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:

Ruth Messinger
Name

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

rmessin@dhs.state.ia.us — 712-525-1683
Email Address — Area Code & Telephone Number (if different from above)

2016 JAN -7 AM 8:45
IA ETHICS AND CAMPAIGN DISCLOSURE BD

DONOR OF GIFT OR BEQUEST:

Kathleen Kingery Davidson
Name

8213 S 106th St — LaVista, NE 68128
Mailing Address — City, State, Zip Code

Area Code & Telephone Number

Email Address (optional)

12/29/15 — $681.94
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:

200 greeting cards, 2 party hats, 14 gift bags for use by Individuals residing in Unit 239 or at OT young adult group or at the Hub all located at Glenwood Resource Center

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

12/29/2015
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.

2016 JAN -7 AM 8:45

CONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFICE:

Ruth Messinger
Name

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

rmessin@dhs.state.ia.us — 712-525-1683
Email Address — Area Code & Telephone Number (if different from above)

DONOR OF GIFT OR BEQUEST:

Carole Tribbie
Name

PO Box 278 — Malvern, IA 51551
Mailing Address — City, State, Zip Code

Area Code & Telephone Number

Email Address (optional)

12/24/2015 — $55.00
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:

Nintendo 3 DS for HCBS Individuals residing Glenwood, IA

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

12/30/2015
Date