

IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD

CAMPAIGN DISCLOSURE BOARD, SUITE 1A

DES MOINES, IA 50319

2009 AUG 31 AM 9:33

Fax: (515) 281-4073

www.iowa.gov/ethics

Reset Form

FORM-GB

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

For office use only

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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:

IFWC District 8
Name
% Marjorie Dykstra, Treas.
151 Hardy St.
Mailing Address
Alcorn, IA 51001
City, State, Zip Code
Area Code & Telephone Number
Email Address (optional)

1-12-09 \$ 30.00
Date of Gift or Request 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:
Canteen Donation 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:

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

1-12-09
Date

IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD

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

Coffee Cup Club	
Name	
23674 Hwy 12	
Mailing Address	City, State, Zip Code
Westfield, IA 51062	
Area Code & Telephone Number	
Email Address (optional)	

1-13-09	\$ 10 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:

Donation for patient use

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

1-13-09
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:

Janet Schroeder

Name

2 Park Ave Cherokee IA

Mailing Address

City, State, Zip Code

Area Code & Telephone Number

Email Address (optional)

1-23-09

Date of Gift or Bequest

\$ 100⁰⁰

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:

Exercise equip to be used 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

1-23-09
Date

IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD

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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:

Barb Belsch-Matt	
Name	
Mailing Address	City, State, Zip Code
Spauld St Cherokee IA	
Area Code & Telephone Number	
Email Address (optional)	

2-19-09	\$ 20 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:

Cash donation for Wii Games for patients to use

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

2-19-09
Date

IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD

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:

<i>Anonymous Donor</i>	
Name	
Mailing Address	City, State, Zip Code
Area Code & Telephone Number	
Email Address (optional)	

<i>3-3-09</i>	\$ 1000 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:

Cashiers' Ck received to be use by Psych Rehab Dept.

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

3-3-09
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:

Barb Busch-Mott

Name

737 Spruce St Cherokee, IA

Mailing Address City, State, Zip Code

Area Code & Telephone Number

Email Address (optional)

3-13-09 \$ 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:

TV and Entertainment Center for ward use

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

3-13-09
Date

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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:

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

3-13-09	\$ 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:

Cash to be used to buy pedometers for patients to use

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

3-13-09
Date

IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD

510 EAST 14th SUITE 1A
DES MOINES, IA 50319

Fax: (515) 281-4073

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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:

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

5-15-09	\$ 25 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.

Appreciation for tour given - to be used towards patient's entertainment

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

5-15-09
Date

IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD
 10 EAST 12TH, SUITE 1A
 DES MOINES, IA 50319
 Fax: (515)281-4073
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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:

Central Trust Savings
 Name
 Mailing Address City, State, Zip Code
Cherokee, IA 51012
 Area Code & Telephone Number
 Email Address (optional)

6-11-09 \$ 70⁰⁰
 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:
Cash Donation for giving group tours- to be use for patient entertainment.
 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

6-11-09
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:

MHI Employees	
Name	
1251 W. Cedar Loop	
Mailing Address	
Cherokee IA 51012	City, State, Zip Code
Area Code & Telephone Number	
Email Address (optional)	

6-22-09	\$ 10 ⁴⁰
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 from popcorns to be put in patient entertainment

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

6-22-09
Date

IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD

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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:

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

6-26	\$ 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:

For Patient Walking Program - to buy pedometers

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

6-26-09
Date