

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:

<b>State Training School</b>	
Name of Department or Office 3211 Edgington Ave.	Eldora, IA, 50627
Mailing Address 641-856-5402	City, State, Zip Code
Area Code & Telephone No.	

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

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

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

<b>Kiwanis Club of Eldora</b>	
Name	Eldora, Iowa 50627
Mailing Address	City, State, Zip Code
Area Code & Telephone Number	
Email Address (optional)	

<b>03-30-10</b>	<b>\$ 100.00</b>
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 help sponsor the Mid-Night Madness Basketball tournament**

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

03-30-10  
Date

IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD  
2010 MAR 30 PM 1:30

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Mailing Address (if different from above) mdagit@dhs.state.ia.us	City, State, Zip (if different from above)
Email Address	Area Code & Telephone Number (if different from above)

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

<b>Sutherland American Legion</b>	
Name PO Box 400	Sutherland, IA 51058
Mailing Address	City, State, Zip Code
Area Code & Telephone Number	
Email Address (optional)	

<b>03-30-10</b>	<b>\$ 25.00</b>
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: <b>Donation to the student Christmas fund</b>
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

03-30-10  
Date

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