

IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD  
2009 JAN 30 AM 8:55  
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



#### 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	
1800 N 16th Street	Clarinda, IA 51632
Mailing Address	City, State, Zip Code
712-542-2161 eXT 3317	
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:

Employees of the Clarinda MHI	
Name	
	Clarinda, IA 51632
Mailing Address	City, State, Zip Code
712-542-2161 eXT 3317	
Area Code & Telephone Number	
Email Address (optional)	

12/08	\$ 900.00
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 gifts for the 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

1/30/09  
Date

Revised 06/05

IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD

2009 JAN 30 AM 8:53

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510 EAST 12<sup>TH</sup>, SUITE 1A  
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### DEPARTMENT OR OFFICE RECEIVING THE GIFT, BEQUEST, OR GRANT:

Clarinda MHI	
Name of Department or Office	
1800 N 16th Street	Clarinda, IA 51532
Mailing Address	City, State, Zip Code
712-942-2161 ext 331	
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	712-942-2161 ext 331
Email Address	Area Code & Telephone Number (if different from above)

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

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

12/08	\$ 150.00
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:  
To plant a tree in the geriatric park in memory of patient.

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

1/30/09  
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  
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FORM-G93

Gift, Bequest, or Grant Information received by a department or accepted by the Governor on behalf of the state

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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	
100 N 16th Street	Clarinda, IA 51652
Mailing Address	City, State, Zip Code
712-342-2161 EXT 3317	
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	712-342-2161 Ext. 3317
Email Address	Area Code & Telephone Number (if different from above)

DONOR OF GIFT, BEQUEST, OR GRANT:

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

12/08	\$ 500.00
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.

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

1/30/09  
Date

Revised 06/05

IA ETHICS AND CAMPAIGN DISCLOSURE BOARD

200 JAN 30 AM 8:53

### IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD

510 EAST 12<sup>TH</sup>, SUITE 1A  
DES MOINES, IA 50319  
Fax: (515)261-3701  
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

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

Clarinda MHU	
Name of Department or Office	
1800 N 16th Street	Clarinda, IA 51632
Mailing Address	City, State, Zip Code
712-542-2161 EXT 3317	
Area Code & Telephone No.	

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

Sue Rohwaldt Hays	
Name	
Mailing Address (if different from above)	City, State, Zip (if different from above)
Sue.RohwaldtHays@iowa.gov	712-542-2161 Ext. 3317
Email Address	Area Code & Telephone Number (if different from above)

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

Presbyterian Outreach	
Name	
Mailing Address	Omaha, NE
	City, State, Zip Code
Area Code & Telephone Number	
Email Address (optional)	

12/08	\$ 300.00
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 stocking and treats

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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 Rohwaldt 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

1/30/09  
Date

Revised 08/05

IA IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD  
CAMPAIGN DISCLOSURE BOARD

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FORM-GBG

Gift, Bequest, 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	
1300 N 16th Street	Clarinda, IA 51632
Mailing Address	City, State, Zip Code
712-542-2161 ext 3317	
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:

Area Lutheran Churches	
Name	
Mailing Address	City, State, Zip Code
Area Code & Telephone Number	
Email Address (optional)	

12/08	\$ 1,320.00
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 gifts for each resident.

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

1/30/09

Date

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

Clarinda MHI	
Name of Department or Office 1800 N 16th Street	Clarinda, IA 51632
Mailing Address 712-542-2161 EXT 3317	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:

Clarinda HS Government Class	
Name	
Mailing Address Clarinda, IA 51632	City, State, Zip Code
Area Code & Telephone Number	
Email Address (optional)	

1/09	\$ 402.00
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:

Forgotten patient fund/

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

1/30/09

Date