

03/05/2014

DONATION REPORT.xlsFEB '14

DATE	REF #	FND	SOURCE	PURPOSE	DEPOSITS	WITHDR.
				<b>Beginning Balance</b>	<b>\$21,929.20</b>	
02/05/2014	7029	SFV	NeJewish Bibbs	social party		\$20.00
02/06/2014	7030	UPF	Capitol Vending	canteen books		\$5.00
02/07/2014	9870	WDR	Ward R	patients use	\$4.90	
02/17/2014	9871	WDR	Ward R	patients use	\$3.70	
02/18/2014	7031	UPF	Capitol Vending	canteen books		\$10.00
02/20/2014	7032	UPF	Capitol Vending	canteen books		\$10.00
02/26/2014	7033	FDF	MHI-dietary	spotter training		\$44.50
					\$8.60	\$89.50
				<b>ENDING BALANCE</b>		<b>\$21,848.30</b>

IA ETHICS AND  
 CAMPAIGN DISCLOSURE BY  
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**Monthly Volunteer Report for:** Independence Mental Health Institute, Independence, Iowa 50644

**For month of:** February use this from for monthly reporting

2014 submit report monthly (by end of following month)

<b>1. # of Individuals registered as DHS Volunteers</b>	<b>69</b>	to Iowa Ethics and Campaign Disclosure Board
<b>2. # of Groups registered as DHS Volunteer Groups</b>	<b>7</b>	

Fax number 515-281-4073

	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	1	2	47			
b. Individual Volunteers -- providing Indirect Service, i.e., clerical assistance, etc.	0	0	61			
c. Individuals in Groups Direct Service to clients/residents	0	0	0			
d. Individuals in Groups Indirect Service i.e., clerical assistance, etc.	1	2	19			
e. Stipend Volunteers (i.e., Foster Grandparents, Promise Jobs, Green Thumb, etc.)	14	35	308			
<b>TOTAL</b>	<b>16</b>	<b>39</b>	<b>435</b>	<b>37</b>	<b>6</b>	<b>31</b>

\* new federal reporting requirement

Report completed by: Diane Wessels

**CONTRIBUTIONS REPORT**

Institution/Bureau Independence Mental Health Institute

Region \_\_\_\_\_ County Buchanan

February 2014  
Month/Year

Name of person completing report Val Stanford Title Accounting Clerk II

Date	CONTRIBUTOR (Name & Address if Available)	Contribution	\$ Value	Check type		Purpose – If Specified
				Cash	In-Kind	
2/4/14	Bill's Pizza	18 pizzas	200		x	Patients use
	See itemized sheet for Cash listings.					

Total value of this page: \$200\_

Total value of pages 1 thru 2: \$208.60