

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:

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.

2007 JUL 23 AM 9:40  
CAMPAIGN DISCLOSURE BOARD  
IOWA ETHICS AND

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:

Landon American Legion Unit 366  
Name

PO Box 357 Landon, IA 52255  
Mailing Address City, State, Zip Code

Area Code & Telephone Number

Email Address (optional)

07/17/07 \$ 50  
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:

to be used for youths activities

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

07/19/07  
Date

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## FORM-GBG

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

Mental Health Institute	
Name of Department or Office	
Mailing Address	1200 E. Washington Mt. Pleasant, Iowa. 52641
Area Code & Telephone No.	(319) 385-7251

### CONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFICE:

Nathan Beattie	
Name	
Mailing Address (if different from above)	City, State, Zip (if different from above)
nathanbeattie@iowa.gov	Ext. 2371
Email Address	Area Code & Telephone Number (if different from above)

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

V.F.W. Aux. of Mt. Pleasant	
Name	
Mailing Address	806 E. Monroe St. Mt. Pleasant, Ia.
Area Code & Telephone Number	(319) 385-2337
City, State, Zip Code 52641	
Email Address (optional)	

7/3/07	\$ 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:

Cash for MHI 4th of July picnic 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, 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

7/18/07  
Date

# IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD

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

Mental Health Institute	
Name of Department or Office	
Mailing Address	1200 E. Washington Mt. Pleasant, Iowa 52641
Area Code & Telephone No.	(319) 385-7251

IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD

### CONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFICE:

Nathan Beattie	
Name	
Mailing Address (if different from above)	City, State, Zip (if different from above)
Email Address	nathanbeattie@iowa.gov Ext. 2371
	Area Code & Telephone Number (if different from above)

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

Walmart	
Name	
Mailing Address	1501 Mapleleaf Dr. Mt. Pleasant, Ia 52641
Area Code & Telephone Number	(319) 385-4600
Email Address (optional)	

7/2/07	\$ 2500
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 card for patient activities

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

\_\_\_\_\_  
Date

Revised 06/05

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Reset Form

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**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  
 641-558-5402  
 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)  
 mdagit@ihs.state.ia.us  
 Email Address Area Code & Telephone Number (if different from above)

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

American Legion Auxiliary  
 Name  
 Unit#57 Vinton, Iowa 52349  
 Mailing Address City, State, Zip Code  
 Area Code & Telephone Number  
 Email Address (optional)

7/16/07 \$ 100.00  
 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:  
 Requested that money be used to purchase videos, books and magazines 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.

*Millie Dagit*  
Signature

July 16, 2007

Date