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

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:

DHS-Glenwood Resource Center
Name of Department or Office
711 South Vine Street Glenwood, IA 51534
Mailing Address — City, State, Zip Code
712-525-4811
Area Code & Telephone No.

CONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFICE:

Kelly Brodie - Interim Superintendent
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:

Eli-Lilly Pharmaceuticals/Cindy Daley-Rep
Name
1595 Daley Lane Omaha, NE 68122
Mailing Address — City, State, Zip Code
Area Code & Telephone Number
Email Address (optional)

2/17/2009 — $ 142.21
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:

Luncheon during staff presentation/seminar for Bipolar Disorder & Developemental Disabilities

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.

Lisa Messinger
Signature

2-18-09
Date

Fiscal Services, DHS-GRC