

**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)

**DONOR OF GIFT OR BEQUEST:**

Patrick Hollinger	
Name	
2856 Bauman Avenue	Omaha, NE 68112
Mailing Address	City, State, Zip Code
Area Code & Telephone Number	
Email Address (optional)	

1/21/2016	\$ 360.00
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:

Hoodies, jackets, pants & shirts for two Individuals residing in Unit 239 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

1/22/2016  
 Date

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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:

Corp of Engineers % Keven Stamm	
Name	
1616 Capital Ave, Ste 365	Omaha, NE 68102
Mailing Address	City, State, Zip Code
Area Code & Telephone Number	
Email Address (optional)	

1/22/2016	\$80.00
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:

Gift card to Hobby Lobby for Recreation Dept to use 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

1/25/2016  
Date