Revised 06/05

IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD

510 EAST 12TH, SUITE 1A
DES MOINES, IA 50319
Fax: (515)281-4073
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:

Glenwood Resource Center
Name of Department or Office
711 South Vine Street — Glenwood, IA 51534
Mailing Address — City, State, Zip Code
712-527-1444
Area Code & Telephone No.

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:

Marcia Olson-Pfizer Inc. representative
Name
4323 S. 16th Street — Omaha, NE 68135
Mailing Address — City, State, Zip Code
800-233-7241, ext. 71615
Area Code & Telephone Number
marcia.olson@pfizer.com
Email Address (optional)

July 22, 2008 — $ 160.50
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:

Pizza Hut pizza luncheon for 60 guests at seminar

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

July 30, 2008
Date

2008 JUL 30 AM 11:23
IA ETHICS AND CAMPAIGN DISCLOSURE BD

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

Name of Department or Office: Glenwood Resource Center
Mailing Address: 711 South Vine Street
City, State, Zip Code: Glenwood, IA 51534
Area Code & Telephone No.: 712-525-1444

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: Ronnie & Kelly Waters
Mailing Address: 1108 Kelly Circle
City, State, Zip Code: Red Oak, IA 51566
Area Code & Telephone Number: 712-525-1406
Email Address (optional)

Date of Gift, Bequest, or Grant: July 24, 2008
Amount/Value*: $ 150.00

*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:

One Pool table for Client use at the Recreation House

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

July 30, 2008
Date

2008 JUL 30 AM 11:23
IA ETHICS AND CAMPAIGN DISCLOSURE BOARD