

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:

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

12/21/2015	\$ 165.00
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:

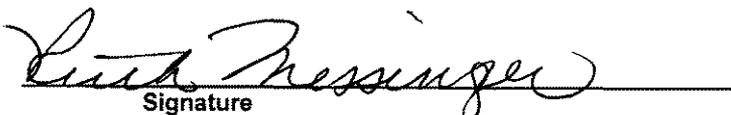
Cologne, art sets, ornaments, toys, blankets, etc for Individuals residing in Units 473, 470, 467, & 360 at Glenwood Resource Center

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

12/28/2015
 Date

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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 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:

Cindy Nicholson	
Name	
509 Main St	Tabor, IA 51653
Mailing Address	City, State, Zip Code
Area Code & Telephone Number	
Email Address (optional)	

12/24/2015	\$2.00
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:

Christmas candy 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.


Signature

12/28/2015
Date

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DEPARTMENT OR OFFICE RECEIVING THE GIFT OR BEQUEST:

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

Sheila Biggs	
Name	
8010 3rd St	Glenwood, IA 51534
Mailing Address	City, State, Zip Code
Area Code & Telephone Number	
Email Address (optional)	

12/28/2015	\$40.00
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 shirts & pants for Individuals residing in Unit 248 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

12/28/2015
Date