

**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**

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:**

<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>The Friendship Clu</b>	
Name	
Mailing Address 231 First St. E.	City, State, Zip Code
Independence, IA 50644	
Area Code & Telephone Number	
Email Address (optional)	

<b>8/5/06</b>	<b>\$ 50.00</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 students speaking at club meeting.**

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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:**

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

11/3/2006  
Date

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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>Louie Wright</b>	
Name	
234 W. Main Street Road, Marshalltown, Iowa 50155	
Mailing Address	City, State, Zip Code
Area Code & Telephone Number	
Email Address (optional)	

<b>11/9/2006</b>	<b>\$ 500.00</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 student use.

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

Date

11/9/2006

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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 611-558-5402	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) 611-558-5402, Ext. #135
Email Address	Area Code & Telephone Number (if different from above)

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

Frank Biagoli	
Name	
Hoover Building, Des Moines	
Mailing Address	City, State, Zip Code
Area Code & Telephone Number	
Email Address (optional)	

11/9/2006	\$ 15.00
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:

Movie.

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

11/9/2006  
Date

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

<b>State Training School</b>	
Name of Department or Office 3211 Edgington 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 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:**

<b>American Legion Auxiliary</b>	
Name PO Box 202	Delhi, IA 52223
Mailing Address	City, State, Zip Code
Area Code & Telephone Number	
Email Address (optional)	

<b>11/9/2006</b>	<b>\$ 25.00</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 student Christmas Fund.**

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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.

  
 \_\_\_\_\_  
 Signature

11/9/2006  
 \_\_\_\_\_  
 Date

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

Name of Department or Office <u>MHI of Mt. Pleasant</u>	
Mailing Address <u>1200 E. Washington</u>	City, State, Zip Code <u>Mt. Pleasant, Iowa 52641</u>
Area Code & Telephone No. <u>(319) 385-7231</u>	

### CONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFICE:

Name <u>Nathan Beattie</u>	
Mailing Address (if different from above) <u>nathan.beattie@iowa.gov</u>	City, State, Zip (if different from above) <u>Ext. 2371</u>
Area Code & Telephone Number (if different from above)	

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

Name <u>Veterans of Foreign Wars Aux.</u>	
Mailing Address <u>206 E. Monroe</u>	City, State, Zip Code <u>Mt. Pleasant, Ia 52641</u>
Area Code & Telephone Number <u>(319) 385-2337</u>	
Email Address (optional)	

<u>10/24/06</u>	<u>\$ 25.00</u>
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:

Cash for Halloween candy

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, Nathan Beattie 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.

Nathan Beattie  
Signature

10/06/06  
Date

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

Mental Health Institute - Activities Dept  
 Name of Department or Office  
 1200 E. Washington St. Mt. Pleasant, IA 52641  
 Mailing Address City, State, Zip Code  
 (319) 385-16672  
 Area Code & Telephone No.

### CONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFICE:

Megan Schwalm, CTCS, ASTA  
 Name  
 Mailing Address (if different from above) City, State, Zip (if different from above)  
 megan.schwalm@iowa.gov  
 Email Address Area Code & Telephone Number (if different from above)

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

Walmart  
 Name  
 1045 N. Grand Mt. Pleasant, IA 52641  
 Mailing Address City, State, Zip Code  
 (319) 385-8600  
 Area Code & Telephone Number  
 Email Address (optional)

Oct '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:

Gift course for activity therapy program

Criteria to use this form:

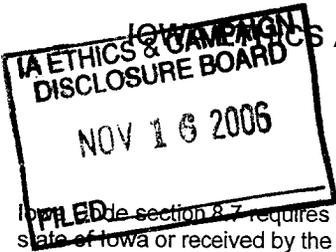
Receipt of any gift, bequest, or grant that is received by any department of the state or received by the Governor on behalf of the state.

### Statement of Affirmation:

I, Megan Schwalm, 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.

Megan Schwalm, MA, CTCS, ASTA  
Signature

11-1-06  
Date



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

Iowa Juvenile Home  
Name of Department or Office  
701 S. Church St. Toledo, IA 52342  
Mailing Address City, State, Zip Code  
641/484-2560  
Area Code & Telephone No.

CONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFICE:

Deb Hanus  
Name  
DHanus@dhs.state.ia.us  
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:

American Legion Auxiliary Post 545  
Name  
16472 55th St. Lime Springs, IA 52855  
Mailing Address City, State, Zip Code  
unknown  
Area Code & Telephone Number  
Email Address (optional)

November 9, 2006 \$ 25.00  
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:  
activities for youth

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, Deb Hanus 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.

Deb Hanus  
Signature

11/14/06  
Date