

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 AVE.	ELDORA, IA 50627
Mailing Address 641-232-3402	City, State, Zip Code
Area Code & Telephone No.	

CONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFICE:

Kristin Hagedorn	
Name same	
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:

Ankeny Baptist Church, c/o David Binner	
Name	
2842 SW 3rd Street	Ankeny, IA 50023
Mailing Address	City, State, Zip Code
Area Code & Telephone Number	
Email Address (optional)	

12/13/14	\$70.00
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 for Receiving students to make phone calls

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

1/16/2015
Date

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STATE TRAINING SCHOOL

Name of Department or Office
3211 EDGINGTON AVE. ELDORA, IA 50627

Mailing Address
City, State, Zip Code

Area Code & Telephone No.

CONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFICE:

Kristin Hagedorn

Name
same

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:

Alice Church of God, Women's Ministries c/o Mrs. Mary Ralston

Name

PO Box 457 Conrad, IA 50627

Mailing Address City, State, Zip Code

Area Code & Telephone Number

Email Address (optional)

12/17/14 \$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:

monetary donation to student Christmas fund

Criteria to use this form:

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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

1/16/2015
Date