

Revised 06/08

**IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD**

510 EAST 12<sup>TH</sup>, 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:**

<b>STATE TRAINING SCHOOL</b>	
Name of Department or Office 3211 EDGINGTON AVENUE	ELDORA, IA 50627
Mailing Address 641-338-5402	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 Post 288	
Name	
c/o Gloria Riedemann, treas.	Hartley IA 51346
Mailing Address	City, State, Zip Code
Area Code & Telephone Number	
Email Address (optional)	

Sept. 18, 2012	\$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

Sept. 19, 2012

Date

Revised 06/08

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#### DEPARTMENT OR OFFICE RECEIVING THE GIFT OR BEQUEST:

<b>STATE TRAINING SCHOOL</b>	
Name of Department or Office 3211 EDGINGTON AVENUE	ELDORA, IA 50627
Mailing Address 641-358-5402	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:

All Things Possible Ministrics	
Name	
c/o Trudy Thomas, PO Box 697	Murrieta, CA
Mailing Address	City, State, Zip Code
Area Code & Telephone Number	
Email Address (optional)	

Sept. 18, 2012	\$ 18.00
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:

two devotional books for student use

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

Sept. 19, 2012

Date