

IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD  
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Revised 08/05

**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:**

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:**

Kristin Hagedorn

Name  
3211 Edgington Ave. Eldora, IA, 50627

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

khagedo@dhs.state.ia.us

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

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

American Legion Auxiliary, c/o Marlene Valentine

Name  
720 Lyon St. Des Moines, IA 50158

Mailing Address  
City, State, Zip Code

515-282-7987

Area Code & Telephone Number

Email Address (optional)

Nov. 12, 2010      \$ 205.00

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 boys' Christmas Fund to be used for gift bags

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, Kristin Hagedorn 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.

Kristin Hagedorn  
Signature

11/12/10  
Date