

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



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 _____

Handwritten initials and scribbles

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.	

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) 712-542-2161 Ex3317
Email Address	Area Code & Telephone Number (if different from above)

DONOR OF GIFT OR BEQUEST:

Area Lutheran Churches	
Name	
Mailing Address	City, State, Zip Code
Area Code & Telephone Number	
Email Address (optional)	

12/2013	\$800.00
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:
 Gifts for patients.

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.

Handwritten signature of Sue Rehwaldt Hays
Signature

2/20/14
Date

Revised 08/08

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DEPARTMENT OR OFFICE RECEIVING THE GIFT OR BEQUEST:

Clarinda MHI
Name of Department or Office
1300 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
Email Address
City, State, Zip (if different from above)
712-542-2161 Ex3317
Area Code & Telephone Number (if different from above)

DONOR OF GIFT OR BEQUEST:

Presbyterian church outreach
Name
Mailing Address
City, State, Zip Code
Area Code & Telephone Number
Email Address (optional)

12/2013 \$200.00
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:
Gifts for patients.

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.

Handwritten signature of Sue Rehwaldt Hays over a line labeled Signature

2/20/14 Date

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DEPARTMENT OR OFFICE RECEIVING THE GIFT OR BEQUEST:

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

CONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFICE:

Sue Rehwaldt Hays	
Name	_____
Mailing Address (if different from above)	City, State, Zip (if different from above)
Sue.RehwaldtHays@iowa.gov	712-542-2161 Bx0317
Email Address	Area Code & Telephone Number (if different from above)
_____	_____

DONOR OF GIFT OR BEQUEST:

CTC Employees	
Name	_____
Mailing Address	Clarinda, IA
_____	City, State, Zip Code
Area Code & Telephone Number	_____
Email Address (optional)	_____

12/2013	\$ 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:
Adopt A Patient program 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:

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Signature

2/20/14
Date

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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.	

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) 712-542-2161 Ex3317
Email Address	Area Code & Telephone Number (if different from above)

DONOR OF GIFT OR BEQUEST:

Clarinda Classics 4H Club	
Name	
Mailing Address	Clarinda, IA City, State, Zip Code
Area Code & Telephone Number	
Email Address (optional)	

12/2013	\$ 100.00
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:

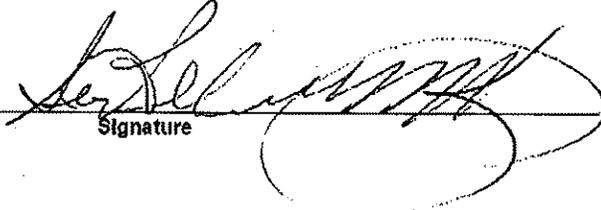
Forgotten Patient Fund

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2/20/14
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