HICS AND CAMPAIGN DISCLOSURE BOARD

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



lowa Code section 8.7 requires all gifts, bequests, and grants given to any department of the state of lowa or received by the Governor on behalf of the state be reported to the lowa 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 filled within 20 days of receipt of the gift, bequest, or grant.

FORM-GBG

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

| Indexed | For office use only | |
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| Audited | | |
| Checked | | |
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DEPARTMENT OR OFFICE RECEIVING THE GIFT, BEQUEST, OR GRANT:

| | Name of Department or Office Glenwood Resource Center 711 South Vine Street | |
|----------|--|--|
| | Mailing Address Glenwood, Iowa 51534 | |
| i | Area Code & Telephone No. | |
| (| CONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFICE | |
| | | |
| | Name . | |
| | Mailing Address (if different from above) | City, State, Zip (if different from above) |
| | Email Address | Area Code & Telephone Number (if different from above) |
| | ONOR OF GIFT, BEQUEST, OR GRANT: | |
| | RETHA MCGINNIS | |
| | 319 E FLAFFINE DUC CUTALLIAM TO | |
| | Name 309 E. FLOKENCE AVE. GLENWOOD IA Mailing Address City, State, Zip Code 5/534 | Date of Gift, Bequest, or Grant Amount/Value* |
| | Area Code & Telephone Number | *value is defined as "fair market value" of item as determined by receiving department or office. If no value mark "0.00". |
| L | Email Address (optional) | Tooling department of emost. The value many close. |
| Γ | Provide a description of the gift, bequest, or grant and purpose thereof: | |
| | | FOR CLIENTS TO DO |
| | ASSORTED FLOWER POTS & GARNE | NING TOOLS - YARD WORK |
| | Criteria to use this form: | |
| | Receipt of any gift, bequest, or grant that is received by any department of the | ne state or received by the Governor on behalf of the state. |
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| ta | tement of Affirmation: | |
| <u>(</u> | affirm that the gift, bequest, or grant reported about and assessment of the fair market value (if applicable) is correct and true | ove is accurate. I further affirm that the information concerning the to the best of my knowledge. |
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| | 1 - The same | 10-10-17 |
| 1 | Signature | 10-17-06 Date |
| |) | Date |
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THE SAND CAMPAIGN DISCLOSURE BOARD 510 EAST 12TH, SUITE 1A DES MOINES, IA 50319

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OCT 1 3 2005 res all gifts, bequests, and grants given to any department of the Iowa Code section The best town or received by the Governor on behalf of the state be reported to the lowa 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.

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| Mailing Address Gle | enwood Resource Center South Vine Street enwood, Iowa 51534 | | | |
|---|---|---------------------------------------|---|--------------|
| INTACT PERSON FOR RECIPIENT | DEPARTMENT OR OFFICE: | | | |
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| failing Address (if different from above) | | City, State, Zip (i | f different from above) | |
| mail Address | | Area Code & Tel | ephone Number (if different from | above) |
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| OS SIZETHVIEW PWB ailing Address Ci | ty, State, Zip Code | 10 | -9-17 \$ 5 | · >~ |
| | 3/60/ | Date of Gift, Begu | $-9-06$ \$ 5 , pest, or Grant Amount \wedge | Value* |
| ea Code & Telephone Number | | 11 . | as "fair market value" of item as o | |
| | · · · | | ent or office. If no value mark "0 | |
| nail Address (optional) | | | | |
| rovide a description of the gift, bequest, c | or grant and purpose thereof: | · · · · · · · · · · · · · · · · · · · | · · · · · · · · · · · · · · · · · · · | |
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| ment of Affirmation: | | | | |
| MASSINGER affirm that the | gift, bequest, or grant reported abo | ve is accurate. I furth | ner affirm that the information cor | ncerning the |
| and assessment of the fair market value | | | | 9 |
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| 1 harris | | • | in H | |
| Signature | | - | 10-11-06 | |
| SITURITUR | 1 | | Date | |

DISCLOSURE BOARD

OCT 1 8 2005

IAETHICS CAMPAIGNICS AND CAMPAIGN DISCLOSURE BOARD

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| For office use only |
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| Audited |
| Checked |
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| DEPARTMENT OR OFFICE RECEIVING THE GIFT, BEQUEST, OR GRANT: | | | | | |
|---|---|--|--|--|--|
| I owa Juvenile Home | | | | | |
| Name of Department or Office Toled | 0, IA 52342 | | | | |
| Mailing Address 641/484-2560 City, S | tate, Zip Code | | | | |
| Area Code & Telephone No. | | | | | |
| CONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFICE: | | | | | |
| Deb Hanus | | | | | |
| | | | | | |
| Mailing Address (if different from above) 1) Hanus Cahs. State, 19. US | City, State, Zip (if different from above) | | | | |
| Email Address | Area Code & Telephone Number (if different from above) | | | | |
| DONOR OF GIFT, BEQUEST, OR GRANT: | | | | | |
| Name ON COMMON St. To Palo, PA 52342 Mailing Address City, State, Zip Code DAI 484 2540 Area Code & Telephone Number Email Address (optional) Provide a description of the gift, bequest, or grant and purpose thereof: | 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. White Achieve Christmas Agyts and Criteria to use this form: | Auppersyone useaus | | | | |
| 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. | | | | | |
| tatement of Affirmation: DED TRUES affirm that the gift, bequest, or grant reported above onor and assessment of the fair market value (if applicable) is correct and true to | ve is accurate. I further affirm that the information concerning the the best of my knowledge. | | | | |

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