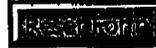


Revised 06/08

IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD

510 EAST 12TH, SUITE 1A
DES MOINES, IA 50319
Fax: (515)281-4073
www.iowa.gov/ethics

2010 JAN -6 AM 11:19



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:

Independence Mental Health Institute
Name of Department or Office
Business Office
Mailing Address
City, State, Zip Code
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 OR BEQUEST:

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

Please See Attached \$
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.
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, Linda Evers 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.

Linda Evers
Signature

January 6, 2010
Date

Monthly Volunteer Report for:	Independence Mental Health Institute, Independence, Iowa 50644	
For month of :	December	use this from for monthly reporting
	2009	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	7	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	0	0	98			
b. Individual Volunteers – providing Indirect Service, i.e., clerical assistance, etc.	4	114	465			
c. Individuals in Groups Direct Service to clients/residents	2	6	240			
d. Individuals in Groups Indirect Service i.e., clerical assistance, etc.	0	0	135			
e. Stipend Volunteers (i.e., Foster Grandparents, Promise Jobs, Green Thumb, etc.)	14	38	283			
TOTAL	20	158	1221	46	1	75

* new federal reporting requirement

Report completed by: Becky Van Daele, Volunteer Coordinator

CONTRIBUTIONS REPORT

Institution/Bureau Independence Mental Health

Region _____ County Buchanan

December 2009
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	
12/1/2009	Zion Lutheran Church Jubilee, Iowa	Shampoo, Conditioners and Home made Candy	225.00		X	Patients Use
12/8/2009	Catholic Daughters Jesup, Iowa	Christmas cards with stamps	50.00		X	Patients Use
12/8/2009	Mary O'Brien MHI Staff	Clothing	3300		X	Patients Use
12/8/2009	Quasqueton Union Church 212 E Cedar St. Quasqueton, Iowa 52326	Shoes	300.00		X	Patients Use
12/8/2009	Sheryl Stanford MHI Staff	Videos	\$400.00		X	Library

Total value of this page: \$ 4275.00

Total value of pages 1 thru 2: \$ 7045.72

PAGE 06/06
MHI INDEP PURCHASING
334-5205
01/06/2010 10:47

CONTRIBUTIONS REPORT

Institution/Bureau Independence Mental Health

Region _____ County Buchanan

December 2009
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	
12/8/2009	Laura Van Daele 174 Cardinal Ct. S.W. Independence, Iowa 50644	Candy	33.00		X	Patients Use
12/16/2009	Denise Barker MHI Staff	Bingo Prized	35.00		X	Patients Use
12/16/2009	MHI Staff	Shampoo, and Body Lotion	110.00		X	Patients Use
12/16/2009	Good Shepard Church 701 Iowa Ave. Decorah, Iowa 52101	Tray Favors	60.00		X	Patients Use
12/2009	Please see itemized listings of cash		2532.72			

Total value of this page: \$ 2770.72

Total value of pages 1 thru 2: \$ 7045.72