

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

2014 SEP 8 AM 9:02

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:

Madrana Driver	
Name	
3445 Ave D	Council Bluffs, IA 51501
Mailing Address	City, State, Zip Code
Area Code & Telephone Number	
Email Address (optional)	

8/22/2014	\$ 500.00
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 of deceased neice: Bedroom set, chair, refrigerator, clothing for 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.

Ruth Messinger
Signature

9/3/2014
Date

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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.	

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)

2014 SEP 8 AM 9:02

DONOR OF GIFT OR BEQUEST:

Patricia & Steve Wasilewski	
Name	
19006 Margo St	Omaha, NE 68136
Mailing Address	City, State, Zip Code
Area Code & Telephone Number	
Email Address (optional)	

8/19/2014	\$819.76
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: 6 pr pants, 7 shirts, 5 robes, 7 pkg socks, 9 scarves, 2 glove/scarf sets (tags still on garments) for Individuals in Unit 467
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

9/3/2014

 Date

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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.	

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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:

Patricia & Steve Wasilewski	
Name	
19006 Margo St	Omaha, NE 68136
Mailing Address	City, State, Zip Code
Area Code & Telephone Number	
Email Address (optional)	

8/19/2014	\$ 937.98
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:

5 pr jeans, 11 shirts (tags still on garments) for Individuals in Unit 360

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

9/3/2014
Date

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

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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:

Patricia & Steve Wasilewski	
Name	
19006 Margo St	Omaha, NE 68136
Mailing Address	City, State, Zip Code
Area Code & Telephone Number	
Email Address (optional)	

8/19/2014	\$ 448.00
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:

7 T-shirts, sweatpants, 5 dress shirts, 1 pr khaki pants for Individuals in Unit 248

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

9/3/2014
Date

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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.	

2014 SEP - 8 AM 9:02

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:

Patricia & Steve Wasilewski	
Name	
19006 Margo St	Omaha, NE 68136
Mailing Address	City, State, Zip Code
Area Code & Telephone Number	
Email Address (optional)	

8/19/2014	\$ 80.00
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:
2 pr dress pants for Individuals in Unit 473
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

9/3/2014
Date