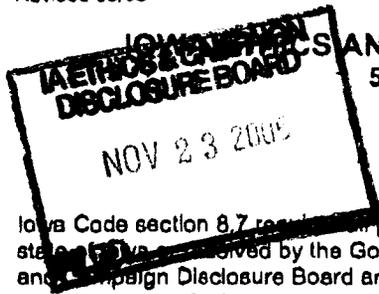


Revised 08/05



**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

Reset Form

**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 that gifts, bequests, and grants given to any department of the state 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 City, State, Zip Code  
641-858-5402  
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) City, State, Zip (if different from above)  
mdagit@dhs.state.ia.us 641-858-5402, Ext. #135  
Email Address Area Code & Telephone Number (if different from above)

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

**Oral B. Laboratories % Ms. Mary Bergman**  
Name  
Mailing Address City, State, Zip Code  
Iowa City, Iowa  
Area Code & Telephone Number  
Email Address (optional)

**11/8/2005** \$ **200.00**  
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:  
**200 Tooth-brushes were donated to the State Training School to be placed in the students Christmas Bag. Late reporting because staff did not realize that the donation of articles had to also be reported.**  
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.

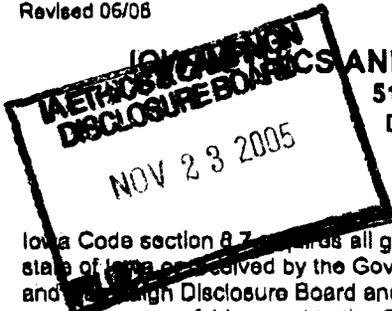
**Statement of Affirmation:**

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

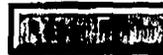
**11-23-05**  
Date

Revised 06/08



**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 \_\_\_\_\_

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:**

**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:**

**Mrs. John Sellers**

Name \_\_\_\_\_

PO Box 423 Eldora, Iowa 50627

Mailing Address \_\_\_\_\_  
641-939-7313 City, State, Zip Code

Area Code & Telephone Number \_\_\_\_\_

Email Address (optional) \_\_\_\_\_

**11/14/2005**                      **\$ 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:  
**Donation to Religious Activities Fund to be used for students.**

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

11-23-05  
Date