

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) |

2016 MAR 9 AM 8:01
IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD

DONOR OF GIFT OR BEQUEST:

| | |
|------------------------------|-----------------------|
| Stephanie Gray | |
| Name | |
| 704 Orchard Dr | Glenwood, IA 51534 |
| Mailing Address | City, State, Zip Code |
| Area Code & Telephone Number | |
| Email Address (optional) | |

| | |
|--|---------------|
| 3/10/2016 | \$ 30.00 |
| 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:
Tennis shoes for Individual residing in Unit 470 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

3/21/2016
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. | |

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:

| | |
|------------------------------|-----------------------|
| Regina Bennett | |
| Name | |
| 802 Arnold Street | Glenwood, IA 51534 |
| Mailing Address | City, State, Zip Code |
| Area Code & Telephone Number | |
| Email Address (optional) | |

| | |
|--|---------------|
| 3/02/2016 | \$0.88 |
| 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:
 Birthday soda for Individual working in FNS kitchen 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

3/21/2016
 Date