

Revised 06/08

### IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD

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



### 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:

Clarinda MHI	
Name of Department or Office 1800 N 16th St	Clarinda IA 51632
Mailing Address 712-342-3161	City, State, Zip Code
Area Code & Telephone No.	

2013 NOV 21 PM 1:01  
IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD

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

#### DONOR OF GIFT OR BEQUEST:

Coreen Ramsey SWICC instructor	
Name	
Mailing Address	City, State, Zip Code
Area Code & Telephone Number	
Email Address (optional)	

11/13	\$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:  
**Super ear for residents use**

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, Sue Rehwaldt Hays 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.

\_\_\_\_\_  
Signature

11/21/13  
\_\_\_\_\_  
Date

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

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Iowa Code section 6.7 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:

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

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

DONOR OF GIFT OR BEQUEST:

Family of R Meredith
Name
Mailing Address
City, State, Zip Code
Area Code & Telephone Number
Email Address (optional)

10/13 \$ 500.00
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:
Personal items donated to residents
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, Sue Rehwaldt Hays 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.

Signature

11/21/13 Date

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**FORM-GB**

Gift or Bequest information received by a department or accepted by the Governor on behalf of the state

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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:**

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

2013 NOV 21 PM 11:01  
 IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD

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

**DONOR OF GIFT OR BEQUEST:**

Family of K Heinzl	
Name	
Mailing Address	City, State, Zip Code
Area Code & Telephone Number	
Email Address (optional)	

10/13	\$750.00
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:

Personal items donated to residents

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, Sue Rehwaldt Hays 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.

  
 \_\_\_\_\_  
 Signature

11/21/13  
 \_\_\_\_\_  
 Date