

Revised 05/05

IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD

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

OCT 19 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:

Clarinda MHI	
Name of Department or Office Box 338	Clarinda, IA 51632
Mailing Address	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:

Southwest Iowa Community College - Nursing students	
Name	
Mailing Address	Creston, IA
Area Code & Telephone Number	
Email Address (optional)	

10/19/06	\$ 70.00
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:

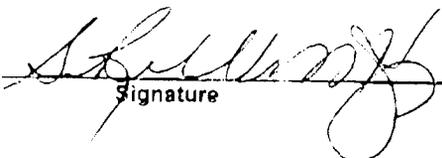
food and bingo gifts for residents

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

10/19/06
Date

Revised 08/05

IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD

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

Clarinda MHI	
Name of Department or Office	
Box 328	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	712-542-2161 Ext 3317
Email Address	Area Code & Telephone Number (if different from above)

DONOR OF GIFT, BEQUEST, OR GRANT:

Vickie Aulen	
Name	
Mailing Address	Clarinda, IA 51632
	City, State, Zip Code
Area Code & Telephone Number	
Email Address (optional)	

10/2/06	\$ 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:

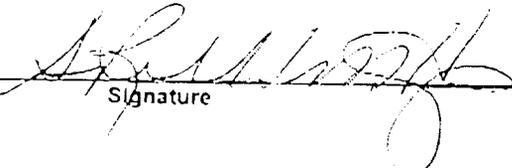
used clothing

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

10/19/06
Date

Revised 09/05

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FORM-GBG

Gift, Request, 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:

Clarinda MHI	
Name of Department or Office	
Box 338	Clarinda, IA 51632
Mailing Address	City, State, Zip Code
712-542-2160	
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	712-542-2160 Ext 3317
Email Address	Area Code & Telephone Number (if different from above)

DONOR OF GIFT, BEQUEST, OR GRANT:

Deioris Brunfield	
Name	
Mailing Address	Clarinda, IA 51632
	City, State, Zip Code
Area Code & Telephone Number	
Email Address (optional)	

10/2/06	\$ 100.00
Date of Gift, Request 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:

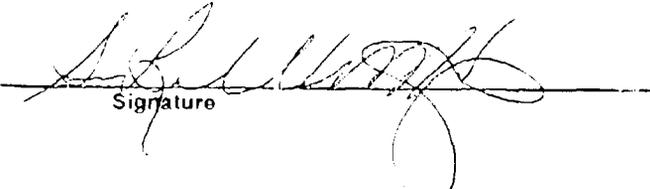
used clothing

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:

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

10/19/06

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
712-542-2166	
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:

Robin Peterson	
Name	
Mailing Address	Clarinda, IA 51632
	City, State, Zip Code
Area Code & Telephone Number	
Email Address (optional)	

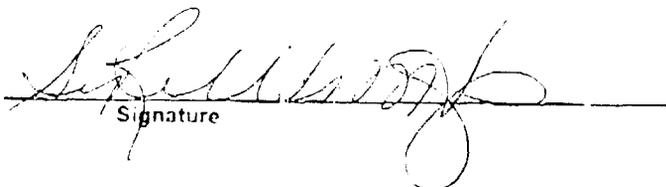
10/2/06	\$ 5.00
Date of Gift, Bequest, or Grant	Amount/Value*
*value is defined as "fair market value" of item as determined by receiving department or office. If no value mark "0.00"	

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

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

10/19/06
Date

Revised 06-06

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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 67 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
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	712-542-2161 Ext: 3217
Email Address	Area Code & Telephone Number (if different from above)

DONOR OF GIFT, BEQUEST, OR GRANT:

Sue Rehwaldt Hays	
Name	
Mailing Address	Clarinda, IA 51632
Area Code & Telephone Number	
Email Address (optional)	

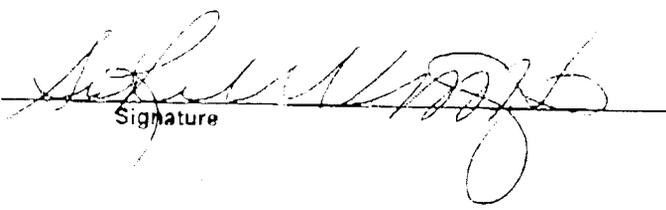
10/2/06	\$ 11.00
Date of Gift, Bequest, or Grant	Amount/Value*
*value is defined as "fair market value" of item as determined by receiving department or office. If no value mark "0.00"	

Provide a description of the gift, bequest, or grant and purpose thereof:
party and costume supplies - Halloween for patients

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Statement of Affirmation:

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

10/19/06
Date