

**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<br>711 South Vine Street | Glenwood, IA 51534    |
| Mailing Address<br>712/525/1252                       | City, State, Zip Code |
| Area Code & Telephone No.                             |                       |

IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD  
 2013 NOV 18 AM 9:01

**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:**

|                              |                       |
|------------------------------|-----------------------|
| Kelly Robinson               |                       |
| Name                         |                       |
| 18732 Webster Blvd           | Plattsmouth, NE 68048 |
| Mailing Address              | City, State, Zip Code |
| Area Code & Telephone Number |                       |
| Email Address (optional)     |                       |

|  |               |
|--|---------------|
| 11/12/2013   | \$ 5.00       |
| 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:  
 1 pair of shoes donated to specific Individual

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

11/13/2013  
 Date