

Revised 06/05

IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD

510 EAST 12TH, 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 _____

2011 JUN 23 PM 3:01

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
641.333.3402 City, State, Zip Code

Area Code & Telephone No.

CONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFICE:

Kristin Hagedon

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:

Ivester Church of the Brethren, c/o Ms. Alice Draper

Name
32668 232nd St. Eldora, IA 50627

Mailing Address City, State, Zip Code

Area Code & Telephone Number

Email Address (optional)

6/23/2011 \$ 141.00

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:

food & gifts for a student birthday party

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 Hagedon 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 Hagedon
Signature

6/23/11
Date

Revised 08/05

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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
641-538-5402

City, State, Zip Code

Area Code & Telephone No.

CONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFICE:

Kristin Hagedon

Name
3211 Edgington Ave,

Eldora, IA, 50627

Mailing Address (if different from above)
khagedo@des.state.ia.us

City, State, Zip (if different from above)

Email Address

Area Code & Telephone Number (if different from above)

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Name

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Eldora, IA 50627

Mailing Address

City, State, Zip Code

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6/23/2011

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Kristin Hagedon

Signature

6/23/11

Date