

INDEPENDENCE MENTAL HEALTH INSTITUTE
 NON-PROFIT REPORT
 SEPTEMBER 2012
 FY 13

DATE	REP #	FND	SOURCE	PURPOSE	DEPOSITS	WITHDR.
				BEGINNING BALANCE	\$16,638.65	
08/05/12	101914	SFV	MHI DIETARY	TRAY FAVORS	\$0.00	\$26.23
08/08/12	101915	WSF	U.S. POST OFFICE	STAMPS FOR CONFERENCE	\$0.00	\$157.60
09/07/12	101916	UPF	SUBWAY	PATIENT'S USE	\$0.00	\$26.00
08/10/12	8137	CCUS	IOWA RESIDENTIAL EDUCATORS	EDUCATIONAL MATERIAL	\$1,000.00	\$0.00
08/12/12	101917	SFV	NEJEWISH BIBBS	SOCIAL PARTY	\$0.00	\$20.00
08/12/12	101918	UPF	CAPITOL VENDING	SOCIAL PARTY	\$0.00	\$20.00
08/17/12	8138	UPF	ANONYMOUS	PATIENT'S USE	\$10.00	\$0.00
08/19/12	101919	SFV	WAL-MART COMMUNITY	SPORTS DAY	\$0.00	\$165.79
08/19/12	101920	SFV	CAPITOL VENDING	CANTEEN BOOKS	\$0.00	\$19.00
					\$1,010.00	\$435.52
TOTAL						\$16,213.13

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 CAMPAIGN DISCLOSURE BR
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CONTRIBUTIONS REPORT

Institution/Bureau Independence Mental Health Institute

Region _____ County Buchanan

September, 2012
Month/Year

Name of person completing report Linda Evers Title Accounting Clerk II

	CONTRIBUTOR (Name & Address if Available)	Contribution	\$ Value	Check type		Purpose -- If Specified
				Cash	In-Kind	
October 15, 2012	Bill & Bev Ciesielski 406 14 Ave. N.E. Independence, IA 50644	Tire Changer	\$25.00		X	"Days of Yore" Museum
	See itemized sheet for Cash listings.					

Total value of this page: \$25.00

Total value of pages 1 thru 2: \$1035.00

Monthly Volunteer Report for: Independence Mental Health Institute, Independence, Iowa 50644

For month of: September

use this form for monthly reporting
 submit report monthly (by end of following month)
 to Iowa Ethics and Campaign Disclosure Board
 Fax number 515-281-4073

1. # of Individuals registered as DHS Volunteers	2012 69
2. # of Groups registered as DHS Volunteer Groups	7

	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	2	4	16	[REDACTED]		
b. Individual Volunteers – providing Indirect Service, i.e., clerical assistance, etc.	2	29	94			
c. Individuals in Groups Direct Service to clients/residents	0	0	4			
d. Individuals in Groups Indirect Service i.e., clerical assistance, etc.	1	2	7			
e. Stipend Volunteers (i.e., Foster Grandparents, Promise Jobs, Green Thumb, etc.)	15	85	135			
TOTAL	20	120	256	44	2	24

* new federal reporting requirement

Report completed by: Diane Wessels

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



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:

STATE TRAINING SCHOOL

Name of Department or Office
3211 EDGINGTON AVENUE

ELDORA, IOWA 50627
City, State, Zip Code

Mailing Address
641-851-5402

Area Code & Telephone No.

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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:

Trudy Thomas, All Things Possible Ministries
Name

P.O. Box 697
Murieta, CA 92564
Mailing Address

Area Code & Telephone Number

Email Address (optional)

10/14/2012
Date of Gift or Bequest

\$160.10
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 of 20 books for student use in the STS Library and the Chapel

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

October 17, 2012
Date