.E. Independence, Iowa 50644	Baked Potatoes	21.75		X	Patients Use
7/2007	Please see attached sheet for itemized items.		520.00			

Total value of this page: \$ 741.75

Total value of pages 1 thru 3: \$ 1876.46