

**IA ETHICS AND CAMPAIGN DISCLOSURE BOARD**  
**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

2007 JUN 28

AM 10:45  
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:**

Glenwood Resource Center - DHS	
Name of Department or Office	
711 S. Vine St. Glenwood, IA 51534	City, State, Zip Code
Mailing Address	
712-527-4811	
Area Code & Telephone No.	

**CONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFICE:**

Jane Butler	
Name	
same	
Mailing Address (if different from above)	City, State, Zip (if different from above)
jbutler@phonet.com	712-527-2232
Email Address	Area Code & Telephone Number (if different from above)

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

Corporation for National & community Service	
Name	
Fed. Bldg., Rm 917, 210 Walnut	Des Moines, IA 50309
Mailing Address	City, State, Zip Code
515-284-4819	
Area Code & Telephone Number	
Email Address (optional)	

July 1, 2007 - June 30, 2008	\$ 211,469.00
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:

Funds to operate Federal volunteer program (Foster Grandparent Program) in southwest Iowa.

---

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, Jane Butler 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.

*Jane Butler Project Director*  
 Signature Foster Grandparent Program.

6/29/07  
 Date

IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD  
2007 JUN 27 AM 9:10

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



**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:

Name of Department or	Glenwood Resource Center	
Mailing Address	711 South Vine Street	ip Code
Area Code & Telephone	Glenwood, Iowa 51534	

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	DR. TU HUANG
Mailing Address	11300 WARNER AVE, #A102 FOUNTAIN VALLEY, CA 92708
Area Code & Telephone Number	
Email Address (optional)	

Date of Gift, Bequest, or Grant	6-20-07	Amount/Value*	\$ 100.00
*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 FOR REINHALT MEMORIAL

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, \_\_\_\_\_ 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.

*Lita Resinger*  
Signature

6-25-07  
Date

Revised 06/05

**IA ETHICS AND CAMPAIGN DISCLOSURE BOARD**  
**CAMPAIGN DISCLOSURE BOARD**  
 510 EAST 12<sup>TH</sup>, SUITE 1A  
 DES MOINES, IA 50319  
 Fax: (515)281-3701  
 www.iowa.gov/ethics

2007 JUN 27 PM 1:09



**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.RehwaldtHays@iowa.gov 712-542-2161 Ext 3317  
 Email Address Area Code & Telephone Number (if different from above)

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

Family of D. Grulke  
 Name  
 Mailing Address City, State, Zip Code  
 Area Code & Telephone Number  
 Email Address (optional)

5/30/07 \$ 2,800.00  
 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:  
 Personal belongings including jumpsuits, recliner, Broda pedal chair, Roho air seat.

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

Sue Rehwaldt Hays  
Signature

6/27/07  
Date

Revised 06/05

**IA 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

2007 JUN 27 PM 6:09

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  
 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:**

Family of M. Smith  
 Name  
 Mailing Address  
 City, State, Zip Code  
 Area Code & Telephone Number  
 Email Address (optional)

5/30/07 \$ 1,200.00  
 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:

Personal belongings including dresses, geriatric recliner.

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

6/27/07  
 Date

Revised 06/05

**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**

**CAMPAIGN DISCLOSURE BD.**  
**2007 JUN 28**

<b>FORM-GBG</b>	
Gift, Bequest, or Grant information received by a department or accepted by the Governor on behalf of the state	
<b>For office use only</b>	
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	Eldora, IA, 50627
3211 Edgington Ave.	
Mailing Address	City, State, Zip Code
641-858-5402	
Area Code & Telephone No	

**CONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFICE:**

Millie Dagit	
Name	Eldora, IA, 50627
3211 Edgington Ave.	
Mailing Address (if different from above)	City, State, Zip (if different from above)
mdagit@eths.state.ia.us	
Email Address	Area Code & Telephone Number (if different from above)

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

Sport's Page	
Name	
Marshalltown, Iowa	
Mailing Address	City, State, Zip Code
Area Code & Telephone Number	
Email Address (optional)	

6/18/2007	\$ 60.00
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:

Donated a pair of Nike Air Tennis Shoes to the facility.

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

6/28/2007  
Date

Revised 06/05

**IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD**  
**510 EAST 12<sup>TH</sup> SUITE 1000 IOWA ETHICS AND**  
**DES MOINES IOWA 50319 CAMPAIGN DISCLOSURE BD.**  
 Fax: (515)281-3701  
 www.iowa.gov

2007 JUL -6 PM 4:32

**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 Ave. Eldora, IA, 50627

Mailing Address  
City, State, Zip Code

Area Code & Telephone No.

**CONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFICE:**

Millie Dagit

Name  
3211 Edgington Ave. Eldora, IA, 50627

Mailing Address (if different from above)  
City, State, Zip (if different from above)

Email Address  
mdagit@dhs.state.ia.us

Area Code & Telephone Number (if different from above)

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

American Legion Auxiliary

Name  
6505 Y Avenue Galva, Ia 51020

Mailing Address  
City, State, Zip Code

Area Code & Telephone Number

Email Address (optional)

7/6/2007 \$ 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 student christmas account

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

7/6/2007  
Date