

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.

2016 APR -8 PM 12:49
IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD

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:

Anonymous

Name

Mailing Address
City, State, Zip Code

Area Code & Telephone Number

Email Address (optional)

4/1/2016 \$47.30

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.

4 anonymous donations of IA \$.05 Dep refunds for general use to help 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.


Signature

4/7/2016
Date

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 APR - 08 PM 12:49
IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD

DONOR OF GIFT OR BEQUEST:

Kathy Tack	
Name	
22125 Jewel Lane	Glenwood, IA 51534
Mailing Address	City, State, Zip Code
Area Code & Telephone Number	
Email Address (optional)	

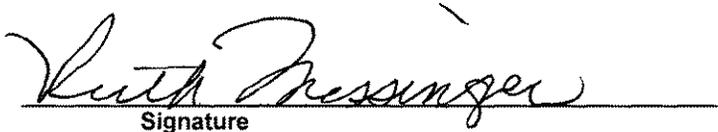
4/1/2016	\$40.00
Date of Gift or Bequest	Amount/Value*
*value is defined as "fair market value" of item as determined by receiving department or office. If no value mark "0.00".	

Provide a description of the gift or bequest and purpose thereof:
Fabric for vocational/ Individuals to make bracelets 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

4/7/2016
Date