

IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD
510 EAST 12TH, SUITE 1A, IA ETHICS AND
DES MOINES, IA 50319 CAMPAIGN DISCLOSURE BD
Fax: (515)281-4073
www.iowa.gov/ethics

Reset Form

2009 AUG 31 AM 9:33

FORM-GB

Gift or Bequest 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 and bequests 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 to be filed within 20 days of receipt of the gift or bequest.

DEPARTMENT OR OFFICE RECEIVING THE GIFT OR BEQUEST:

Mental Health Institute

Name of Department or Office
1251 W. Cedar Loop

Mailing Address
Cherokee, IA 51012

City, State, Zip Code

Area Code & Telephone No. 712-225-6937

CONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFICE:

Shelley Lenz

Name

Mailing Address (if different from above)

City, State, Zip (if different from above)

Email Address slenz@dhs.state.ia.us

Area Code & Telephone Number (if different from above)

DONOR OF GIFT OR BEQUEST:

Denise Green

Name

Bischoff St. Cherokee IA

Mailing Address

City, State, Zip Code

Area Code & Telephone Number

Email Address (optional)

7-28-08

Date of Gift or Bequest

\$ 80⁰⁰

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 or bequest and purpose thereof:

Converta Boy Coupons - used to buy convert er boxes for the TVs on MHI campus

Criteria to use this form:

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

Statement of Affirmation:

I, Shelley Lenz affirm that the gift or bequest 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.

Shelley Lenz
Signature

7-28-08
Date

IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD

510 EAST 12TH, SUITE 1A
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DEPARTMENT OR OFFICE RECEIVING THE GIFT OR BEQUEST:

Mental Health Institute

Name of Department or Office

1251 W. Cedar Loop

Mailing Address

Cherokee, IA 51012 City, State, Zip Code

Area Code & Telephone No. 712-225-6937

CONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFICE:

Shelley Lenz

Name

Mailing Address (if different from above) _____ City, State, Zip (if different from above)

Email Address slenz@dhs.state.ia.us Area Code & Telephone Number (if different from above)

DONOR OF GIFT OR BEQUEST:

Helen Mendt

Name

Cherokee, IA

Mailing Address

Area Code & Telephone Number _____

Email Address (optional) _____

7-28-08 \$ 500⁰⁰

Date of Gift or Bequest 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 or bequest and purpose thereof:

Pick-up donated to be used to construct MHI float for Christmas Parade

Criteria to use this form:

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

Statement of Affirmation:

I, Shelley Lenz affirm that the gift or bequest 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.

Shelley Lenz

Signature

7-28-08

Date

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510 EAST 12TH, SUITE 1A
DES MOINES, IA 50319
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IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD
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FORM-GB

Request information received by a department or accepted by the Governor on behalf of the state

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DEPARTMENT OR OFFICE RECEIVING THE GIFT OR BEQUEST:

Mental Health Institute
Name of Department or Office
1251 W. Cedar Loop
Mailing Address
Cherokee, IA 51012 City, State, Zip Code
Area Code & Telephone No. 712-225-6937

CONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFICE:

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

DONOR OF GIFT OR BEQUEST:

Jennifer Jenness-Lockwood
Name
421 Belleau St Cherokee, IA
Mailing Address City, State, Zip Code
Area Code & Telephone Number
Email Address (optional)

8-15-08 \$ 80⁰⁰
Date of Gift or Bequest 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 or bequest and purpose thereof:
Converter Box Coupons - used when buying converter boxes for the TV's on MHI campus

Criteria to use this form:
Receipt of any gift or bequest that is received by any department of the state or received by the Governor on behalf of the state.

Statement of Affirmation:

I, Shelley Lenz affirm that the gift or bequest 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.

Shelley Lenz
Signature

8-15-08
Date

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DEPARTMENT OR OFFICE RECEIVING THE GIFT OR BEQUEST:

Mental Health Institute	
Name of Department or Office	1251 W. Cedar Loop
Mailing Address	Cherokee, IA 51012
Area Code & Telephone No.	712-225-6937
	City, State, Zip Code

CONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFICE:

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

DONOR OF GIFT OR BEQUEST:

Computer Genies of NW IA	
Name	46 - 1st St. SW
Mailing Address	Le Mars, IA
Area Code & Telephone Number	
Email Address (optional)	
	City, State, Zip Code

9-22-08	\$ 31.85
Date of Gift or Bequest	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 or bequest and purpose thereof:
Donation for Christmas for the patients

Criteria to use this form:
Receipt of any gift or bequest that is received by any department of the state or received by the Governor on behalf of the state.

Statement of Affirmation:

I, Shelley Lenz affirm that the gift or bequest 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.

Shelley Lenz
Signature

9-22-08
Date

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DEPARTMENT OR OFFICE RECEIVING THE GIFT OR BEQUEST:

Mental Health Institute
 Name of Department or Office
1251 W. Cedar Loop
 Mailing Address
Cherokee, IA 51012 City, State, Zip Code
 Area Code & Telephone No. 712-225-6937

CONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFICE:

Shelley Lenz
 Name
 Mailing Address (if different from above) _____ City, State, Zip (if different from above) _____
 Email Address slenz@dhs.state.ia.us Area Code & Telephone Number (if different from above) _____

DONOR OF GIFT OR BEQUEST:

Adam Moos
 Name
4891 e Ave Marcus, IA
 Mailing Address City, State, Zip Code
 Area Code & Telephone Number _____
 Email Address (optional) _____

9-19-08 \$ 200⁰⁰
 Date of Gift or Bequest 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 or bequest and purpose thereof:

Fiberglass pipe to be used by the institution

Criteria to use this form:

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

Statement of Affirmation:

I, Shelley Lenz affirm that the gift or bequest 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.

Shelley Lenz
 Signature

9-19-08
 Date

IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD

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DEPARTMENT OR OFFICE RECEIVING THE GIFT OR BEQUEST:

Mental Health Institute	
Name of Department or Office	
1251 W. Cedar Loop	
Mailing Address	City, State, Zip Code
Cherokee, IA 51012	
Area Code & Telephone No.	712-225-6937

CONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFICE:

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

DONOR OF GIFT OR BEQUEST:

Rich Bellcock	
Name	
Okoboji, IA	
Mailing Address	City, State, Zip Code
Area Code & Telephone Number	
Email Address (optional)	

10-21-08	\$ 175 ⁰⁰
Date of Gift or Bequest	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 or bequest and purpose thereof:

Snowblower & Chain Saw - to be use in vocational - sm. engine instructional workshop

Criteria to use this form:

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

Statement of Affirmation:

I, Shelley Lenz affirm that the gift or bequest 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.

Shelley Lenz
Signature

10-21-08
Date

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510 EAST 12TH, SUITE 1A
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DEPARTMENT OR OFFICE RECEIVING THE GIFT OR BEQUEST:

Mental Health Institute

Name of Department or Office _____

1251 W. Cedar Loop _____

Mailing Address _____ City, State, Zip Code _____

Cherokee, IA 51012 _____

Area Code & Telephone No. 712-225-6937 _____

CONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFICE:

Shelley Lenz

Name _____

Mailing Address (if different from above) _____ City, State, Zip (if different from above) _____

Email Address slenz@dhs.state.ia.us _____ Area Code & Telephone Number (if different from above) _____

DONOR OF GIFT OR BEQUEST:

Cheryll Jacobson

Name _____

1013 Pilot Ave - Cherokee IA

Mailing Address _____ City, State, Zip Code _____

Area Code & Telephone Number _____

Email Address (optional) _____

10-7-08 (VHS) 1 Movies (DVD) \$ 125.00

Date of Gift or Bequest _____ 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 or bequest and purpose thereof:

Movies donated to the institution to be checked out to view by patients

Criteria to use this form:

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

Statement of Affirmation:

I, Shelley Lenz affirm that the gift or bequest 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.

Shelley Lenz
Signature

10-7-08
Date

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510 EAST 12TH, SUITE 1A
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DEPARTMENT OR OFFICE RECEIVING THE GIFT OR BEQUEST:

Mental Health Institute	
Name of Department or Office	
1251 W. Cedar Loop	
Mailing Address	City, State, Zip Code
Cherokee, IA 51012	
Area Code & Telephone No.	712-225-6937

CONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFICE:

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

DONOR OF GIFT OR BEQUEST:

Class of 63	
Name	
Mailing Address	City, State, Zip Code
Meriden, IA	
Area Code & Telephone Number	
Email Address (optional)	

10-3-08	\$ 21 ⁰⁰
Date of Gift or Bequest	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 or bequest and purpose thereof:

tour thank you

Criteria to use this form:

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

Statement of Affirmation:

I, Shelley Lenz affirm that the gift or bequest 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.

Shelley Lenz
Signature

10-3-08
Date

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DEPARTMENT OR OFFICE RECEIVING THE GIFT OR BEQUEST:

Mental Health Institute
 Name of Department or Office
1251 W. Cedar Loop
 Mailing Address City, State, Zip Code
Cherokee, IA 51012
 Area Code & Telephone No. 712-225-6937

CONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFICE:

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

DONOR OF GIFT OR BEQUEST:

Lisa Folta
 Name
Cherokee, IA
 Mailing Address City, State, Zip Code
 Area Code & Telephone Number
 Email Address (optional)

10-29-08 \$ 100.00
 Date of Gift or Bequest 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 or bequest and purpose thereof:

Stuffed Animals to be used in Children's Ward

Criteria to use this form:
 Receipt of any gift or bequest that is received by any department of the state or received by the Governor on behalf of the state.

Statement of Affirmation:

I, Shelley Lenz affirm that the gift or bequest 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.

Shelley Lenz
 Signature

10-29-08
 Date

IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD
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DEPARTMENT OR OFFICE RECEIVING THE GIFT OR BEQUEST:

Mental Health Institute
 Name of Department or Office
1251 W. Cedar Loop
 Mailing Address City, State, Zip Code
Cherokee, IA 51012
 Area Code & Telephone No. 712-225-6937

CONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFICE:

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

DONOR OF GIFT OR BEQUEST:

Barb Frey Memorial
 Name
 Mailing Address City, State, Zip Code
Cherokee IA 51012
 Area Code & Telephone Number
 Email Address (optional)

12-26-08 \$ 200⁰⁰
 Date of Gift or Bequest 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 or bequest and purpose thereof:

to be used in the BSD for patients

Criteria to use this form:

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

Statement of Affirmation:

I, Shelley Lenz affirm that the gift or bequest 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.

Shelley Lenz
 Signature

12-26-08
 Date

IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD

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DEPARTMENT OR OFFICE RECEIVING THE GIFT OR BEQUEST:

Mental Health Institute	
Name of Department or Office	
1251 W. Cedar Loop	
Mailing Address	City, State, Zip Code
Cherokee, IA 51012	
Area Code & Telephone No.	712-225-6937

CONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFICE:

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

DONOR OF GIFT OR BEQUEST:

Barb Busch-Mott	
Name	
Mailing Address	City, State, Zip Code
Cherokee IA 51012	
Area Code & Telephone Number	
Email Address (optional)	

12-26-08	\$ 100 ⁰⁰
Date of Gift or Bequest	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 or bequest and purpose thereof:

Pedometers for patients

Criteria to use this form:

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

Statement of Affirmation:

Shelley Lenz affirm that the gift or bequest 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.

Shelley Lenz
Signature

12-26-08
Date

IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD

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DEPARTMENT OR OFFICE RECEIVING THE GIFT OR BEQUEST:

Mental Health Institute
Name of Department or Office
1251 W. Cedar Loop
Mailing Address City, State, Zip Code
Cherokee, IA 51012
Area Code & Telephone No. 712-225-6937

CONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFICE:

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

DONOR OF GIFT OR BEQUEST:

Muesday Club
Name
To Betty Hansen Treas.
Mailing Address City, State, Zip Code
Odebolt, IA 51415
Area Code & Telephone Number
Email Address (optional)

12-26-08
Date of Gift or Bequest
\$ 25⁰⁰
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 or bequest and purpose thereof:

Christmas for the patients

Criteria to use this form:

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

Statement of Affirmation:

I, Shelley Lenz affirm that the gift or bequest 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.

Shelley Lenz
Signature

12-26-08
Date

IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD

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DEPARTMENT OR OFFICE RECEIVING THE GIFT OR BEQUEST:

Mental Health Institute
Name of Department or Office
1251 W. Cedar Loop
Mailing Address City, State, Zip Code
Cherokee, IA 51012
Area Code & Telephone No. 712-225-6937

CONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFICE:

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

DONOR OF GIFT OR BEQUEST:

Jane Walker
Name
1641 Mill Creek Rd
Mailing Address City, State, Zip Code
Cherokee, IA 51012
Area Code & Telephone Number
Email Address (optional)

12-22-08 \$ 200
Date of Gift or Bequest 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 or bequest and purpose thereof:
Pedometer and coat money for patients
Criteria to use this form:
Receipt of any gift or bequest that is received by any department of the state or received by the Governor on behalf of the state.

Statement of Affirmation:

I, Shelley Lenz affirm that the gift or bequest 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.

Shelley Lenz
Signature

12-22-08
Date

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-GB

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

For office use only

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Iowa Code section 8.7 requires all gifts and bequests 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 to be filed within 20 days of receipt of the gift or bequest.

DEPARTMENT OR OFFICE RECEIVING THE GIFT OR BEQUEST:

Mental Health Institute	
Name of Department or Office	
1251 W. Cedar Loop	
Mailing Address	City, State, Zip Code
Cherokee, IA 51012	
Area Code & Telephone No.	712-225-6937

CONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFICE:

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

DONOR OF GIFT OR BEQUEST:

<i>George Senior Women</i>	
Name	
<i>St. Patina Rectory</i>	
Mailing Address	City, State, Zip Code
Cherokee, IA 51237	
Area Code & Telephone Number	
Email Address (optional)	

<i>12-22-08</i>	<i>\$ 90⁰⁰</i>
Date of Gift or Bequest	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 or bequest and purpose thereof:

Christmas for the patients

Criteria to use this form:

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

Statement of Affirmation:

I, Shelley Lenz affirm that the gift or bequest 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.

Shelley Lenz
Signature

12-22-08
Date

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DEPARTMENT OR OFFICE RECEIVING THE GIFT OR BEQUEST:

Mental Health Institute
Name of Department or Office

1251 W. Cedar Loop
Mailing Address

Cherokee, IA 51012 City, State, Zip Code

712-225-6937
Area Code & Telephone No.

CONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFICE:

Shelley Lenz
Name

Mailing Address (if different from above) City, State, Zip (if different from above)

slenz@dhs.state.ia.us Area Code & Telephone Number (if different from above)

DONOR OF GIFT OR BEQUEST:

Marine Corp
Name

Mailing Address City, State, Zip Code

Area Code & Telephone Number

Email Address (optional)

12-15-08 \$ 300⁰⁰
Date of Gift or Bequest 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 or bequest and purpose thereof:

Items delivered to the Children's Unit ^{for} ~~at~~ Christmas.

Criteria to use this form:
Receipt of any gift or bequest that is received by any department of the state or received by the Governor on behalf of the state.

Statement of Affirmation:

Shelley Lenz affirm that the gift or bequest 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.

Shelley Lenz
Signature

12-15-08
Date

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DEPARTMENT OR OFFICE RECEIVING THE GIFT OR BEQUEST:

Mental Health Institute

Name of Department or Office _____

1251 W. Cedar Loop _____

Mailing Address _____ City, State, Zip Code _____

Cherokee, IA 51012

Area Code & Telephone No. 712-225-6937

CONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFICE:

Shelley Lenz

Name _____

Mailing Address (if different from above) _____ City, State, Zip (if different from above) _____

Email Address slenz@dhs.state.ia.us _____ Area Code & Telephone Number (if different from above) _____

DONOR OF GIFT OR BEQUEST:

St Joes Church

Name _____

Mailing Address _____ City, State, Zip Code _____

Granville IA

Area Code & Telephone Number _____

Email Address (optional) _____

12-11-08 _____

Date of Gift or Bequest _____

\$ 225⁰⁰

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 or bequest and purpose thereof:

Christmas gifts for the MHI patients

Criteria to use this form:

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

Statement of Affirmation:

I, Shelley Lenz affirm that the gift or bequest 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.

Shelley Lenz

Signature

12-11-08

Date

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510 EAST 12TH, SUITE 1A
DES MOINES, IA 50319
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DEPARTMENT OR OFFICE RECEIVING THE GIFT OR BEQUEST:

Mental Health Institute
Name of Department or Office
1251 W. Cedar Loop
Mailing Address City, State, Zip Code
Cherokee, IA 51012
Area Code & Telephone No. 712-225-6937

CONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFICE:

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

DONOR OF GIFT OR BEQUEST:

Phil Jacobson
Name
1013 Pilot Ave Cherokee, IA
Mailing Address City, State, Zip Code
Area Code & Telephone Number
Email Address (optional)

12-10-08 \$ 160⁰⁰
Date of Gift or Bequest 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 or bequest and purpose thereof:
Converter Box coupons to be used in purchasing converter boxes for the TV's on the MHI Campus
Criteria to use this form:
Receipt of any gift or bequest that is received by any department of the state or received by the Governor on behalf of the state.

Statement of Affirmation:

I, Shelley Lenz affirm that the gift or bequest 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.

Shelley Lenz
Signature

12-10-08
Date

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DEPARTMENT OR OFFICE RECEIVING THE GIFT OR BEQUEST:

Mental Health Institute
Name of Department or Office
1251 W. Cedar Loop
Mailing Address City, State, Zip Code
Cherokee, IA 51012
Area Code & Telephone No. 712-225-6937

CONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFICE:

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

DONOR OF GIFT OR BEQUEST:

Frank Busch Mott
Name
737 Spruce St. Cherokee, IA
Mailing Address City, State, Zip Code
Area Code & Telephone Number
Email Address (optional)

12-9-08
Date of Gift or Bequest
\$ 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 or bequest and purpose thereof:
Money to buy pedometers for patient walking program

Criteria to use this form:
Receipt of any gift or bequest that is received by any department of the state or received by the Governor on behalf of the state.

Statement of Affirmation:

I, Shelley Lenz affirm that the gift or bequest 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.

Shelley Lenz
Signature

12-9-08
Date

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DEPARTMENT OR OFFICE RECEIVING THE GIFT OR BEQUEST:

Mental Health Institute	
Name of Department or Office	
1251 W. Cedar Loop	
Mailing Address	City, State, Zip Code
Cherokee, IA 51012	
Area Code & Telephone No.	712-225-6937

CONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFICE:

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

DONOR OF GIFT OR BEQUEST:

IC Church Youth	
Name	
Mailing Address	City, State, Zip Code
Area Code & Telephone Number	
Email Address (optional)	

12-8-08	\$ 50 ⁰⁰
Date of Gift or Bequest	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 or bequest and purpose thereof:

Packaged gifts donated to our patients for Christmas

Criteria to use this form:

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

Statement of Affirmation:

I, Shelley Lenz affirm that the gift or bequest 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.

Shelley Lenz
Signature

12-8-08
Date

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DEPARTMENT OR OFFICE RECEIVING THE GIFT OR BEQUEST:

Mental Health Institute	
Name of Department or Office	
1251 W. Cedar Loop	
Mailing Address	City, State, Zip Code
Cherokee, IA 51012	
Area Code & Telephone No.	712-225-6937

CONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFICE:

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

DONOR OF GIFT OR BEQUEST:

Knights of Columbus	
Name	
20 LeRoy Rupp	
Mailing Address	City, State, Zip Code
Cherokee IA	
Area Code & Telephone Number	
Email Address (optional)	

12-8-08	\$ 250 ⁰⁰
Date of Gift or Bequest	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 or bequest and purpose thereof:
Money donated to buy Christmas gifts for our patients.

Criteria to use this form:
Receipt of any gift or bequest that is received by any department of the state or received by the Governor on behalf of the state.

Statement of Affirmation:

I, Shelley Lenz affirm that the gift or bequest 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.

Shelley Lenz
Signature

12-8-08
Date