

# 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.

2015 MAR -4 AM 7:39  
IOWA 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:

David Millsap

Name  
108 N. Hazel  
Glenwood, IA 51534

Mailing Address  
City, State, Zip Code

Area Code & Telephone Number \_\_\_\_\_

Email Address (optional) \_\_\_\_\_

2/25/2015 \$ 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:

Waffle maker for Individuals residing in Unit 248 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

2/25/2015  
Date

# 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.

### 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:

Darcy McClelland

---

Name  
2718 Benjamin Fort Pierce, SD 57532

---

Mailing Address  
City, State, Zip Code

---

Area Code & Telephone Number \_\_\_\_\_

---

Email Address (optional) \_\_\_\_\_

2/16/2015 \$ 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:

Assorted clothing for Individuals residing 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.

  
Signature

2/25/2015  
Date

**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.	

**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:**

Gloria & LeMoyne Hucke	
Name	
3388 Spinning Wheel Circle	Muscatine, IA 52761
Mailing Address	City, State, Zip Code
Area Code & Telephone Number	
Email Address (optional)	

2/20/2015	\$ 100.00
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:

Assorted clothing for Individuals residing 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

2/25/2015  
 Date