Revised 06/08

IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD

510 EAST 12TH, SUITE 1A
DES MOINES, IA 50319
Fax: (515)281-4073
www.iowa.gov/ethics

Reset Form

FORM-GB

Gift or Bequest 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 and bequests 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 to be filed within 20 days of receipt of the gift or bequest.

DEPARTMENT OR OFFICE RECEIVING THE GIFT OR BEQUEST:

STATE TRAINING SCHOOL
Name of Department or Office
3211 EDGINGTON AVE — ELDORA IA 50627
Mailing Address — City, State, Zip Code
641-858-5402
Area Code & Telephone No.

CONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFICE:

KRISTIN HAGEDON
Name
same
Mailing Address (if different from above) — City, State, Zip (if different from above)
Email Address — Area Code & Telephone Number (if different from above)

2013 NOV -5 PM 3:52
IA ETHICS AND CAMPAIGN DISCLOSURE BD

DONOR OF GIFT OR BEQUEST:

American Legion Auxiliary Dept. of Iowa
Name
720 Lyon Street — Des Moines, IA 50309
Mailing Address — City, State, Zip Code
Area Code & Telephone Number
Email Address (optional)

11-1-13 — $225.00
Date of Gift or Bequest — 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 or bequest and purpose thereof:

Cash donation to be used toward Religious Activities/Christmas gifts.

Criteria to use this form:

Receipt of any gift or bequest 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 or bequest 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

Nov. 5, 2013
Date

Revised 06/08

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STATE TRAINING SCHOOL
Name of Department or Office
3211 EDGINGTON AVE — ELDORA IA 50627
Mailing Address — City, State, Zip Code
641-858-5402
Area Code & Telephone No.

CONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFICE:

KRISTIN HAGEDON
Name
same
Mailing Address (if different from above) — City, State, Zip (if different from above)
Email Address — Area Code & Telephone Number (if different from above)

2013 NOV -5 PM 3:52
IA ETHICS AND CAMPAIGN DISCLOSURE BD

DONOR OF GIFT OR BEQUEST:

Pam Clark / Wink Sparks
Name
1261 Humbolt Ave. — Moville, IA 51039
Mailing Address — City, State, Zip Code
Area Code & Telephone Number
Email Address (optional)

11-1-13 — $25.00
Date of Gift or Bequest — 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 or bequest and purpose thereof:

donation of two movies for students' use

Criteria to use this form:

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Statement of Affirmation:

I, Kristin Hagedon affirm that the gift or bequest 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

Nov. 5, 2013
Date