

Revised 06/06

IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD

610 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
641-258-5492
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.state.ia.us
Email Address Area Code & Telephone Number (if different from above)

DONOR OF GIFT OR BEQUEST:

St. John's United Methodist Women, c/o Karen Topp, treas.
Name
603 Parkview Lane Radcliffe, IA 50230
Mailing Address City, State, Zip Code
Area Code & Telephone Number
Email Address (optional)

10/18/11 \$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 student Christmas Fund

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

10/19/11
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 641-452-5402	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:

American Legion Auxiliary #288, c/o Mary Bobolz, treas.	
Name	
150 N 4th Ave W	Hartley, IA 51346
Mailing Address	City, State, Zip Code
Area Code & Telephone Number	
Email Address (optional)	

10/17/11	\$50.00
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 student Christmas Fund
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

10/19/11
Date

Iowa Ethics and Campaign Disclosure Board

IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD

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Reset Form

FORM-GB

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

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DEPARTMENT OR OFFICE RECEIVING THE GIFT OR BEQUEST:

DHS Glenwood Resource Center	
Name of Department or Office 711 South Vine Street	Glenwood, IA 51534
Mailing Address 712-525-1683	City, State, Zip Code
Area Code & Telephone No.	

CONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFICE:

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:

Marcene & Wm Dentel Family	
Name	
7418 Spring Village Dr CST 30	Springfield, VA 22051
Mailing Address	City, State, Zip Code
Area Code & Telephone Number	
Email Address (optional)	

10/14/2011	\$ 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:

Melvin Scheffel Memorial - needs at Campbell Park, for Client 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, Ruth Messinger 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.

Ruth Messinger
Signature

10/14/2011
Date