

Revised 06/05

IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD

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

JAN - 9 2006

FILED

Iowa Code section 9.7 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.

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 \_\_\_\_\_

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

State Training School
Name of Department or Office: 3211 Edginton Avenue Eldora, Iowa 50627
Mailing Address: 641-858-5402 City, State, Zip Code
Area Code & Telephone No.

CONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFICE:

Millie Dagit
Name: 3211 Edginton Avenue Eldora, Iowa 50627
Mailing Address (if different from above): mdagit@dhs.state.ia.us City, State, Zip (if different from above): 641-858-5402, Ext. #135
Email Address: Area Code & Telephone Number (if different from above)

DONOR OF GIFT, BEQUEST, OR GRANT:

Pat Sellers
Name: Eldora, Iowa 50627
Mailing Address: 641-939-7313 City, State, Zip Code
Area Code & Telephone Number
Email Address (optional)

12/30/2005 \$ 30.00
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:

Religious Activities Fund-used for student activities.

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, 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.

Signature

1-9-05 Date

**IOWA 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

IA ETHICS & CAMPAIGN DISCLOSURE BOARD  
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**FORM-GBG**

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

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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:**

**State Training School**

Name of Department or Office  
3211 Edgington Avenue Eldora, Iowa 50627

Mailing Address  
641-858-5402 City, State, Zip Code

Area Code & Telephone No.

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

**Millie Dagit**

Name  
3211 Edgington Avenue Eldora, Iowa 50627

Mailing Address (if different from above)  
mdagit@dhs.state.ia.us City, State, Zip (if different from above)  
641-858-5402, Ext. #135

Email Address  
Area Code & Telephone Number (if different from above)

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

**American Legion Aux**

Name  
Eagle Grove, Ia 50533

Mailing Address  
City, State, Zip Code

Area Code & Telephone Number

Email Address (optional)

**12/30/2005**      **\$ 50.00**

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:  
**Student Christmas fund for gifts.**

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, 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

1-9-05  
Date

**IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD**  
JAN - 9 2006

**IOWA 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 \_\_\_\_\_

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Checked \_\_\_\_\_

Computer \_\_\_\_\_

Iowa Code section 17.7 requires all gifts, bequests, and grants given to any department of the state or 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:**

**State Training School**

Name of Department or Office  
3211 Edginton Avenue Eldora, Iowa 50627

Mailing Address  
641-858-5402 City, State, Zip Code

Area Code & Telephone No.

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

**Millie Dagit**

Name  
3211 Edginton Avenue Eldora, Iowa 50627

Mailing Address (if different from above)  
mdagit@dhs.state.ia.us City, State, Zip (if different from above)  
641-858-5402, Ext. #135

Email Address  
Area Code & Telephone Number (if different from above)

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

**American Legion Aux**

Name  
Griswold, Iowa 51535

Mailing Address  
City, State, Zip Code

Area Code & Telephone Number

Email Address (optional)

**12/30/2005**      **\$ 25.00**

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:  
**Student Christmas fund for gifts.**

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, 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

1-9-05  
Date