

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 EDINGTON AVENUE	ELDORA, IA 50627
Mailing Address 515.153-5403	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 Dept. of Des Moines	
Name	
c/o Marlene Valentine, 720 Lyon St.	Des Moines, IA 50309
Mailing Address 515-282-7987	City, State, Zip Code
Area Code & Telephone Number	
Email Address (optional)	

7/25/12	\$410.00
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 towards the Religious Activites fund for STS students

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

7/31/12
Date

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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 641-858-5402	City, State, Zip Code
Area Code & Telephone No.	

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IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD

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:

Connie K. Christiansen	
Name	
1155 Smithfield St.	State College, PA 16801
Mailing Address	City, State, Zip Code
814-238-2160	
Area Code & Telephone Number	
Email Address (optional)	

8/7/12	\$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:
cash donation to be used towards archival restoration and museum project

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

Aug. 7, 2012
Date