

# 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:

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)

2015 NOV 2 AM 9:15

### DONOR OF GIFT OR BEQUEST:

AgriVision Equipment Group LLC	
Name	
58668 190th	Pacific Junction, IA 51561
Mailing Address	City, State, Zip Code
Area Code & Telephone Number	
Email Address (optional)	

10/8/2015	\$66.70
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:

Can redemption (IA 5 cent dep) donated toward Camp Campbell activities 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

10/28/2015  
Date

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

**DONOR OF GIFT OR BEQUEST:**

Sheila Biggs	
Name	
810 THYRA ST GLENWOOD IA 51534	City, State, Zip Code
Mailing Address	
Area Code & Telephone Number	
Email Address (optional)	

10/20/2015	\$20.00
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:

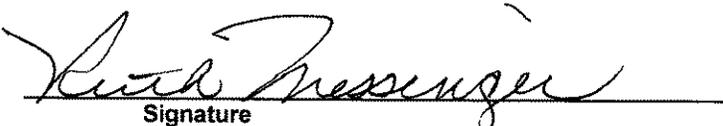
DVD movies to use at Day Hab/Rec site for Individuals residing at Glenwood Resource Center

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**Statement of Affirmation:**

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 Signature

10/28/2015  
 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:

Anna P. Olson	
Name	
2604 N. Wright Ave.	Sioux Falls, SD 57107-2035
Mailing Address	City, State, Zip Code
Area Code & Telephone Number	
Email Address (optional)	

10/28/2015	\$ 500.00
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:

In appreciation of care given to Aunt, a resident until June 1937, donor would like a "Christmas gift" for all Individuals now 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.

Signature

10/28/2015

Date

LOCAL  
10/29/15

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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:**

Lori Faulkner	
Name	
21811 Henton Drive	Glenwood, IA 51534
Mailing Address	City, State, Zip Code
Area Code & Telephone Number	
Email Address (optional)	

10/29/2015	\$ 1.00
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.

Handmade knit scarf for an Individual 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

11/3/2015  
 Date

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

**DONOR OF GIFT OR BEQUEST:**

Richard Mayhew	
Name	
60908 Levi Rd	Glenwood, IA 51534
Mailing Address	City, State, Zip Code
Area Code & Telephone Number	
Email Address (optional)	

10/28/2015	\$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".	

Provide a description of the gift or bequest and purpose thereof:

2 tickets to pumpkin patch for Waiver Individuals.

Criteria to use this form:

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**Statement of Affirmation:**

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 Signature

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### DONOR OF GIFT OR BEQUEST:

Richard Mayhew	
Name	
60908 Levi Rd	Glenwood, IA 51534
Mailing Address	City, State, Zip Code
Area Code & Telephone Number	
Email Address (optional)	

10/28/2015	\$25.00
Date of Gift or Bequest	Amount/Value*
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Provide a description of the gift or bequest and purpose thereof.

Fire pit for Waiver Individuals and staff

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### Statement of Affirmation:

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Date

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### DONOR OF GIFT OR BEQUEST:

Byron & Diane Brockman	
Name	
306 N Hazel	Glenwood, IA 51534
Mailing Address	City, State, Zip Code
Area Code & Telephone Number	
Email Address (optional)	

10/19/2015	\$ 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:

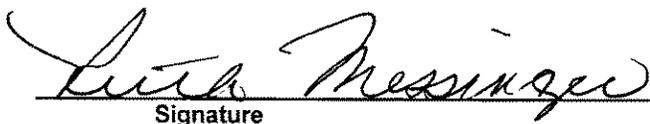
Used wheelchair - for use by any Individual residing at Glenwood Resource Center

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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

10/30/2015  
Date