

IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD

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

SEP - 3 2006



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 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:

Iowa Comprehensive Human Services
Name
1111 Ninth Street, Suite 180
Mailing Address City, State, Zip Code
Des Moines, Iowa 50314
Area Code & Telephone Number
Email Address (optional)

7/26/2006 \$ 2,402.24
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:
Laptop computer loads with employment readiness 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.

Signature

9.1.06
Date

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

Name of Department or Office	Glenwood Resource Center
Mailing Address	711 South Vine Street Glenwood, Iowa 51534
Area Code & Telephone No.	

CONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFICE:

Name		
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:

Name	BAPTIST CHURCH	
Mailing Address	HARLAN, IA	51537
Area Code & Telephone Number		
Email Address (optional)		

Date of Gift, Bequest, or Grant	8-12-06	Amount/Value*	\$ 50
*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:

2 FRAMED DRAWINGS OF JESUS, ASSORTED CHRISTIAN BOOKS
SECOND-HAND CLOTHING: SWEATER, SWEATSHIRT, HATS

Criteria to use this form:

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Statement of Affirmation:

R. Messinger 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 Messinger
Signature

9-1-06
Date

IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD

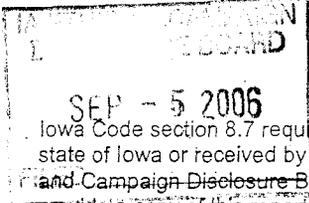
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Mailing Address	711 South Vine Street Glenwood, Iowa 51534
Area Code & Telephone No.	

CONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFICE:

Name	
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:

Name	WOMEN'S FELLOWSHIP
Mailing Address	WALNUT, IA 51577
Area Code & Telephone Number	
Email Address (optional)	

Date of Gift, Bequest, or Grant	8-12-06	Amount/Value*	\$ 25.00
*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 MEMORIAL FOR HOUSE OF RESIDENCE FOR DECEASED CLIENT

Criteria to use this form:

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Statement of Affirmation:

R. Messinger 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 Messinger
Signature

9-1-06
Date

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Mailing Address	711 South Vine Street Glenwood, Iowa 51534
Area Code & Telephone No.	

CONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFICE:

Name		
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:

Name	ALA - HOMER HALL UNIT 660	
Mailing Address	CHARTER OAK IA 51439	
Area Code & Telephone Number		
Email Address (optional)		

Date of Gift, Bequest, or Grant	8-21-06	Amount/Value*	\$ 182.55
*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:

BLUE, NOTEBOOKS, CRAYONS, COLOR BOOKS, SCRAPBOOKS, ETC

SECOND-HAND CLOTHING: \$60.00, SCHOOL BAG ITEMS: \$122.55

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Statement of Affirmation:

R. Messinger 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 Messinger
Signature

9-1-06
Date

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Name of Department or Office	Glenwood Resource Center
Mailing Address	711 South Vine Street Glenwood, Iowa 51534
Area Code & Telephone No.	

CONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFICE:

Name		
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:

Name	SUNRISE MEDICAL	
Mailing Address	7477 E. DRYCREEK PKWY LONGMONT, CO 80503	
Area Code & Telephone Number		
Email Address (optional)		

Date of Gift, Bequest, or Grant	8/23/06	Amount/Value*	\$ 24.37
*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:

LUNCHEON FOR STAFF DURING PRESENTATION

Criteria to use this form:

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Statement of Affirmation:

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Ruth Messinger
Signature

9-1-06
Date

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Mailing Address	711 South Vine Street Glenwood, Iowa 51534
Area Code & Telephone No.	

CONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFICE:

Name	
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:

Name	BETTY HAGEN
Mailing Address	309 CROSS ST. BLAIRSTOWN IA City, State, Zip Code 52209
Area Code & Telephone Number	
Email Address (optional)	

Date of Gift, Bequest, or Grant	8-24-06	Amount/Value*	\$ 20.00
*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:

SECOND-HAND CLOTHING: SOCKS, PURSES, BLOUSES

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Statement of Affirmation:

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Ruth Messinger
Signature

9-1-06
Date