

Revised 06/05

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

JAN 24 2006



FILED

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.

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:

Clarinda MHI
Name of Department or Office
Box 338 Clarinda, IA 51632
Mailing Address
712-542-2161 City, State, Zip Code
Area Code & Telephone No.

CONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFICE:

Sue Rehwaldt Hays
Name
Mailing Address (if different from above) Sue.RehwaldtHays@iowa.gov
City, State, Zip (if different from above) 712-542-2161 Ext. 3317
Email Address Area Code & Telephone Number (if different from above)

DONOR OF GIFT, BEQUEST, OR GRANT:

Clarinda High School Government Class
Name
Clarinda, IA 51632
Mailing Address City, State, Zip Code
Area Code & Telephone Number
Email Address (optional)

1-13-06 \$ 330.00
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:
Forgotten Patient 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, Sue Rehwaldt Hays 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

1/18/06 Date

Revised 06/05

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510 EAST 12<sup>TH</sup>, SUITE 1A  
DES MOINES, IA 50319  
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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.

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

<b>Clarinda MHI</b>	
Name of Department or Office	
Box 338	Clarinda, IA 51632
Mailing Address	City, State, Zip Code
712-542-2161	
Area Code & Telephone No.	

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

<b>Sue Rehwaldt Hays</b>	
Name	
Mailing Address (if different from above)	City, State, Zip (if different from above)
Sue.RehwaldtHays@iowa.gov	712-542-2161 Ext. 3317
Email Address	Area Code & Telephone Number (if different from above)

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

<b>Biddle Family</b>	
Name	
Mailing Address	City, State, Zip Code
Area Code & Telephone Number	
Email Address (optional)	

<b>1-17-06</b>	<b>\$ 200.00</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:

Personal affects of their family member.

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, Sue Rehwaldt Hays 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

1/18/06  
Date

Revised 06/05

IOWA 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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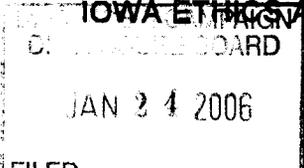


FORM-GBG

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

For office use only

Indexed \_\_\_\_\_  
Audited \_\_\_\_\_  
Checked \_\_\_\_\_  
Computer \_\_\_\_\_



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:

Clarinda MHI  
Name of Department or Office  
Box 338 Clarinda, IA 51632  
Mailing Address City, State, Zip Code  
712-542-2161  
Area Code & Telephone No.

CONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFICE:

Sue Rehwaldt Hays  
Name  
Mailing Address (if different from above) City, State, Zip (if different from above)  
Sue.RehwaldtHays@iowa.gov 712-542-2161 Ext. 3317  
Email Address Area Code & Telephone Number (if different from above)

DONOR OF GIFT, BEQUEST, OR GRANT:

Christian Church  
Name  
Oakland, IA  
Mailing Address City, State, Zip Code  
Area Code & Telephone Number  
Email Address (optional)

1-5-06 \$ 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:

Used hymnals for the Chapel services

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, Sue Rehwaldt Hays 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

1/18/06  
Date

**IOWA 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

**For office use only**

Indexed FAX 1-24-06  
 Audited Sent 1-24-06  
 Checked SEP 1-24-06  
 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:**

<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>HABITAT FOR HUMANITY</b>	
Name 803 W 5TH ST	WATERLOO, IA 50702
Mailing Address	City, State, Zip Code
Area Code & Telephone Number	
Email Address (optional)	

<b>1/23/2006</b>	<b>\$ 1,000.00</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 for holding with Willow Street project in Waterloo, Ia. to be split between two vocational projects. Money will be used for betterment of these programs**

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

1/24/2006  
 Date

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510 EAST 12<sup>TH</sup>, SUITE 1A  
DES MOINES, IA 50319  
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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 \_\_\_\_\_

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

<b>Glenwood Resource Center - DHS</b>	
Name of Department or Office 711 S. Vinc St.	Glenwood, IA 51534
Mailing Address 712-527-4811	City, State, Zip Code
Area Code & Telephone No.	

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

Jane Butler	
Name same	same
Mailing Address (if different from above) jbutler@phonet.com	City, State, Zip (if different from above) 712-527-2232
Email Address	Area Code & Telephone Number (if different from above)

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

<b>Corporation for National &amp; Community Service</b>	
Name	
Fed. Bldg., Rm 917, 210 Walnut	Des Moines, IA 50309
Mailing Address	City, State, Zip Code
515-284-4819	
Area Code & Telephone Number	
Email Address (optional)	

July 1, 2005 - June 30, 2006	\$ 211,469.00
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:  
**Funds to operate Federal volunteer program (Foster Grandparent Program) in southwest Iowa.**

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:**

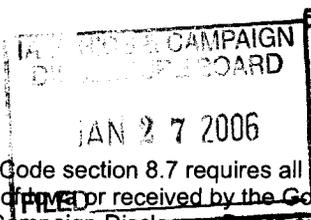
I, Jane Butler affirm that the gift, bequest, or grant reported above is accurate. I further affirm that the information concerning the donor and assessment of the fair market value (if applicable) is correct and true to the best of my knowledge.

  
Signature

1/24/2006  
Date

**IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD**

**FORM-GBG**



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**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>Beverly Hall</b>	
Name 1005 14th Street	Eldora, Iowa 50627
Mailing Address	City, State, Zip Code
Area Code & Telephone Number	
Email Address (optional)	

<b>1/26/2006</b>	<b>\$ 1,900.00</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:

**Vehicle is donated to our Basic Auto Tec program to be used for learning. It will not be titled and will hold a salvage title only**

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.

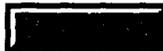
*mdagit*  
 Signature

January 26, 2006  
 Date

Revised 08/05

### IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD

510 EAST 12<sup>TH</sup>, SUITE 1A  
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### FORM-GBG

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

JAN 27 2006

<b>Woodward Resource Center</b>	
Name of Department or Office	
Mailing Address	1251 334th Street Woodward Iowa 50276
Area Code & Telephone No.	515/438-2600

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

<b>Ruth Ashton</b>	
Name	
Mailing Address (if different from above)	City, State, Zip (if different from above)
Email Address	rashtron@dhs.state.ia.us 515/438-3123
	Area Code & Telephone Number (if different from above)

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

<b>Fisher Controls International, LLC</b>	
Name	
Mailing Address	205 South Center Street Marshalltown, Iowa 50158
Area Code & Telephone Number	641-754-3011
Email Address (optional)	

Date of Gift, Bequest, or Grant	1/18/06	Amount/Value*	\$ 5,000 <sup>00</sup>
*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 letter from Fisher Controls*  
*To be used to benefit the lives of the people who live at WRC*

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 Ashton 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 Ashton  
Signature

1/27/06  
Date