

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.	

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:

Pepsi Beverages Co/Timothy Brownlee	
Name	
4603 S. 72nd Street	Omaha, NE 68127
Mailing Address	City, State, Zip Code
800-963-2424	
Area Code & Telephone Number	
Email Address (optional)	

9/4/2015	\$464.10 <i>approx</i>
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:

Product to serve Individuals residing at Glenwood Resource Center during their Very Special Arts Festival held on campus

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

9/11/2015
 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:

Phyllis Weirbach	
Name	
702 South Hancock	Ottumwa, IA 52501
Mailing Address	City, State, Zip Code
Area Code & Telephone Number	
Email Address (optional)	

9/03/2015	\$ 250.00
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:
 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

9/10/2015

 Date

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Name of Department or Office 711 South Vine Street	Glenwood, IA 51534
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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:

Carol Swanson	
Name	
510 Franklin	Tabor, IA 51653
Mailing Address	City, State, Zip Code
Area Code & Telephone Number	
Email Address (optional)	

9/08/2015	\$250.00
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:

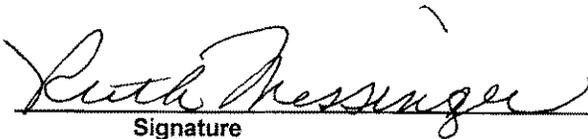
Ladies clothing for Individuals residing at Glenwood Resource Center.

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

9/10/2015
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:

Molly Bergen	
Name	
PO Box 73	Randolph, IA 51649
Mailing Address	City, State, Zip Code
Area Code & Telephone Number	
Email Address (optional)	

9/4/2015	\$75.00
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:

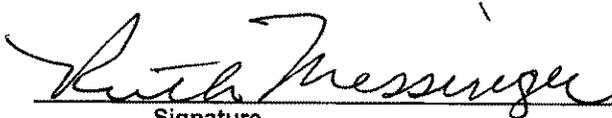
Assorted ladies clothing for Individuals residing in Unit 470 at Glenwood Resource Center, items not appropriate will go to GRC Clothing Center

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.



 Signature

9/4/2015

 Date

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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:

Vine Street Cellars	
Name	
17 N. Vine Street	Glenwood, IA 51534
Mailing Address	City, State, Zip Code
Area Code & Telephone Number	
Email Address (optional)	

8/28/2015	\$60.85
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:

Donated can deposits for Recreation fund toward putt putt for Individuals 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

9/3/2015
Date

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Email Address	Area Code & Telephone Number (if different from above)

DONOR OF GIFT OR BEQUEST:

First Baptist Missionary Circle	
Name	
4236 Main Street	Elk Horn, IA 51531
Mailing Address	City, State, Zip Code
Area Code & Telephone Number	
Email Address (optional)	

8/28/2015	\$0.00
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:

Used card & calendar fronts to be used as craft items for Individuals residing at Glenwood Resource Center

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Statement of Affirmation:

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Ruth Messinger
Signature

9/3/2015
Date