Revised 06/08

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:

Carroll & Jeneen Roof
Name

503 N 18th St — Unionville, MO ~~53565~~ 63565
Mailing Address — City, State, Zip Code

660-947-2913
Area Code & Telephone Number

Email Address (optional)

7/17/2014 — $ 50.00
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 donation

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

7/17/2014
Date

Revised 06/08

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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 — 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:

Jo Gregory
Name

PO Box 385 — Unionville, MO 63565
Mailing Address — City, State, Zip Code

660-947-2885
Area Code & Telephone Number

Email Address (optional)

7/17/2014 — $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:

Memorial donation

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

7/17/2014
Date

Revised 06/08

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DEPARTMENT OR OFFICE RECEIVING THE GIFT OR BEQUEST:

Clarinda MHI
Name of Department or Office

1800 N 16th — Clarinda IA 51632
Mailing Address — City, State, Zip Code

712-542-2161
Area Code & Telephone No.

CONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFICE:

Sue Rehwaldt Hays
Name

Mailing Address (if different from above) — City, State, Zip (if different from above)

Sue.RehwaldtHays@iowa.gov
Email Address — Area Code & Telephone Number (if different from above)

DONOR OF GIFT OR BEQUEST:

Family of A Arington
Name

Clarinda
Mailing Address — City, State, Zip Code

Area Code & Telephone Number

Email Address (optional)

6/2014 — $1,000.00
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:

Personal belongings, wheelchair for other residents to utilize

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, Sue Rehwaldt Hays 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 — 7/17/14 Date