

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



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.

FORM-GB	
Gift or Bequest information received by a department or accepted by the Governor on behalf of the state	
<b>For office use only</b>	
Indexed	_____
Audited	_____
Checked	_____
Computer	_____

#### DEPARTMENT OR OFFICE RECEIVING THE GIFT OR BEQUEST:

STATE TRAINING SCHOOL	
Name of Department or Office 3211 EDGINGTON AVE	ELDORA, IA 50627
Mailing Address 641.838.5402	City, State, Zip Code
Area Code & Telephone No.	

#### CONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFICE:

Kristin Hagedon	
Name	
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)

2014 DEC 9 AM 11:39  
IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD

#### DONOR OF GIFT OR BEQUEST:

Dows American Legion Auxiliary, c/o Mrs. 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)	

12-8-14	\$50.00
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:  
monetary donation to be used toward Christmas gifts for STS students

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

12-9-14  
Date

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

#### CONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFICE:

Kristin Hagedon	
Name	
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)	

2014 DEC -9 AM 11:39

#### DONOR OF GIFT OR BEQUEST:

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

12-2-14	\$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".	

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Kristin Hagedon  
Signature

12-9-14  
Date