

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

2014 SEP 12 AM 6:00

### 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:

<b>STATE TRAINING SCHOOL</b>	
Name of Department or Office 3211 EDINGTON AVENUE	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)	
City, State, Zip (if different from above)	
Email Address	
Area Code & Telephone Number (if different from above)	

#### DONOR OF GIFT OR BEQUEST:

Bev Jones	
Name	
PO Box 123	Eldora, IA 50627
Mailing Address	City, State, Zip Code
Area Code & Telephone Number	
Email Address (optional)	

9/11/2014	\$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 book distribution for Reading Is Fundamental (RIF) program.

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

Sept. 11, 2014  
Date

Revised 06/08

### IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD

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DES MOINES, IA 50319  
Fax: (515)281-4073  
www.iowa.gov/ethics



<b>FORM-GB</b>	
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#### DEPARTMENT OR OFFICE RECEIVING THE GIFT OR BEQUEST:

<b>STATE TRAINING SCHOOL</b>	
Name of Department or Office 3211 EDGINGTON AVE	ELDORA IA 50627
Mailing Address 641-352-3402	City, State, Zip Code
Area Code & Telephone No.	

2014 SEP 11

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

Kristin Hagedorn	
Name <small>same</small>	
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)

AM 7:20

#### DONOR OF GIFT OR BEQUEST:

Eldora Rotary Club	
Name	
c/o Diana Dickenson	Eldora, IA 50627
Mailing Address	City, State, Zip Code
641-751-4870	
Area Code & Telephone Number	
Email Address (optional)	

Sept. 2, 2014	\$64.00
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:

Donation of movie passes and concessions for six students to attend local movie theater.

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

Sept. 10, 2014  
Date