

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

APR 13 2007

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:

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 Legion Auxiliary

Name
 216 Church Street Gilman, Iowa 50105-2008
 Mailing Address City, State, Zip Code
 Area Code & Telephone Number
 Email Address (optional)

4/13/2007 \$ 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:

Christmas donation for students

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.

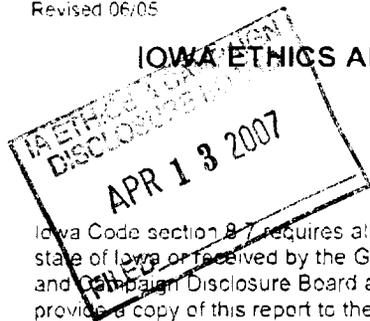
Millie Dagit
Signature

4/13/2007
Date

Revised 06/05

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

Clarinda MHJ
Name of Department or Office
Box 325 Clarinda, IA 51622
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.RehwaldtHays@iowa.gov
Email Address Area Code & Telephone Number (if different from above)

DONOR OF GIFT, BEQUEST, OR GRANT:

Dr. William Shelton
Name
Mailing Address Clarinda, IA 51632
City, State, Zip Code
Area Code & Telephone Number
Email Address (optional)

3/15/06 \$ 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:
Used clothing items for patients
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

4/13/07
Date

Revised 06/05

IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD

310 EAST 12TH, SUITE 1A
DES MOINES, IA 50319
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DEPARTMENT OR OFFICE RECEIVING THE GIFT, BEQUEST, OR GRANT:

Clarinda MHI	
Name of Department or Office	Clarinda, IA 51632
Box 335	City, State, Zip Code
Mailing Address	
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:

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

3/20/07	\$ 30.00
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 items for patients

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

4/13/07
Date

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

Clarinda MHI	
Name of Department or Office	
Box 330	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.RehwaldtHays@iowa.gov	
Email Address	Area Code & Telephone Number (if different from above)

DONOR OF GIFT, BEQUEST, OR GRANT:

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

3/20/07	\$ 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 items for patients

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

4/13/07

Date

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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
125412161
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)
Email Address Area Code & Telephone Number (if different from above)

DONOR OF GIFT, BEQUEST, OR GRANT:

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

4/6/07 \$ 10.00
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 puzzles for patients

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

4/13/07
Date

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

Clarinda MHI	
Name of Department or Office	
Box 138	Clarinda, IA 51632
Mailing Address	City, State, Zip Code
712 312-2151	
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:

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

3/07	\$ 10.00
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
Books for patient library
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

4/13/07

Date

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

Clarinda MHJ	
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	
Email Address	Area Code & Telephone Number (if different from above)

DONOR OF GIFT, BEQUEST, OR GRANT:

Jean Wichman	
Name	
Mailing Address	Clarinda, IA 51632
Area Code & Telephone Number	
Email Address (optional)	

4/07	\$ 10.00
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 for patients

Criteria to use this form:

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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

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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	
PO Box 254	Hinton, Iowa 51024
Mailing Address	City, State, Zip Code
Area Code & Telephone Number	
Email Address (optional)	

4/13/2007	\$ 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:

Christmas donation for students

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

4/13/2007
Date