Revised 06/05

IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD

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

JAN 17 2006

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 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 — 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:

American Legion Aux
Name

Laurel, Iowa
Mailing Address — City, State, Zip Code

Area Code & Telephone Number

Email Address (optional)

1/11/2006 — $ 20.00
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 will be used by cottage 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.

MDagit
Signature

January 13, 2006
Date

Revised 06/05

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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 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:

Tom & Sue Cannon
Name

22324 Scales Bend Rd. NE — North Liberty, Iowa 52317
Mailing Address — City, State, Zip Code

Area Code & Telephone Number

Email Address (optional)

1/17/2006 — $ 350.00
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:

Help sponsor the multi-media program "Be the Change". Religious Activities Fund Donation.

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

January 18, 2006
Date

Revised 06/05

IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD

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JAN 19 2006

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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 — 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:

Tom & Sue Cannon
Name

22324 Scales Bend Rd. NE — North Liberty, Iowa 52317
Mailing Address — City, State, Zip Code

Area Code & Telephone Number

Email Address (optional)

1/17/2006 — $ 350.00
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:

Help sponsor the multi-media program "Be the Change". Religious Activities Fund Donation.

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

January 18, 2006
Date

Revised 06/05

IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD

510 EAST 12TH, SUITE 1A
DES MOINES, IA 50319
Fax: (515)281-3701
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IA ETHICS & CAMPAIGN DISCLOSURE BOARD
JAN 23 2006
FILED

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

Name of Department or Off
Mailing Address
Area Code & Telephone No

Glenwood Resource Center
711 South Vine Street
Glenwood, Iowa 51534

ode

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)

DONOR OF GIFT, BEQUEST, OR GRANT:

FLUID TECHNOLOGY CORP
Name
1631 NE 55TH AVE, DES MOINES, IA 50313
Mailing Address
City, State, Zip Code
Area Code & Telephone Number
Email Address (optional)

1-11-06
Date of Gift, Bequest, or Grant

$ 60.00
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:

3 LIGHTWEIGHT JACKETS - TAKEN TO CLOTHING CENTER TO BE USED AS NEEDED

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, RUTH MESSINGER 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.

Ruth Messinger
Signature

1-19-06
Date

Revised 06/05

IA CAMPAIGN DISCLOSURE BOARD
JAN 23 2006
FILED

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

Name of Department or Office: Glenwood Resource Center
Mailing Address: 711 South Vine Street
Area Code & Telephone No.: 712-527-2683
Glenwood, Iowa 51534

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)

DONOR OF GIFT, BEQUEST, OR GRANT:

Name: FAIRVIEW WORKING BAND
SYLVIA WILLIAMS - CONTACT
Mailing Address: 1842 WALNUT AVE.
City, State, Zip Code: STUART IA 50250
Area Code & Telephone Number
Email Address (optional)

Date of Gift, Bequest, or Grant: CHECK 1-19-06
Amount/Value*: $ 100.00

*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:

GENERAL DONATION CHECK FOR CLIENTS BENEFIT

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, Ruth Messinger 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.

Ruth Messinger
Signature

1-19-06
Date