

# IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD

510 EAST 12<sup>TH</sup>, 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 712-525-1252	City, State, Zip Code
Area Code & Telephone No.	

IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD  
2012 DEC 28 AM 9:05

### 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)

### DONOR OF GIFT OR BEQUEST:

Jade Fischer	
Name	
206C S. Vine St	Glenwood, IA 51534
Mailing Address	City, State, Zip Code
Area Code & Telephone Number	
Email Address (optional)	

12/8/24	\$20.78
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: Assorted food items
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.

Signature

12/21/2012  
Date

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### 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 712-325-1252	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)

2012 DEC 28 AM 9:05  
IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD

### DONOR OF GIFT OR BEQUEST:

US Army Corp of Engineers/Kevin Stamm P.E.	
Name	
1616 Capital Ave, Ste 365	Omaha, NE 68102
Mailing Address	City, State, Zip Code
Area Code & Telephone Number	
Email Address (optional)	

12/20/2012	\$ 1,400.00
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 Client use: Pool cues, billiard chucks, repair kit, Ping Pong paddles, table tennis balls, Wii games, Gold Medal Pop Maxx

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.

Signature

12/24/2012  
Date

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Reset Form

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### 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 712-525-1252	City, State, Zip Code
Area Code & Telephone No.	

2012 DEC 28 AM 9:08  
IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD

### 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)

### DONOR OF GIFT OR BEQUEST:

Amy Volkman	
Name	
411 Chippewa Dr	Gretna, NE 68028
Mailing Address	City, State, Zip Code
Area Code & Telephone Number	
Email Address (optional)	

12/21/2012	\$ 179.00
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:  
Socks, gloves, blankets, makeup, clothing, slippers for Clients in Units 467, 473, & 470.

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

12/24/2012  
Date

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Name of Department or Office 711 South Vine Street	Glenwood, IA 51534
Mailing Address 712-525-1252	City, State, Zip Code
Area Code & Telephone No.	

IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD  
2012 DEC 28 AM 9:06

### 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)

### DONOR OF GIFT OR BEQUEST:

ALA - Bridgewater #703	
Name	
% Cathy Brown 105 NW 4th st	Bridgewater, IA 50837
Mailing Address	City, State, Zip Code
Area Code & Telephone Number	
Email Address (optional)	

12/19/2012	\$30.00
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: 30 handmade decorated felt stockings for Client enjoyment
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

12/24/2012  
Date