

Revised 08/05

IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD  
CAMPAIGN DISCLOSURE BOARD

510 EAST 12<sup>TH</sup>, SUITE 1A  
DES MOINES, IA 50319  
Fax: (515)281-3701  
www.iowa.gov/ethics



2010 JAN -6 PM 12:59

**FORM-GBG**

Gift, Bequest, or Grant information received by a department or accepted by the Governor on behalf of the state

For office use only

Indexed \_\_\_\_\_

Audited 1-6-2010

Checked \_\_\_\_\_

Computer \_\_\_\_\_

Iowa Code section 8.7 requires all gifts, bequests, and grants 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 required to be filed within 20 days of receipt of the gift, bequest, or grant.

DEPARTMENT OR OFFICE RECEIVING THE GIFT, BEQUEST, OR GRANT:

State Training School

Name of Department or Office  
3211 Edgington Ave. Eldora, IA, 50627

Mailing Address  
641-531-3403 City, State, Zip Code

Area Code & Telephone No.

CONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFICE:

Millie Dagit

Name  
3211 Edgington Ave. Eldora, IA, 50627

Mailing Address (if different from above) City, State, Zip (if different from above)

mdagit@dhs-state.ia.us

Email Address Area Code & Telephone Number (if different from above)

DONOR OF GIFT, BEQUEST, OR GRANT:

Wal-Mart

Name

840 S. Oak St. Iowa Falls, Iowa 50126

Mailing Address City, State, Zip Code

Area Code & Telephone Number

Email Address (optional)

12/19/09 \$ 100.00

Date of Gift, Bequest, or Grant 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, bequest, or grant and purpose thereof:

X- items for students gift card

Criteria to use this form:  
Receipt of any gift, bequest, or grant that is received by any department of the state or received by the Governor on behalf of the state.

Statement of Affirmation:

I, Millie Dagit affirm that the gift, bequest, or grant 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.

Signature Millie Dagit

12/29/2009  
Date

Revised 06/05

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**DEPARTMENT OR OFFICE RECEIVING THE GIFT, BEQUEST, OR GRANT:**

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:**

Millie Dagit

Name  
3211 Edgington Ave. Eldora, IA, 50627

Mailing Address (if different from above) City, State, Zip (if different from above)

mdagit@ihs.state.ia.us

Email Address Area Code & Telephone Number (if different from above)

**DONOR OF GIFT, BEQUEST, OR GRANT:**

Wal-Mart

Name

840 S. Oak St. Iowa Falls, Iowa 50126

Mailing Address City, State, Zip Code

Area Code & Telephone Number

Email Address (optional)

12/19/09 \$ 100.00

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\*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, bequest, or grant and purpose thereof.

X- items for students gift card

Criteria to use this form:

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**Statement of Affirmation:**

I, Millie Dagit affirm that the gift, bequest, or grant 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.

Signature Millie Dagit

12/29/2009  
Date

Revised 06/05

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DEPARTMENT OR OFFICE RECEIVING THE GIFT, BEQUEST, OR GRANT:

State Training School  
Name of Department or Office  
3211 Edgington Ave. Eldora, IA. 50627  
Mailing Address City, State, Zip Code  
641-598-5402  
Area Code & Telephone No.

CONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFICE:

Millie Dagit  
Name  
3211 Edgington Ave. Eldora, IA. 50627  
Mailing Address (if different from above) City, State, Zip (if different from above)  
mdagit@dhs.state.ia.us  
Email Address Area Code & Telephone Number (if different from above)

DONOR OF GIFT, BEQUEST, OR GRANT:

Wellsburg Reformed Church  
Name  
Wellsburg, Iowa  
Mailing Address City, State, Zip Code  
Area Code & Telephone Number  
Email Address (optional)

12/23/2009 \$ 90.00  
Date of Gift, Bequest, or Grant 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, bequest, or grant and purpose thereof.

Donation to cottage #5 to use for students for x-mas

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Statement of Affirmation:

I, Millie Dagit affirm that the gift, bequest, or grant 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.

Signature

1/6/2009 Date