

Revised 06/05

IA ETHICS AND CAMPAIGN DISCLOSURE BOARD

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

2008 DEC 31 AM 10:08

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	_____
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, 50637
Mailing Address 641-828-5402	City, State, Zip Code
Area Code & Telephone No.	

CONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFICE:

Millic Dagit	
Name 3211 Edgington Ave.	Eldora, IA, 50637
Mailing Address (if different from above) mdagit@iowadhs.com	City, State, Zip (if different from above)
Email Address	
Area Code & Telephone Number (if different from above)	

DONOR OF GIFT, BEQUEST, OR GRANT:

Jim & Betty Key	
Name	
409 Oak Avenue	Eldora, Iowa 50627
Mailing Address	City, State, Zip Code
Area Code & Telephone Number	
Email Address (optional)	

12/31/2008	\$ 250.00
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:

religious activities fund to be used for students

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, Millic 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.

Millic Dagit
Signature

12/31/2008

Date

Revised 08/05
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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
 641-438-5402 City, State, Zip Code

Area Code & Telephone No.

CONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFICE:

Millic Dagit

Name
 3211 Edgington Ave. Eldora, IA, 50627

Mailing Address (if different from above)
 mdagit@ihs.iowa.gov City, State, Zip (if different from above)

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

DONOR OF GIFT, BEQUEST, OR GRANT:

American Legion Aux-Griswold

Name
 \$4697 Troy Road Griswold, Ia 51535

Mailing Address
 City, State, Zip Code

Area Code & Telephone Number

Email Address (optional)

12/31/2008 \$ 25.00

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-mas fund for students

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, Millic 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.

Millic Dagit
 Signature

12/31/2008
 Date

Revised 06/06

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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
641-858-5402 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)
mdagit@ethics.state.ia.us City, State, Zip (if different from above)

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

DONOR OF GIFT, BEQUEST, OR GRANT:

Hardin County Savings Bank

Name
1202 Edgington Ave. Eldora, Iowa 50627

Mailing Address
City, State, Zip Code

Area Code & Telephone Number

Email Address (optional)

12/31/2008 **\$ 20.00**

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:

Religious activities fund to be used for students.

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.

Millie Dagit
Signature

12/31/2008
Date