

Revised 08/05

IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD
JUN - 8 2006

IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD

510 EAST 12TH, 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:

Meskwaki Bingo-Casino-Hotel

Name
Tama, Iowa 52559

Mailing Address
City, State, Zip Code

Area Code & Telephone Number

Email Address (optional)

5/09/2006 \$ 7.70

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:
Playing cards for the cottages.

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.

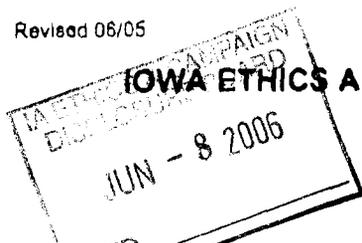
Statement of Affirmation:

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

June 8, 2006
Date

Revised 06/05



IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD

510 EAST 12TH, SUITE 1A
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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:

Wright, Louis
Name
2316 W Main St. Rd Marshalltown, Ia 50158
Mailing Address City, State, Zip Code
Area Code & Telephone Number
Email Address (optional)

5/09/2006 \$ 60.00
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 of money to Corbett-Miller Cottage.

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.

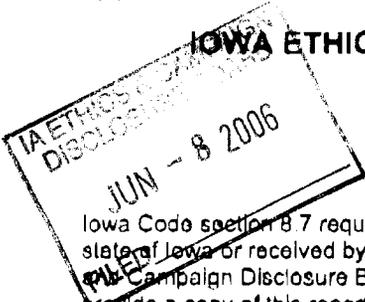
Statement of Affirmation:

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

June 8, 2006
Date

Revised 08/05



IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD

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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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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:

Wentzel, Pat & Amber
Name
25868-490th St. Pocahontas, Ia 50574
Mailing Address
City, State, Zip Code
Area Code & Telephone Number
Email Address (optional)

5/04/2006 \$ 390.00
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 of jeans, socks, 3 ball goves, 6 baseballs

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.

June 8, 2006

Signature

Date

Revised 08/06

IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD

510 EAST 12TH, 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
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of the state

For office use only

Indexed
Audited
Checked
Computer

Stamp: JUN - 8 2006

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:

Form for Department or Office Receiving the Gift, Bequest, or Grant. Includes fields for Name of Department or Office (State Training School), Mailing Address (3211 Edgington Avenue, Eldora, Iowa 50627), and Area Code & Telephone No. (641-858-5402).

CONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFICE:

Form for Contact Person for Recipient Department or Office. Includes fields for Name (Millie Dagit), Mailing Address (3211 Edgington Avenue, Eldora, Iowa 50627), and Email Address (mdagit@ihs.state.ia.us).

DONOR OF GIFT, BEQUEST, OR GRANT:

Form for Donor of Gift, Bequest, or Grant. Includes fields for Name (Hardin County Jail), Mailing Address (Eldora, Iowa), and Email Address (optional).

Form for Date of Gift, Bequest, or Grant and Amount/Value. Includes fields for Date (5/5/2006) and Amount/Value (\$ 447.15).

Provide a description of the gift, bequest, or grant and purpose thereof:

Donation of misc food items.

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.

June 8, 2006

Signature

Date

Revised 08/05

IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD

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

FORM-GBG

Gift, Bequest, or Grant Information
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For office use only

Indexed
Audited
Checked
Computer

JUN 8 2006
Iowa Code section 17.7 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 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 Leg Auxl
Name
Inwood, Iowa
Mailing Address City, State, Zip Code
Area Code & Telephone Number
Email Address (optional)

5/25/2006 \$ 100.00
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 of money to Christmas Fund

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

June 8, 2006
Date

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



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

JUN - 8 2006 (stamp)

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:

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

CONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFICE:

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

DONOR OF GIFT, BEQUEST, OR GRANT:

American Leg Auxl
Name
Des Moines, Iowa
Mailing Address
City, State, Zip Code
Area Code & Telephone Number
Email Address (optional)

5/25/2006 \$ 40.00
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 of money to Christmas Fund

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

June 8, 2006
Date

Revised 08/05

IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD

510 EAST 12TH, 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
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For office use only

Indexed
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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 Edginton 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 Auxiliary
Name
613 4th Ave. SE Sioux Center, Iowa 51250
Mailing Address City, State, Zip Code
Area Code & Telephone Number
Email Address (optional)

5/11/2006 \$ 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 Christmas fund

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

June 8, 2006

Date

Revised 08/05

IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD

510 EAST 12TH, SUITE 1A
DES MOINES, IA 50319
Fax: (515)281-3701
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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 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 Auxiliary	
Name	
Mailing Address	Conrad, Iowa City, State, Zip Code
Area Code & Telephone Number	
Email Address (optional)	

5/3/2006	\$ 100.00
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:

Misc items-videotapes, shoes, belt, etc.

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

June 8, 2006
Date

Revised 08/05

IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD

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



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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 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@dha.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:

Ankeny High School	
Name	Ankeny, Iowa
Mailing Address	City, State, Zip Code
Area Code & Telephone Number	
Email Address (optional)	

5/5/2006	\$ 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 of \$20 for students speaking at their High School

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.

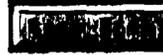
mdagit
Signature

June 8, 2006
Date

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IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD

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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 641-858-3402	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:

Sports Page	
Name	
Marshalltown, Iowa	
Mailing Address	City, State, Zip Code
Area Code & Telephone Number	
Email Address (optional)	

4/27/06	\$ 45.00
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

3 T90 Match Balls donated to the cottage

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

June 8, 2006
Date

Revised 06/05

IA ETHICS AND CAMPAIGN DISCLOSURE BOARD
JUN - 8 2006

LOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD

510 EAST 12TH, SUITE 1A
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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: 641-858-1402 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): 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:

Pat Sellers
Name: PO Box 423 Eldora, Ia 50627
Mailing Address: City, State, Zip Code
Area Code & Telephone Number
Email Address (optional)

5/6/2006 \$ 28.00
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:
Contribution to the Religious Activities Fund 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

June 8, 2006
Date