Revised 06/05

IA ETHICS & CAMPAIGN DISCLOSURE BOARD
MAY 26 2006
FILED

IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD

510 EAST 12TH, 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 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.Rehwaldt.Hays@iowa.gov
Email Address — Area Code & Telephone Number (if different from above)

DONOR OF GIFT, BEQUEST, OR GRANT:

Marilyn Wallace
Name

Mailing Address — City, State, Zip Code

Area Code & Telephone Number

Email Address (optional)

4/06 — $ 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 the forgotten patient 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, 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

5/25/06
Date

Revised 06/05

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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

712-642-2161
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
Email Address — Area Code & Telephone Number (if different from above)

DONOR OF GIFT, BEQUEST, OR GRANT:

Employees of Clarinda MHI
Name

Mailing Address — City, State, Zip Code

Area Code & Telephone Number

Email Address (optional)

5/23/06 — $ 5.00
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 the forgotten patient 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.

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Signature

5/25/06
Date