

**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**

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

2014 DEC 22 PM 1:05  
 RECEIVED  
 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:**

Sharon Ruff	
Name	
21415 Shamrock Cir	Elkhorn, NE 68022
Mailing Address	City, State, Zip Code
Area Code & Telephone Number	
Email Address (optional)	

12/17/2014	\$ 250.00
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:  Memorial gift of membership to SAC Museum for GRC Individuals
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

12/18/2014  
 \_\_\_\_\_  
 Date

### IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD

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DES MOINES, IA 50319  
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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.	

2014 DEC 22 PM 1:05  
RECEIVED  
DHS  
GLENWOOD RESOURCE CENTER

#### 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:

Molly Berger	
Name	
206 N. Lambert	Randolph, IA 51649
Mailing Address	City, State, Zip Code
Area Code & Telephone Number	
Email Address (optional)	

12/17/2014	\$ 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:  
Christmas "gift bags" for GRC & HCBS Individuals

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

12/18/2014  
Date