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)

DONOR OF GIFT OR BEQUEST:

Janice Engle
Name

204 S 1st Street — Red Oak, IA 51566
Mailing Address — City, State, Zip Code

Area Code & Telephone Number

Email Address (optional)

5/01/2015 — $30.00
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 jewelry (necklaces, rings, etc) and watches for Individuals residing in Unit 470 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

5/01/2015
Date

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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)

DONOR OF GIFT OR BEQUEST:

Five Star Quality Care/Park Place
Name

114 Green St — Glenwood, IA 51534
Mailing Address — City, State, Zip Code

Area Code & Telephone Number

Email Address (optional)

5/1/2015 — $350.00
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:

Redemption business closed-gave recycling bags & boxes to GRC Vocational recycling program

Criteria to use this form:

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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

5/6/2015
Date

Revised 06/08

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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)

DONOR OF GIFT OR BEQUEST:

Kelly Brodie
Name

55690 237th Street — Glenwood, IA 51534
Mailing Address — City, State, Zip Code

Area Code & Telephone Number

Email Address (optional)

5/4/2015 — $5.00
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:

Flower pots for inventory at GRC Vocational Store.

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

5/04/2015
Date

Revised 06/08

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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)

DONOR OF GIFT OR BEQUEST:

American Legion Auxiliary #240
Name

226 Road M16 — Shelby, IA 51570
Mailing Address — City, State, Zip Code

Area Code & Telephone Number

Email Address (optional)

5/6/2015 — $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:

$10.00 check to benefit children and youth residing at Glenwood Resource Center

Criteria to use this form:

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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

5/6/2015
Date