

Revised 08/08

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 ETHICS AND CAMPAIGN DISCLOSURE BOARD
2012 OCT 24 PM 3:07

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 611-451-5402	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:

C. Adrian Olson American Legion Auxiliary #468	
Name	
c/o Ms. B. McIntosh	Cleghorn, IA 51014
Mailing Address	City, State, Zip Code
Area Code & Telephone Number	
Email Address (optional)	

10/19/12	\$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 be used toward student phone calls at Christmas

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

10/24/12
Date

IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD
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DEPARTMENT OR OFFICE RECEIVING THE GIFT OR BEQUEST:

STATE TRAINING SCHOOL	
Name of Department or Office 3211 EDGINGTON AVE.	ELDORA, IA 50627
Mailing Address 511-511-5102	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:

Ed Thomas Family Foundation	
Name	
c/o Aaron Thomas, PO Box 536 Parkersburg IA 50665	
Mailing Address	City, State, Zip Code
Area Code & Telephone Number	
Email Address (optional)	

10/21/12	\$5,690.84
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:
112 study Bibles for students, and copies of Ed Thomas biography

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

10/24/12
Date

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DEPARTMENT OR OFFICE RECEIVING THE GIFT OR BEQUEST:

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:

Name: Kristin Hagedon
Mailing Address (if different from above): khagedon@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:

Name: North Iowa YFC/Juvenile Justice Ministries
Mailing Address: PO Box 243 Mason City, IA 50402
City, State, Zip Code
Area Code & Telephone Number
Email Address (optional)

Date of Gift or Bequest: 5/2/12 Amount/Value: \$225.00
*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:
file cabinet to be used in the Chaplaincy Services office

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

10/24/12
Date