

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 NOV 19 AM 9:07

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:

Desiree Castro	
Name	
3 Holst St	Treynor, IA 51575
Mailing Address	City, State, Zip Code
Area Code & Telephone Number	
Email Address (optional)	

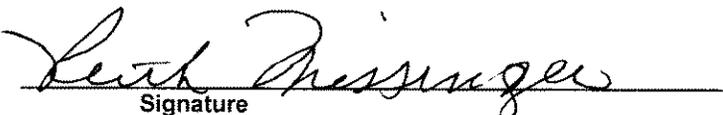
10/29/2015	\$ 5.00
Date of Gift or Bequest	Amount/Value*
*value is defined as "fair market value" of item as determined by receiving department or office. If no value mark "0.00".	

Provide a description of the gift or bequest and purpose thereof:
 Halloween treats for Individuals residing in Unit 467 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

11/16/2015
 Date

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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 NOV 19 AM 9:07

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:

Cindi Hals	
Name	
PO Box 344	Glenwood, IA 51534
Mailing Address	City, State, Zip Code
Area Code & Telephone Number	
Email Address (optional)	

11/9/2015	\$43.50
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 refund to use toward park 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

11/16/2015
Date

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DHS Glenwood Resource Center		2015 NOV 19 AM 9:07
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		2015 NOV 19 AM 9:07
Name		
Mailing Address (if different from above) rmessin@dhs.state.ia.us	City, State, Zip (if different from above) 712-525-1683	
Email Address		

DONOR OF GIFT OR BEQUEST:

Leonard Allard	
Name	
405 ND	Oskaloosa, IA 52577
Mailing Address	City, State, Zip Code
Area Code & Telephone Number	
Email Address (optional)	

11/16/2015	\$ 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:

Assorted clothing and a 24" TV for use by 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

11/16/2015
Date