

Revised 08/08

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
City, State, Zip Code
641-858-5402
Area Code & Telephone No.

2014 AUG - 4 PM 2:38

CONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFICE:

Kristin Hagedon
Name
Mailing Address (if different from above)
City, State, Zip (if different from above)
khagedo@dhs.state.ia.us
Email Address
Area Code & Telephone Number (if different from above)

DONOR OF GIFT OR BEQUEST:

Deb and Curtis Crosser
Name
33445 - 230th Street
Eldora IA 50627
Mailing Address
City, State, Zip Code
641-858-5110
Area Code & Telephone Number
Email Address (optional)

7/27/14 \$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:

monetary donation to be used toward Religious Activities at STS

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

August 4, 2014

Date

Revised 06/08

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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
City, State, Zip Code
641-859-5402
Area Code & Telephone No.

CONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFICE:

Kristin Hagedorn
Name
Mailing Address (if different from above)
City, State, Zip (if different from above)
khagedo@dhs.stac.ia.us
Email Address
Area Code & Telephone Number (if different from above)

2014 AUG -14 PM 2:38

DONOR OF GIFT OR BEQUEST:

Leslie & Ann Raisch
Name
2208 4th Street
Eldora IA 50627
Mailing Address
City, State, Zip Code
641-939-7148
Area Code & Telephone Number
Email Address (optional)

7/27/14 \$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.
monetary donation to be used toward Religious Activities at STS

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 Hagedorn 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 Hagedorn

Signature

August 4, 2014

Date

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Reset Form

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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
City, State, Zip Code
641-858-5462
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)
Area Code & Telephone Number (if different from above)

DONOR OF GIFT OR BEQUEST:

American Legion Auxiliary Dept. of IA, c/o Marlene Valentine
Name
720 Lyon Street
Des Moines 50309
Mailing Address
City, State, Zip Code
515-282-8098
Area Code & Telephone Number
Email Address (optional)

7/30/14 \$20.00
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 Religious Activities at STS

Criteria to use this form:
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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

August 4, 2014
Date