

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 _____

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 AVENUE	ELDORA, IA 50627
Mailing Address 641-453-5302	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)

DONOR OF GIFT OR BEQUEST:

Paul-Ward 149 American Legion Aux., c/o Melinda Bennett	
Name	
105 S. Main, PO Box 1	Gilman, IA 50106
Mailing Address	City, State, Zip Code
Area Code & Telephone Number	
Email Address (optional)	

4/25/14	\$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".	

Provide a description of the gift or bequest and purpose thereof:
cash donation to Religious Activities fund for 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

April 30, 2014

Date

Revised 08/08

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DEPARTMENT OR OFFICE RECEIVING THE GIFT OR BEQUEST:

STATE TRAINING SCHOOL	
Name of Department or Office 3211 EDGINGTON AVENUE	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)

DONOR OF GIFT OR BEQUEST:

Amer. Legion Aux. Breda Unit #607, c/o R. Mueggenberg	
Name	
12597 140th St.	Arcadia, IA 51430-8545
Mailing Address	City, State, Zip Code
Area Code & Telephone Number	
Email Address (optional)	

4/30/14	\$ 52.00
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:
various puzzle/crossword books, DVD's, etc. for student 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, 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

May 1, 2014

Date

Revised 06/08

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STATE TRAINING SCHOOL	
Name of Department or Office 3211 EDGINGTON AVENUE	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)

DONOR OF GIFT OR BEQUEST:

Amer. Legion Aux. Dept. of Iowa, c/o Marlene Valentine	
Name	
720 Lyon Street	Des Moines IA 50309
Mailing Address	City, State, Zip Code
515-282-7987	
Area Code & Telephone Number	
Email Address (optional)	

5/1/14	\$75.00
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 towards Religious Activities fund 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

May 1, 2014

Date