

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:

Form for Department or Office Receiving the Gift, Bequest, or Grant. Includes fields for Name of Department or Office, Mailing Address, and Area Code & Telephone No.

CONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFICE:

Form for Contact Person for Recipient Department or Office. Includes fields for Name, Mailing Address, and Email Address.

DONOR OF GIFT, BEQUEST, OR GRANT:

Form for Donor of Gift, Bequest, or Grant. Includes fields for Name, Mailing Address, Area Code & Telephone Number, and Email Address (optional).

Form for Date of Gift, Bequest, or Grant and Amount/Value. Includes fields for Date of Gift, Bequest, or Grant and Amount/Value.

Provide a description of the gift, bequest, or grant and purpose thereof:

cash donation to be used for student Christmas activities

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.

Handwritten signature of Kristin Hagedorn

Signature

12/2/2013

Date

Revised 06/05

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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
641-859-3402 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@dhc.state.ia.us
Email Address Area Code & Telephone Number (if different from above)

DONOR OF GIFT, BEQUEST, OR GRANT:

St. Paul Lutheran Priscilla Guild, c/o Linda Sizemore
Name
1105 Washington St. Eldora IA 50627
Mailing Address City, State, Zip Code
Area Code & Telephone Number
Email Address (optional)

11/26/13 \$ 25.00
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:

cash donation to be used for student Christmas activities

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

12/3/2013

Date

Revised 06/05

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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 641-852-3492	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@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:**

Dows American Legion Auxiliary, c/o Ms. Pat Cooper	
Name 1221 N. Fremont St. Apt. 20	Iowa Falls IA 50126
Mailing Address	City, State, Zip Code
Area Code & Telephone Number	
Email Address (optional)	

11/26/13	\$ 50.00
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:

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Criteria to use this form:

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**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

12/3/2013  
 Date