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

2008 MAR 10 PM 3:41

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: RUTH MESSINGER
Mailing Address: 1003 GREEN ST
City, State, Zip Code: GLENWOOD IA 51534
Area Code & Telephone Number: 712-527-3076
Email Address (optional):

Date of Gift, Bequest, or Grant: 2-15-08
Amount/Value*: $ 300.00

*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:
TV, VCR, SURROUND SOUND W/ DVD, ENTERTAINMENT CENTER FOR FOLKS IN A3 HSE 242

Criteria to use this form:

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

Statement of Affirmation:

I, Ruth Messinger affirm that the gift, bequest, or grant reported above is accurate. I further affirm that the information concerning the donor and assessment of the fair market value (if applicable) is correct and true to the best of my knowledge.

Signature: [signature]

Date: 3/15/08

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

2008 MAR 11 AM 11:03
ETHICS AND
CAMPAIGN DISCLOSURE BD.

DATE	REF #	FND	SOURCE	PURPOSE	DEPOSITS	WITHDR.
				BEGINNING BALANCE	$23,516.69	
02/01/08	101244	PMW	KIM KURT	PARTY FOR PATIENTS	$0.00	$33.44
02/11/08	5950	UPF	ST. JOHN CHURCH, INDEPENDENCE	PATIENT'S USE	$562.52	$0.00
02/12/08	101249	SFV	BECKY VAN DAELE	VETERAN'S PARTY	$0.00	$20.00
02/13/08	5953	SFV	AMVETS AUX., EVANSDALE	VETERAN'S USE	$25.00	$0.00
02/13/08	101251	UPF	GODFATHER'S PIZZA, INDEPENDENCE	PIZZA PARTY FOR PATIENTS	$0.00	$44.93
02/15/08	101252	SFV	CAPITOL VENDING	CANTEEN BOOKS	$0.00	$11.00
02/15/08	101253	UPF	CAPITOL VENDING	CANTEEN BOOKS	$0.00	$43.00
02/22/08	101254	FDF	BUCHANAN CO. FIREMAN'S ASSOC	REGISTRATION	$0.00	$10.00
02/28/08	101255	SFV	JERRY EARLES	PATIENT'S WEIGHT ROOM	$0.00	$559.00
					$587.52	$721.37
						$23,382.84

Monthly Volunteer Report for: Independence Mental Health Institute, Independence, Iowa 50644

For month of : Febrauary

use this from for monthly reporting

submit report monthly (by end of following month)

to Sandy Knudsen RBA division

sknudse@dhs.state.ia.us

	2008
1. # of Individuals registered as DHS Volunteers	70
2. # of Groups registered as DHS Volunteer Groups	7

	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	0	0	42			
b. Individual Volunteers – providing Indirect Service, i.e., clerical assistance, etc.	2	84	676			
c. Individuals in Groups Direct Service to clients/residents	5	29	504			
d. Individuals in Groups Indirect Service i.e., clerical assistance, etc.	2	19	132			
e. Stipend Volunteers (i.e., Foster Grandparents, Promise Jobs, Green Thumb, etc.)	13	53	443			
TOTAL	22	185	1797	45	3	67

* new federal reporting requirement

Report completed by: Becky Van Daele, Volunteer Coordinator

CONTRIBUTIONS REPORT

Institution/Bureau Independence Mental Health

Region _____ County Buchanan

February 2008
Month/Year

Name of person completing report Becky Van Daele Title Volunteer Coordinator

DATE	CONTRIBUTOR (Name & Address if Available)	Contribution	$ Value	Check type Cash	In-Kind	Purpose – If Specified
2/4/2008	Mona Campbell 801 2nd Ave. NE, Waukon, Iowa 52172	Tray Favors	25.00		X	Patients Use
2/6/2008	ALA 404 9th St. N Northwood, Iowa 50459	Tennis shoes	18.00		X	Patients Use
2/11/2008	Leah Cabalka 1101 David Drive Independence, Iowa 50644	Clothing	338.00		X	Patients Use
2/18/2008	Laura Van Daele 174 Cardinal Court S.W. Independence, Iowa 50644	Cookies	16.00		X	Patients Use
2/29/2008	Mary Rausch P.O. Box 174 Ft. Atkinson, Iowa 52144	Tray favors	25.00		X	Patients Usa

Total value of this page: $ 422.00

Total value of pages 1 thru 2: $ 1009.52

CONTRIBUTIONS REPORT

Institution/Bureau Independence Mental Health

Region _____ County Buchanan

February 2008
Month/Year

Name of person completing report Becky Van Daele Title Volunteer Coordinator

DATE	CONTRIBUTOR (Name & Address if Available)	Contribution	$ Value	Check type Cash	In-Kind	Purpose – If Specified
February 2008	Please see attached sheet for itemized listings		587.52			

Total value of this page: $ 587.52

Total value of pages 1 thru 2: $ 1009.52