

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



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	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	GILBERT HAGEN	
Mailing Address	309 CROSS ST. BLAIRSTOWN	
	City, State, Zip Code	IA 52209
Area Code & Telephone Number		
Email Address (optional)		

Date of Gift, Bequest, or Grant	4-25-07	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 USED CLOTHING 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

5-4-07
Date

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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	ALA-CHARTER OAK
Mailing Address	CHARTER OAK, IA 51439
Area Code & Telephone Number	_____
Email Address (optional)	_____

Date of Gift, Bequest, or Grant	4-27-07	Amount/Value*	\$173.75
*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:

CLIENT USE: SCRAPBOOKS, GLUE, CRAYONS, NOTEBOOKS, MARKERS

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

5-4-07
Date

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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: MILL'S COUNTY BANK, Mailing Address: 107 S. LOCUST GLENWOOD IA 51534

Date of Gift, Bequest, or Grant: 4-30-07, Amount/Value*: \$10.50

Provide a description of the gift, bequest, or grant and purpose thereof.

COIN PURSES (21 ct) HAND OUTS FOR ADMIN PROF. 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 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: 5-4-07

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

Date of Gift, Bequest, or Grant	4-30-07	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:

POST IT NOTES, PENS HANDOUTS FOR ADMIN. PROF. 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, Debra 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.

Debra Messinger
Signature

5-4-07
Date

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ETHICS DISCLOSURE
MAY - 7 2007

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

Name of Department or	Glenwood Resource Center	
Mailing Address	711 South Vine Street	ip Code
Area Code & Telephone	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	CAROL TIBBEN
Mailing Address	206 HAROLD'S DR GLENWOOD IA 51534
Area Code & Telephone Number	
Email Address (optional)	

Date of Gift, Bequest, or Grant	5-1-07	Amount/Value*	\$ 42.00
*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:

DECORATIVE JAR, BODY LOTIONS
PRIZES FOR ADMIN PROF 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:

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

5-4-07
Date

Revised 06/05

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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	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	MINDY JOHNSON	
Mailing Address	56361 230 th ST GLENWOOD IA	
Area Code & Telephone Number	City, State, Zip Code 51534	
Email Address (optional)	_____	

Date of Gift, Bequest, or Grant	\$100.00
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:

CANDY, BALLOONS, BRACELETS, TREE
HANDOUTS FOR ADMIN PROF 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

5-4-07
Date

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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	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	JENNIFER MCALPIN	
Mailing Address	63162 HWY 275 GLENWOOD	
Area Code & Telephone Number	City, State, Zip Code IA 51534	
Email Address (optional)	_____	

Date of Gift, Bequest, or Grant	\$10.00
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:

CARDS, CANDY, RIBBON
HAND OUTS FOR ADMIN. PROF. 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, 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

5-4-07
Date

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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	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	JANELLA GOODMAN
Mailing Address	61886 360 th ST HASTINGS, IA
Area Code & Telephone Number	51540
Email Address (optional)	_____

Date of Gift, Bequest, or Grant	5-1-07	Amount/Value*	\$ 40.00
*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:

CARD STOCK, STAMPS, INK, CANDLES
HAND OUTS FOR ADMIN PROF 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

5-4-07
Date

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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: RUTH MESSINGER, Mailing Address: 1003 GREEN ST GLENWOOD IA, City, State, Zip Code: 51534

Date of Gift, Bequest, or Grant: 5-1-07, Amount/Value: \$ 25.00

Provide a description of the gift, bequest, or grant and purpose thereof: CANDY, DECORATIVE STONES, DECORATIVE JARS, PRIZES - ADMIN PROF DAY

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: 5-4-07

INDEPENDENCE MENTAL HEALTH INSTITUTE
NON PROFIT REPORT
APRIL 2007
FY 07

DATE	REF #	FND	SOURCE	PURPOSE	DEPOSITS	WITHDR.
				BEGINNIG BALANCE	\$22,756.28	
04/03/07	101101	SFV	WAL MART	EASTER FOR PATIENT'S	\$0.00	\$31.03
04/04/07	101103	PMWW	KIM KURT	EASTER FOR PATIENT'S	\$0.00	\$10.00
04/09/07	10028	CCUR	UNITED METHODIST WOMEN	PATIENT'S USE	\$50.00	\$0.00
04/11/07	101105	SFV	JOHN SHEDA	QUARTERS FOR VETS PARTY	\$0.00	\$20.00
04/16/07	101106	UPF	CAPITOL VENDING	CANTEEN BOOKS	\$0.00	\$25.00
04/16/07	101107	SFV	CAPITOL VENDING	CANTEEN BOOKS	\$0.00	\$2.00
04/17/07	101108	SFV	INDEPENDENCE FOOD BANK	TREATS FOR WARDS	\$0.00	\$31.92
04/18/07	101109	SFV	WAL MART	VOLUNTEER RECOGNITION	\$0.00	\$17.16
04/18/07	101110	PMWW	KIM KURT	TREATS FOR WOMEN-EASTER	\$0.00	\$2.83
04/19/07	101111	CCUR	ERIC REISNER	TREATS FOR CHILDREN	\$0.00	\$17.01
04/24/07	10030	UPF	MICHAEL COOK	PATIENT'S USE	\$85.00	\$0.00
04/25/07	10031	SFV	AMVETS AUX., EVANSDALE	VETERNAN'S PARTIES	\$20.00	\$0.00
04/25/07	10032	SFV	AMVETS AUX., EVANSDALE	FRUIT FOR WARDS	\$50.00	\$0.00
04/25/07	101112	WSF	NIMCO, INC.	PATIENT'S EDUCATION	\$0.00	\$201.69
04/26/07	101113	WSF	JAGUAR EDUCATIONAL	PATIENT'S EDUCATION	\$0.00	\$149.69
				TOTAL	\$185.00	\$508.33
				ENDING BALANCE		\$22,432.95

MAY - 8 2007

MAY - 8 2007

Monthly Volunteer Report for:	Independence Mental Health Institute, Independence, Iowa 50644	
For month of:	April	use this form for monthly reporting
	2007	submit report monthly (by end of following month)
1. # of Individuals registered as DHS Volunteers	70	to Sandy Knudsen RBA division
2. # of Groups registered as DHS Volunteer Groups	9	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	4	45			
b. Individual Volunteers - providing Indirect Service, i.e., clerical assistance, etc.	5	111	743			
c. Individuals in Groups Direct Service to clients/residents	5	29	702			
d. Individuals in Groups Indirect Service i.e., clerical assistance, etc.	0	0	59			
e. Stipend Volunteers (i.e., Foster Grandparents, Promise Jobs, Green Thumb, etc.)	14	72	532			
TOTAL	25	216	2081	52	3	88

* new federal reporting requirement

Report completed by: Becky Van Daele, Volunteer Coordinator

CONTRIBUTIONS REPORT

Institution/Bureau Independence Mental Health

Region _____ County Buchanan

April 2007
Month/Year

MAY - 8 2007

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	
4/3/2007	Shirl Frana 2360 175 th St, Calmar, Iowa 52132	Tray Favors	29.05		X	Patients Use
4/3/2007	Cynthia Meyer 108 N. Chestnut St. Edgewood, Iowa 52042	Tray Favors and Candy	45.00		X	Patients Use
4/3/2007	Smith Perry ALA 1j015 Central Ave. Northwood, Iowa 50459	Old nylons	10.00		X	Creative Arts
4/4/2007	St. John's School 314 3 N.E. Independence, Iowa 50644	Blankets	320.00		X	Patients Use
4/16/2007	Laura Van Daele 1374 Benson Ave. Fairbank, Iowa 50629	Cookies	16.00		X	Patients Use

Total value of this page: \$ 420.05

Total value of pages 1 thru 2 : \$ 710.05

CONTRIBUTIONS REPORT

MAY - 8 2007

Institution/Bureau Independence Mental Health

Region _____ County Buchanan

April 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	
4/17/2007	Jeu Callahan MHI Staff	Park Bench	75.00		X	Grounds
4/25/2007	Loraine Atkins 625 River Forest Rd. Evansdale, Iowa 50707	Cookies	30.00		X	Patients Use
4/2007	Please see attached sheet for itemized listings of cash		185.00			

Total value of this page: \$ 290.00

Total value of pages 1 thru 2: \$ 710.05

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

Iowa Juvenile Home		MAY - 3 2007 FILED
Name of Department or Office	Toledo, IA 52342	
Mailing Address	City, State, Zip Code	
Area Code & Telephone No.		

CONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFICE:

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

DONOR OF GIFT, BEQUEST, OR GRANT:

American Legion Auxiliary Dept. of Iowa	
Name	
Mailing Address	City, State, Zip Code
720 Lyon St. Des Moines, IA 50309	
Area Code & Telephone Number	
56 282 7987	
Email Address (optional)	
N/A	

05/03/07	\$ 150
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

05/08/07
Date

Revised 06/05

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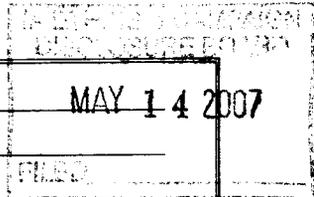
DEPARTMENT OR OFFICE RECEIVING THE GIFT, BEQUEST, OR GRANT:

State Training School

Name of Department or Office
3211 Edgington Avenue Eldora, Iowa 50627

Mailing Address
641-858-5402 City, State, Zip Code

Area Code & Telephone No.



CONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFICE:

Millie Dagit

Name
3211 Edgington Avenue Eldora, Iowa 50627

Mailing Address (if different from above)
mdagit@dbs.state.ia.us City, State, Zip (if different from above)
641-858-5402, Ext. #135

Email Address
Area Code & Telephone Number (if different from above)

DONOR OF GIFT, BEQUEST, OR GRANT:

American Legion Auxiliary

Name
720 Lyon St. Des Moines, Iowa 50309

Mailing Address
City, State, Zip Code

Area Code & Telephone Number

Email Address (optional)

5/14/2007 \$ 45.00

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:

X--mas fund donation for 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.

mdagit
Signature

May 14, 2007
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



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.

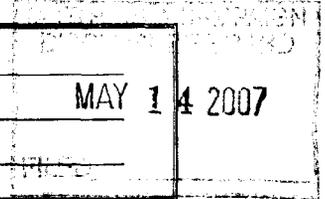
DEPARTMENT OR OFFICE RECEIVING THE GIFT, BEQUEST, OR GRANT:

State Training School

Name of Department or Office
3211 Edginton Avenue Eldora, Iowa 50627

Mailing Address
641-858-5402 City, State, Zip Code

Area Code & Telephone No.



CONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFICE:

Millie Dagit

Name
3211 Edginton Avenue Eldora, Iowa 50627

Mailing Address (if different from above)
mdagit@dhs.state.ia.us City, State, Zip (if different from above)
641-858-5402, Ext. #135

Email Address
Area Code & Telephone Number (if different from above)

DONOR OF GIFT, BEQUEST, OR GRANT:

American Legion Auxiliary

Name
PO Box 451 Stratford, Iowa 50249

Mailing Address
City, State, Zip Code

Area Code & Telephone Number

Email Address (optional)

5/14/2007 \$ 40.00

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:

X--mas fund donation for 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

May 14, 2007
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

MAY 11 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:

Clarinda MHI	
Name of Department or Office	
Box 338	Clarinda, IA 51632
Mailing Address	City, State, Zip Code
712-542-2161	
Area Code & Telephone No.	

CONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFICE:

Sue Rehwaldt Hays	
Name	
Mailing Address (if different from above)	City, State, Zip (if different from above)
Sue.RehwaldtHays@iowa.gov	712-542-2161 Ext 3317
Email Address	Area Code & Telephone Number (if different from above)

DONOR OF GIFT, BEQUEST, OR GRANT:

Annette Bengard	
Name	
Mailing Address	Clarinda, IA 51632
	City, State, Zip Code
Area Code & Telephone Number	
Email Address (optional)	

5/1/07	\$ 210.00
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:

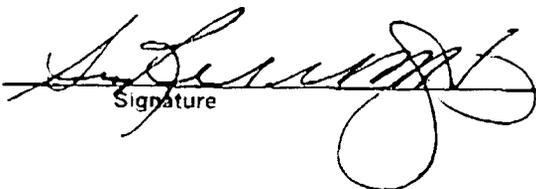
Used CDs for patient's use

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, Sue Rehwaldt Hays 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

5/9/07
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 _____
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Computer _____

MAY 11 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:

Clarinda MHI	
Name of Department or Office Box 33K	Clarinda, IA 51632
Mailing Address	City, State, Zip Code
Area Code & Telephone No.	

CONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFICE:

Sue Rehwaldt Hays	
Name	
Mailing Address (if different from above) Sue.RehwaldtHays@iowa.gov	City, State, Zip (if different from above) 712-543-3161 Ext. 3317
Email Address	Area Code & Telephone Number (if different from above)

DONOR OF GIFT, BEQUEST, OR GRANT:

Delories Brumfield	
Name	
Mailing Address	Clarinda, IA 51632 City, State, Zip Code
Area Code & Telephone Number	
Email Address (optional)	

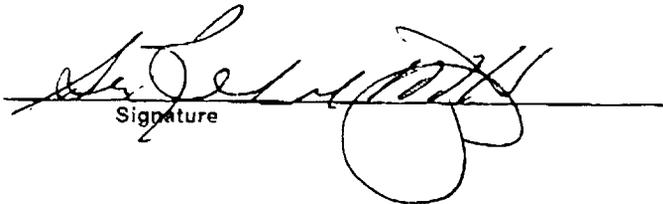
5/1/07	\$ 20.00
Date of Gift, Bequest, or Grant	Amount/Value*
*value is defined as "fair market value" of item as determined by receiving department or office. If no value mark "0.00".	

Provide a description of the gift, bequest, or grant and purpose thereof:
Used CDs for patient's 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, Sue Rehwaldt Hays 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

5/9/07
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

MAY 11 2007

Reset Form

FORM-GBG

Gift, Bequest, or Grant information received by a department or accepted by the Governor on behalf of the state

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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:

Clarinda MHI	
Name of Department or Office	Clarinda, IA 51632
Box 328	City, State, Zip Code
Mailing Address	
712-542-2161	
Area Code & Telephone No.	

CONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFICE:

Sue Rehwaldt Hays	
Name	
Mailing Address (if different from above)	City, State, Zip (if different from above)
Sue.Rehwaldt.Hays@iowa.gov	712-542-2161 Ext. 3317
Email Address	Area Code & Telephone Number (if different from above)

DONOR OF GIFT, BEQUEST, OR GRANT:

Terry Bond	
Name	
Mailing Address	Clarinda, IA 51632
	City, State Zip Code
Area Code & Telephone Number	
Email Address (optional)	

5/1/07	\$ 45.00
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:

Used CDs for patient's 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, Sue Rehwaldt Hays 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

5/9/07
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

MAY 11 2007

Reset Form

FORM-GBG

Gift, Request, 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:

Clarinda MHJ	
Name of Department or Office Box 334	Clarinda, IA 51632
Mailing Address 712-542-2161	City, State, Zip Code
Area Code & Telephone No	

CONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFICE:

Sue Rehwaldt Hays	
Name	
Mailing Address (if different from above) Sue.RehwaldtHays@iowa.gov	City, State, Zip (if different from above) 712-542-2161 Ext. 3317
Email Address	Area Code & Telephone Number (if different from above)

DONOR OF GIFT, BEQUEST, OR GRANT:

L. Wood, D. Brumfield, A. Davison, V. Auten	
Name	
Mailing Address	Clarinda, IA 51632
City, State, Zip Code	
Area Code & Telephone Number	
Email Address (optional)	

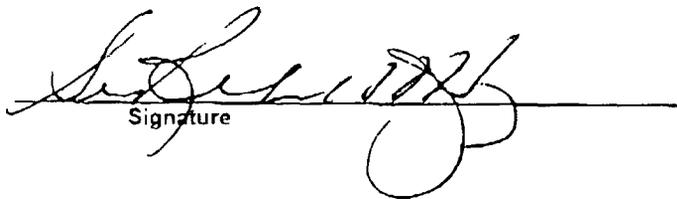
5/1/07	\$ 40.00
Date of Gift, Bequest, or Grant	Amount/Value*
*value is defined as "fair market value" of item as determined by receiving department or office. If no value mark "0.00"	

Provide a description of the gift, bequest, or grant and purpose thereof:
4 portable CD players for patient's 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, Sue Rehwaldt Hays 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

5/9/07
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 _____

EX-100
DISC
MAY 11 2007
FILED

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:

Clarinda MHI	
Name of Department or Office Box 338	Clarinda, IA 51632
Mailing Address 712-542-2161	City, State, Zip Code
Area Code & Telephone No.	

CONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFICE:

Sue Rehwaldt Hays	
Name	
Mailing Address (if different from above) Sue.Rehwaldt.Hays@iowa.gov	City, State, Zip (if different from above) 712-542-2161 Ext 3317
Email Address	Area Code & Telephone Number (if different from above)

DONOR OF GIFT, BEQUEST, OR GRANT:

Allene Wagoner Family	
Name	
Mailing Address	Clarinda, IA 51632 City, State, Zip Code
Area Code & Telephone Number	
Email Address (optional)	

5/1/07	\$ 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

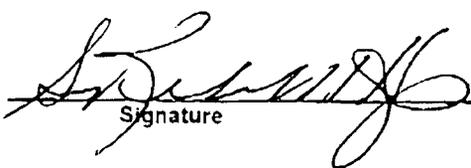
Clothing

Criteria to use this form:

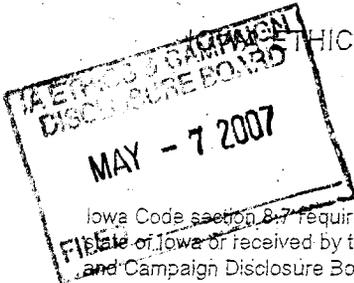
Receipt of any gift, bequest, or grant that is received by any department of the state or received by the Governor on behalf of the state.

Statement of Affirmation:

I, Sue Rehwaldt Hays 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

5/9/07
Date



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

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Computer _____

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

Name of Department or: Glenwood Resource Center
711 South Vine Street
Mailing Address: Glenwood, Iowa 51534
Area Code & Telephone: _____
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:

Lighten Up Iowa
Name: _____
1421 S. BELL AVE #104
Mailing Address: _____
City, State, Zip Code: _____
AMES, IA 50010
Area Code & Telephone Number: _____
Email Address (optional): _____

4-27-07
Date of Gift, Bequest, or Grant
\$ 14.00
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:

COTTON HATS (4ct) PROMOTIONAL GIFTS FOR DIETING

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:

LUKE MESSINGER 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.

Luke Messinger
Signature

5-4-07
Date