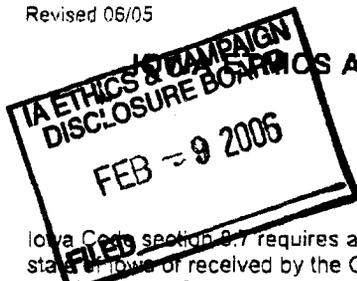


Revised 06/05



**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 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 filled within 20 days of receipt of the gift, bequest, or grant.

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

**Mental Health Institute**

Name of Department or Office  
Business Office

Mailing Address  
3277 Iowa Ave.

City, State, Zip Code  
Independence, Iowa 50644 319-334-2583

Area Code & Telephone No.

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

Linda Evers email address: levers@dhs.state.ia.us

Name

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:**

Name *See attached*

Mailing Address City, State, Zip Code

Area Code & Telephone Number

Email Address (optional)

*See attached*

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:

*See attached*

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, Linda Evers 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.

*Linda Evers*  
Signature

February 9, 2006  
Date

NON-PROFIT DONATIONS  
MHI INDEPENDENCE  
JANUARY 2006  
FY 06

REF	DATE	FND	SOURCE	PURPOSE	DEPOSITS	WITHDR.
				<b>BEGINNIG BALANCE</b>	<b>\$20,839.66</b>	
10017	01/04/06	SFV	SUBWAY	TREATS FOR WARDS	\$0.00	\$90.00
10018	01/05/06	SFV	WAL-MART COMMUNITY	RAZORS FOR WARDS	\$0.00	\$314.56
10019	01/05/06	UPF	CAPITOL VENDING	CANTEEN BOOKS	\$0.00	\$45.00
10020	01/06/06	UPF	WAL-MART COMMUNITY	PATIENT LIBRARY	\$0.00	\$200.58
672814	01/10/06	UPF	RURAL WOMEN'S STUDY CLUB, JESUP	CHRISTMAS	\$12.00	\$0.00
10022	01/10/06	SFV	MHI DIETARY DEPARTMENT	CHRISTMAS	\$0.00	\$261.56
672815	01/11/06	SFV	AMVETS AUX., EVANSDALE	CANTEEN BOOKS	\$50.00	\$0.00
10024	01/18/06	SFV	INDEPENDENCE AREA FOOD BANK	TREATS FOR WARDS	\$0.00	\$43.70
10025	01/19/06	SFV	CONLEE OFFICE SUPPLY	VOLUNTEER RECOGNITION DAY	\$0.00	\$13.90
10026	01/25/06	UPF	CARLETTE PAULSON	WARD EQUIPMENT	\$0.00	\$42.38
					<b>\$62.00</b>	<b>\$1,011.68</b>
				<b>ENDING BALANCE</b>		<b>\$19,689.98</b>

# 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



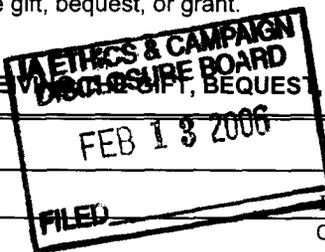
## FORM-GBG

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

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**DEPARTMENT OR OFFICE RECEIVING 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 Legiona Aux	
Name	Goldfield, Ia 50542
Mailing Address	City, State, Zip Code
Area Code & Telephone Number	
Email Address (optional)	

2/10/2006	\$ 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 be used for student Christmas

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Criteria to use this form:

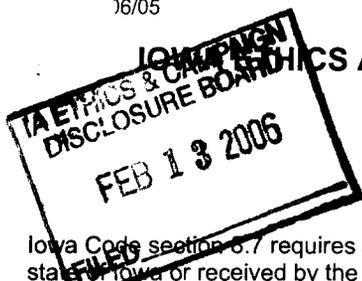
Receipt of any gift, bequest, or grant that is received by any department of the state or received by the Governor on behalf of the state.

**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.

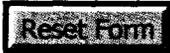
Millie Dagit  
Signature

2/10/2006  
Date



**ETHICS AND CAMPAIGN DISCLOSURE BOARD**

510 EAST 12<sup>TH</sup>, SUITE 1A  
DES MOINES, IA 50319  
Fax: (515)281-3701  
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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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Iowa Code section 6.7 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:**

<b>State Training School</b>	
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:**

<b>Millie Dagit</b>	
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:**

<b>American Legiona Aux</b>	
Name	Liscomb, Ia 50148
Mailing Address	City, State, Zip Code
Area Code & Telephone Number	
Email Address (optional)	

<b>2/10/2006</b>	<b>\$ 5.00</b>
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 be used for student Christmas**

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

2/10/2006  
Date