

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 EDGINGTON AVENUE	ELDORA, IA 50627
Mailing Address 641-859-3402	City, State, Zip Code
Area Code & Telephone No.	

IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD
2012 SEP 21 PM 3:2

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:

Sutherland American Legion Aux. Unit 152	
Name	
c/o Marjorie Baldwin, 105 W Hwy C16	Larrabee, IA 51029-7034
Mailing Address	City, State, Zip Code
Area Code & Telephone Number	
Email Address (optional)	

9/20/12	\$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 towards student religious activities 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. 21, 2012
Date

IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD

510 EAST 12TH, SUITE 1A

DES MOINES, IA 50319

Fax: (515)281-4073

www.iowa.gov/ethics

Reset Form

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:

DHS Glenwood Resource Center	
Name of Department or Office 711 South Vine Street	Glenwood, IA 51534
Mailing Address 712-525-1252	City, State, Zip Code
Area Code & Telephone No.	

IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD
2012 SEP 21 AM 8:41

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:

Curtis L. Paulson	
Name _____	
57012 230th Street	Glenwood, IA 51534
Mailing Address _____	City, State, Zip Code _____
Area Code & Telephone Number _____	
Email Address (optional) _____	

9/13/2012	\$ 5.06
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:
Food items purchased 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

9/18/2012
Date

IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD

510 EAST 12TH, SUITE 1A
DES MOINES, IA 50319
Fax: (515)281-4073
www.iowa.gov/ethics

Reset Form

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:

DHS Glenwood Resource Center	
Name of Department or Office 711 South Vine Street	Glenwood, IA 51534
Mailing Address 712-525-1252	City, State, Zip Code
Area Code & Telephone No.	

IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD
2012 SEP 21 AM 8:41

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:

Mrs. Karen Rubey	
Name	
205 E. Burlington	Fairfield, IA 52556
Mailing Address	City, State, Zip Code
Area Code & Telephone Number	
Email Address (optional)	

9/16/2012	\$ 500.00
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:

Assorted clothing and craft items 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

9/18/2012
Date