

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.	

2015 JUL 27 AM 8:31
IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD

CONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFICE:

Ruth Messinger	
Name	
Mailing Address (if different from above) rmessin@dhs.state.ia.us	City, State, Zip (if different from above) 712-525-1683
Email Address	Area Code & Telephone Number (if different from above)

DONOR OF GIFT OR BEQUEST:

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

7/1/2015	\$ 322.00
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 men's & women's 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

7/22/2015
Date

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Ruth Messinger	
Name	
Mailing Address (if different from above) rmessin@dhs.state.ia.us	City, State, Zip (if different from above) 712-525-1683
Email Address	Area Code & Telephone Number (if different from above)

DONOR OF GIFT OR BEQUEST:

Ira & Laura Bird	
Name	
407 White Heron Cir	Fayetteville, NY 13066-9504
Mailing Address	City, State, Zip Code
Area Code & Telephone Number	
Email Address (optional)	

7/14/2015	\$ 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:

Memorial - benefit the Campus to "brighten the day for staff and patients" at Glenwood Resource Center

Criteria to use this form:

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Statement of Affirmation:

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Signature

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Date

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CONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFICE:

Ruth Messinger	
Name	
Mailing Address (if different from above) rmessin@dhs.state.ia.us	City, State, Zip (if different from above) 712-525-1683
Email Address	Area Code & Telephone Number (if different from above)

DONOR OF GIFT OR BEQUEST:

Gary & Carla Hucke	
Name	
1735 Lindle Ave	Muscatine, IA 52761
Mailing Address	City, State, Zip Code
Area Code & Telephone Number	
Email Address (optional)	

7/14/2015	\$ 125.00
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:

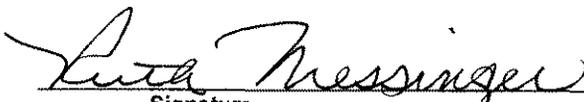
Memorial - benefit the Campus to "brighten the day for staff and patients" at Glenwood Resource Center

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Ruth Messinger	
Name	
Mailing Address (if different from above) rmessin@dhs.state.ia.us	City, State, Zip (if different from above) 712-525-1683
Email Address	Area Code & Telephone Number (if different from above)

DONOR OF GIFT OR BEQUEST:

First National Bank of Muscatine	
Name	
Mailing Address 563-263-4221	Muscatine, IA 52761 City, State, Zip Code
Area Code & Telephone Number	
Email Address (optional)	

7/14/2015	\$ 50.00
Date of Gift or Bequest	Amount/Value*
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Email Address	
Area Code & Telephone Number (if different from above)	

DONOR OF GIFT OR BEQUEST:

S. R. Fowler	
Name	
26819-190th Ave W	Illinois City, IL 61259
Mailing Address	City, State, Zip Code
Area Code & Telephone Number	
Email Address (optional)	

7/14/2015	\$ 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".	

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