

IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD

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



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:

DHS Glenwood Resource Center	
Name of Department or Office 711 South Vine Street	Glenwood, IA 51534
Mailing Address 712-525-1683	City, State, Zip Code
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)

IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD
2012 JAN 27 PM 1:08

DONOR OF GIFT OR BEQUEST:

UCB Pharmaceuticals/Brenna Falen CNS Hospital Specialist	
Name	
1950 Lake Park Drive	Smyrna, GA 30080
Mailing Address	City, State, Zip Code
800-477-7877	
Area Code & Telephone Number	
Email Address (optional)	

1/20/12	\$99.51
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:

Seminar on Vimpat (Anti-Epileptic Drug) for facility Nursing, Physician & Pharmacy. Lunch provided by Pizza Hut for forty (40) GRC staff.

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, Ruth Messinger 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.

Ruth Messinger
Signature

1/20/2012
Date

Revised 06/08

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DEPARTMENT OR OFFICE RECEIVING THE GIFT OR BEQUEST:

STATE TRAINING SCHOOL

Name of Department or Office
3211 EDGINGTON AVE

ELDORA, IA 50627

Mailing Address
641-839-5403

City, State, Zip Code

Area Code & Telephone No.

2012 JAN 25 AM 11:41
 IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD

CONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFICE:

Kristin Hagedon

Name

Mailing Address (if different from above)

khagedo@dhs.state.ia.us

City, State, Zip (if different from above)

Email Address

Area Code & Telephone Number (if different from above)

DONOR OF GIFT OR BEQUEST:

Kiwanis Club of Eldora

Name

c/o D. Priske, 710 11th Ave

Eldora, IA 50627

Mailing Address

City, State, Zip Code

Area Code & Telephone Number

Email Address (optional)

1/24/12

\$269.00

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 to Chaplaincy Dept. to cover expense of two motivational multi-media presentations.

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, Kristin Hagedon 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.

Kristin Hagedon
 Signature

Jan. 25, 2012
 Date