

IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD

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

Reset Form

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	City, State, Zip Code
712-525-1252	
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)

DONOR OF GIFT OR BEQUEST:

Nicole West	
Name	
608 E. 9th St.	Malvern, IA 51551
Mailing Address	City, State, Zip Code
Area Code & Telephone Number	
Email Address (optional)	

7/11/2013	\$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:

Jewelry for Client to receive as Bingo prizes

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

7/19/2013
Date

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Name of Department or Office	Glenwood, IA 51534
711 South Vine Street	
Mailing Address	City, State, Zip Code
712-525-1252	
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)

DONOR OF GIFT OR BEQUEST:

Aldea Simon	
Name	
1601 Tipton Dr	Council Bluffs, IA 51503
Mailing Address	City, State, Zip Code
Area Code & Telephone Number	
Email Address (optional)	

7/16/2013	\$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:
Clothing (scarves) for Client to use during Cancer treatments

Criteria to use this form:
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Ruth Messinger
Signature

7/19/2013
Date

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DHS Glenwood Resource Center	
Name of Department or Office	Glenwood, IA 51534
711 South Vine Street	
Mailing Address	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)

DONOR OF GIFT OR BEQUEST:

Maggie Miller	
Name	
1127 Watrows Ave	Des Moines, IA 50315
Mailing Address	City, State, Zip Code
Area Code & Telephone Number	
Email Address (optional)	

7/20/2013	\$ 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:

Stereo console for Client use

Criteria to use this form:

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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

7/23/2013
Date

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

DONOR OF GIFT OR BEQUEST:

Jessica Lundvall	
Name	Glenwood, IA 51534
12 N Hazel	City, State, Zip Code
Mailing Address	
Area Code & Telephone Number	
Email Address (optional)	

7/22/2013	\$ 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:

"Silent Knight" pill crusher for Client/pharmacy use

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Signature

7/23/2013
Date

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Name of Department or Office 711 South Vine Street	Glenwood, IA 51534
Mailing Address	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)

DONOR OF GIFT OR BEQUEST:

Linda VanNorstrand	
Name	
604 2nd St	Neola, IA 51534
Mailing Address	City, State, Zip Code
Area Code & Telephone Number	
Email Address (optional)	

7/22/2013	\$ 200.00
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:

In memory of former Staff, cash donation to House 468 to enhance Clients living area

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Statement of Affirmation:

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Ruth Messinger
Signature

7/23/2013
Date