

IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD

510 EAST 12<sup>TH</sup> ST, SUITE 1A  
DES MOINES, IA 50319  
Fax: (515)281-3701  
www.iowa.gov/ethics

Reset Form

FORM-GBG

This Request, or Grant information  
provided by the petitioner or  
recipient to the Governor on behalf  
of the state

For office use only

Printed: 12/4/2006  
Checked:  
Computer:

Section 37.2 requires all gifts, bequests, and grants 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 required to be filed within 30 days of receipt of the gift, bequest, or grant.

RECEIVED  
DISCLOSURE BOARD  
DEC 4 2006  
FILED

DEPARTMENT OR OFFICE RECEIVING THE GIFT, BEQUEST, OR GRANT:

State Training School	
Name of Department or Office	
City, State, Zip Code	
Mailing Address	City, State, Zip Code
Area Code & Telephone No.	

CONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFICE:

Millie Dagit	
Name	
City, State, Zip Code	City, State, Zip Code
Mailing Address	City, State, Zip Code
Area Code & Telephone No.	Area Code & Telephone No. (Print from above)

DONOR OF GIFT, BEQUEST, OR GRANT:

Eddie Veal	
Name	
City, State, Zip Code	
Mailing Address	City, State, Zip Code
Area Code & Telephone Number	
Email Address (optional)	

12/4/2006	\$ 200.00
Date of Gift, Bequest, or Grant	Amount/Value*
*Value is defined as fair market value, or item as determined by receiving department or office. If no value mark "0.00"	

Provide a description of the gift, bequest, or grant and purpose thereof

Donation of motorcycle to be used by vocational program

Comments to use this form:

Receipt of any gift, bequest, or grant that is received by any department of the state or received by the Governor on behalf of the state

Statement of Affirmation:

Millie Dagit affirm that the gift, bequest, or grant 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.

Millie Dagit  
Signature

12-4-06  
Date

IA ETHICS & CAMPAIGN  
DISCLOSURE BOARD

DEC - 6 2006

INDEPENDENCE MENTAL HEALTH INSTITUTE  
NON-PROFIT REPORT  
NOVEMBER 2006  
FY 07

FILED

REF.	DATE	FUND	SOURCE	PURPOSE	DEPOSITS	WITHDR.
				BEGINNIG BALANCE	\$21,985.69	
9910	11/01/06	WSF	HEATHER AKINTOLA	CONFERENCE	\$50.00	\$0.00
9911	11/01/06	WSF	JULIE STEINBRON	CONFERENCE	\$50.00	\$0.00
9912	11/01/06	WSF	VEDA HIGGINS	CONFERENCE	\$65.00	\$0.00
9913	11/01/06	WSF	PATRICIA BOWEN	CONFERENCE	\$65.00	\$0.00
9914	11/01/06	WSF	THOMAS MAGNER	CONFERENCE	\$65.00	\$0.00
9915	11/01/06	WSF	ROSE GROVER	CONFERENCE	\$65.00	\$0.00
9917	11/01/06	WSF	AGNES SCHATZ	CONFERENCE	\$65.00	\$0.00
9918	11/01/06	WSF	DIANE KLEIN	CONFERENCE	\$65.00	\$0.00
9919	11/01/06	WSF	JODI WASSON	CONFERENCE	\$50.00	\$0.00
9920	11/01/06	WSF	CATHY DAVIDSON	CONFERENCE	\$70.00	\$0.00
9921	11/01/06	WSF	CECILE CAHILL	CONFERENCE	\$65.00	\$0.00
9922	11/01/06	WSF	PENN CENTER	CONFERENCE	\$280.00	\$0.00
9923	11/01/06	WSF	JULIAN CARE FACILITY	CONFERENCE	\$65.00	\$0.00
9924	11/01/06	WSF	ROSALIE HANSEN	CONFERENCE	\$70.00	\$0.00
101043	11/01/06	UPF	AUF DEM LANDE	PATIENT PARTY	\$0.00	\$69.60
101044	11/01/06	SFV	INDEPENDENCE AREA FOOD BANK	WARD TREATS	\$0.00	\$28.00
9927	11/06/06	WSF	ELI LILLY	CONFERENCE	\$400.00	\$0.00
9928	11/06/06	WSF	MICHELLE FICKEN	CONFERENCE	\$70.00	\$0.00
9929	11/06/06	WSF	CATHIE SCHREINER	CONFERENCE	\$65.00	\$0.00
9930	11/06/06	WSF	CARLA RIECHERS	CONFERENCE	\$65.00	\$0.00
9931	11/06/06	WSF	BERDNA BEACH	CONFERENCE	\$65.00	\$0.00
9932	11/06/06	WSF	BERDNA BEACH FOR AUDREY SMITH	CONFERENCE	\$65.00	\$0.00
9933	11/06/06	WSF	MRS GARY MC CLINTOCK	CONFERENCE	\$65.00	\$0.00
9934	11/06/06	WSF	DIANE WESSELS	CONFERENCE	\$50.00	\$0.00
9935	11/06/06	WSF	NANCY JANS	CONFERENCE	\$50.00	\$0.00
101045	11/06/06	UPF	PIZZA RANCH	PIZZA PARTY FOR PATIENTS	\$0.00	\$84.92
101047	11/06/06	WSF	MICHELLE ROLING	CONFERENCE	\$0.00	\$1,965.00
9936	11/09/06	SFV	AMERICAN LEGION AUX DELHI	FOOD BANK	\$25.00	\$0.00
9937	11/09/06	UPF	LINDA EVERS	CHRISTMAS	\$25.00	\$0.00
9938	11/09/06	UPF	SANDY STEIL	CHRISTMAS	\$25.00	\$0.00
9939	11/09/06	UPF	MARGARET OWNBY	CHRISTMAS	\$10.00	\$0.00
9940	11/09/06	UPF	DENISE LEHMAN	CHRISTMAS	\$20.00	\$0.00
9941	11/09/06	UPF	TERESA CLARK	CHRISTMAS	\$20.00	\$0.00
9942	11/09/06	UPF	SCOTT BELTZ	CHRISTMAS	\$10.00	\$0.00
9943	11/09/06	UPF	DR. MODHA	CHRISTMAS	\$10.00	\$0.00
9944	11/09/06	UPF	KATHRYN NEIDY	CHRISTMAS	\$10.00	\$0.00
9945	11/09/06	SFV	AMVETS AUX EVANSDALE	FRUIT FOR CHRISTMAS	\$75.00	\$0.00
9946	11/14/06	SFV	AMERICAN LEGION FAIRBANK	FRUIT FOR CHRISTMAS	\$50.00	\$0.00
9947	11/14/06	UPF	RICHARD ZEISS	CHRISTMAS	\$25.00	\$0.00
9948	11/14/06	UPF	JUDY DOYLE	CHRISTMAS	\$10.00	\$0.00
9949	11/14/06	UPF	CINDY KOHRS	CHRISTMAS	\$15.00	\$0.00
9950	11/14/06	UPF	JOAN LYNCH	CHRISTMAS	\$25.00	\$0.00
9951	11/14/06	UPF	RUDY KUBIK	CHRISTMAS	\$20.00	\$0.00
9952	11/14/06	WSF	BARB BOYER	CONFERENCE	\$65.00	\$0.00
9953	11/14/06	WSF	BETHANY WHEATON	CONFERENCE	\$65.00	\$0.00
9954	11/14/06	WSF	TIM MAIN	CONFERENCE	\$65.00	\$0.00
9955	11/14/06	WSF	STEPHANIE KUHN	CONFERENCE	\$50.00	\$0.00
9956	11/14/06	WSF	CHRISTINA AMY	CONFERENCE	\$65.00	\$0.00
9957	11/14/06	WSF	RUTHANNE THOMPSON	CONFERENCE	\$65.00	\$0.00
9958	11/14/06	WSF	MARGARET CZUBA	CONFERENCE	\$75.00	\$0.00
9959	11/14/06	WSF	ANGELA WEIDEMAN	CONFERENCE	\$15.00	\$0.00
9960	11/14/06	WSF	CATHY BARTH	CONFERENCE	\$50.00	\$0.00
9961	11/14/06	WSF	UNLIMITED SERVICES	CONFERENCE	\$100.00	\$0.00
9962	11/14/06	WSF	FAYETTE COUNTY	CONFERENCE	\$50.00	\$0.00
9963	11/14/06	WSF	FAYETTE COUNTY	CONFERENCE	\$50.00	\$0.00
9964	11/14/06	WSF	FAYETTE COUNTY	CONFERENCE	\$50.00	\$0.00
101048	11/14/06	SFV	INDEPENDENCE AREA FOOD BANK	WARD TREATS	\$0.00	\$15.12
101050	11/14/06	WSF	MENTAL HEALTH CENTER/SUE HALSEY	CONFERENCE	\$0.00	\$55.00
101052	11/16/06	WSF	MHI DIETARY	CONFERENCE	\$0.00	\$68.49
101053	11/20/06	UPF	WAL MART COMMUNITY	PATIENT'S LIBRARY	\$0.00	\$72.33
9965	11/21/06	SFV	AMERICAN LEGION AUX OSAGE UNIT	FOOD BANK	\$15.00	\$0.00
9966	11/21/06	UPF	LINDA WALTHART	CHRISTMAS	\$10.00	\$0.00



Monthly Volunteer Report for:

For month of :

Independence Mental Health Institute, Independence, Iowa 50644

November

2006

use this form for monthly reporting

submit report monthly (by end of following month)

to Sandy Knudsen RBA division

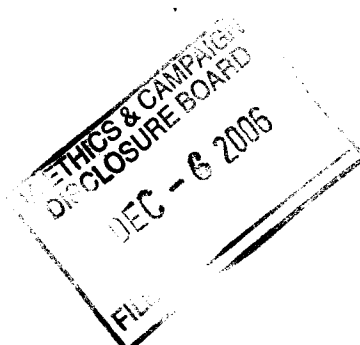
sknudse@dhs.state ia.us

1. # of Individuals registered as DHS Volunteers	70
2. # of Groups registered as DHS Volunteer Groups	9

	3 Total # Volunteers Active This Month	4. Total # Hours Active This Month	5. Cumulative Hours to Date	6. # Clients Served – Adults 18 to 59	7. # Clients Served – Adults 60 or older	8. # Clients Served – Children 0 to 17*
a. Individual Volunteers - providing direct Service to clients/residents	0	0	30			
b. Individual Volunteers – providing Indirect Service, i.e., clerical assistance, etc	3	78	348			
c. Individuals in Groups Direct Service to clients/residents	5	40	459			
d. Individuals in Groups Indirect Service i.e., clerical assistance, etc.	0	0	0			
e. Stipend Volunteers (i.e., Foster Grandparents, Promise Jobs, Green Thumb, etc.)	13	53	246			
<b>TOTAL</b>	<b>21</b>	<b>171</b>	<b>1083</b>	<b>51</b>	<b>2</b>	<b>82</b>

\* new federal reporting requirement

Report completed by: Becky Van Daele, Volunteer Coordinator



CONTRIBUTIONS REPORT

Institution/Bureau Independence Mental Health

Region \_\_\_\_\_ County Buchanan

November 2006  
Month/Year

Name of person completing report Becky Van Daele Title Volunteer Coordinator

MHI INDEP PURCHASING

DATE	CONTRIBUTOR (Name & Address if Available)	Contribution	\$ Value	Check type		Purpose - If Specified
				Cash	In-Kind	
11/1/2006	Pearl Hullermann 1489 Washington Ave. Lamont, Iowa 50650	Tray Favors	15.00		X	Patients Use
11/8/2006	Lorraine Atkins 625 River Forest Rd. Evansdale, Iowa 50707	Cookies and Greeting cards	29.00		X	Patients Use
11/8/2006	Lorraine Atkins Amvets Ladies Aux. Dept. of Iowa 625 River Forest Rd Evansdale, Iowa 50707	Quarters for party & pies for Xmas Ice cream bars	61.00		X	Patients Use
11/14/2006	Laura Van Daele 1374 Benson Ave. Fairbank, Iowa 50629	Cookies	24.00		X	Patients Use
11/14/2006	Beverly Stradtlander 93 Minnesta St. Meservey, Iowa 50457	Tray Favors	37.00		X	Patients Use

Total value of this page: \$ 166<sup>00</sup>

Total value of pages 1 thru 3: \$ 3834<sup>00</sup>

IA ETHICS & CAMPAIGN  
DISCLOSURE BOARD  
DEC - 6 2006

CONTRIBUTIONS REPORT

Institution/Bureau Independence Mental Health

Region \_\_\_\_\_ County Buchanan

November 2006  
Month/Year

Name of person completing report Becky Van Daele Title Volunteer Coordinator

DATE	CONTRIBUTOR (Name & Address if Available)	Contribution	\$ Value	Check type		Purpose - If Specified
				Cash	In-Kind	
11/14/2006	Charles Davis 10555 170 <sup>th</sup> St. W. Lakeville, Mn. 55055	Trees	85.00		X	Grounds
11/14/2006	Chris Curry 145 E. Jefferson St. Windrop, Iowa 50682	Shirts	27.00		X	Patients Use
11/21/2006	Chautauqua Literary Bev Coulter 701 9 <sup>th</sup> Ave, S E. Independence, Iowa 50644	Stamped Christmas cards	45.00		X	Patients Use
11/21/2006	Nancy Malmen 3426 Golf Course Rd. Osage, Iowa 50461	Tray favors	25.00		X	Patients Use
11/28/2006	Denise Barker MHI Staff	Ringo Prizes, gifts and old nyloas	100.00		X	Patients Use

Total value of this page: \$ 282.00

Total value of pages 1 thru 3 : \$ 3,884.00

**ETHICS & CAMPAIGN  
DISCLOSURE BOARD**  
**DEC - 8 2006**

PAGE 05/07  
MHI INDEP PURCHASING  
364-5205  
12/05/2006 13:24

CONTRIBUTIONS REPORT

Institution/Bureau Independence Mental Health

Region \_\_\_\_\_ County Buchanan

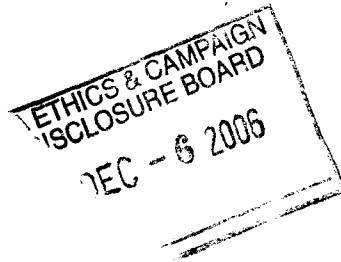
November 2006  
Month/Year

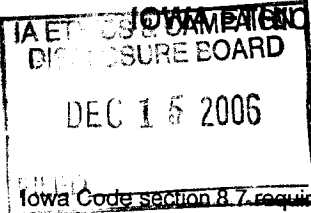
Name of person completing report Becky Van Daelc Title Volunteer Coordinator

DATE	CONTRIBUTOR (Name & Address if Available)	Contribution	\$ Value	Check type		Purpose -- If Specified
				Cash	In-Kind	
11/28/2006	Cathy Newton 1183 Ringold Ave. Aurora, Iowa 50607	Assorted Cards, calendars and note pads	50.00		X	Patients Use
11/29/2006	Amvets Ladies Aux. Dept. of Iowa Loraine Atkins 625 River Forest Rd. Evansdale, Iowa 50707	2 pics and Ice Cream	14.00		X	Patients Use
11/2006	Please see attached sheet for itemized listings of cash		3372.00			

Total value of this page: \$ 3436.00

Total value of pages 1 thru 3: \$ 3884.00





ETHICS AND CAMPAIGN DISCLOSURE BOARD

510 EAST 12<sup>TH</sup>, SUITE 1A  
DES MOINES, IA 50319  
Fax: (515)281-3701  
www.iowa.gov/ethics



FORM-GBG

Gift, Bequest, or Grant 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, bequests, and grants 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 required to be filed within 20 days of receipt of the gift, bequest, or grant.

DEPARTMENT OR OFFICE RECEIVING THE GIFT, BEQUEST, OR GRANT:

Iowa Juvenile Home  
Name of Department or Office  
701 S. Church St. Toledo, IA 52342  
Mailing Address City, State, Zip Code  
641/484-2560  
Area Code & Telephone No.

CONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFICE:

Deb Hanus  
Name  
DHanus@dhs.state.ia.us  
Mailing Address (if different from above) City, State, Zip (if different from above)  
Email Address  
Area Code & Telephone Number (if different from above)

DONOR OF GIFT, BEQUEST, OR GRANT:

St. Paul's ECLA Women  
Name  
3423 Hwy 63. Chester, IA 52134  
Mailing Address City, State, Zip Code  
N/A  
Area Code & Telephone Number  
N/A  
Email Address (optional)

12/06/06 \$ 100  
Date of Gift, Bequest, or Grant 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, bequest, or grant and purpose thereof:

activities for youth

Criteria to use this form:

Receipt of any gift, bequest, or grant that is received by any department of the state or received by the Governor on behalf of the state.

Statement of Affirmation:

I, Deb Hanus affirm that the gift, bequest, or grant 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.

Deb Hanus  
Signature

12/14/06  
Date



### IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD

IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD  
DEC 15 2006

510 EAST 12<sup>TH</sup>, SUITE 1A  
DES MOINES, IA 50319  
Fax: (515)281-3701  
www.iowa.gov/ethics



### FORM-GBG

Gift, Bequest, or Grant information received by a department or accepted by the Governor on behalf of the state

For office use only

Indexed \_\_\_\_\_  
Audited \_\_\_\_\_  
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Computer \_\_\_\_\_

Iowa Code section 8.7 requires all gifts, bequests, and grants 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 required to be filed within 20 days of receipt of the gift, bequest, or grant.

#### DEPARTMENT OR OFFICE RECEIVING THE GIFT, BEQUEST, OR GRANT:

Iowa Juvenile Home	
Name of Department or Office	Toledo, IA 52342
Mailing Address	701 S. Church St.
Area Code & Telephone No.	641/484-2560

#### CONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFICE:

Deb Hanus	
Name	
Mailing Address (if different from above)	City, State, Zip (if different from above)
Email Address	DHanus@dhs.state.ia.us
Area Code & Telephone Number (if different from above)	

#### DONOR OF GIFT, BEQUEST, OR GRANT:

James Roan	
Name	
Mailing Address	PO BOX 249 Toledo, IA 52342
Area Code & Telephone Number	N/A
Email Address (optional)	N/A

12/06/06	\$ 100
Date of Gift, Bequest, or Grant	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, bequest, or grant and purpose thereof:

Activities for youth

Criteria to use this form:

Receipt of any gift, bequest, or grant that is received by any department of the state or received by the Governor on behalf of the state.

#### Statement of Affirmation:

I, Deb Hanus affirm that the gift, bequest, or grant 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.

Deb Hanus  
Signature

12/14/06  
Date