

Revised 06/05
IA ETHICS & CAMPAIGN DISCLOSURE BOARD
 JAN 5 2007
FILED

ETHICS AND CAMPAIGN DISCLOSURE BOARD

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

Reset Form

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:

Clarinda MHI	
Name of Department or Office	Clarinda, IA 51632
Box 338	City, State, Zip Code
Mailing Address	
712-542-2161	
Area Code & Telephone No.	

CONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFICE:

Sue Rehwaldt Hays	
Name	
Mailing Address (if different from above)	City, State, Zip (if different from above)
Sue.Rehwaldt.Hays@iowa.gov	712-542-2161 Ext. 3317
Email Address	Area Code & Telephone Number (if different from above)

DONOR OF GIFT, BEQUEST, OR GRANT:

Judy Wonderly	
Name	
Mailing Address	Maryville, MO 64468
	City, State, Zip Code
Area Code & Telephone Number	
Email Address (optional)	

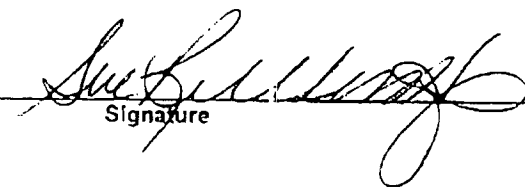
11/06	\$ 100.00
Date of Gift, Bequest, or Grant	Amount/Value*
*value is defined as "fair market value" of item as determined by receiving department or office. If no value mark "0.00".	

Provide a description of the gift, bequest, or grant and purpose thereof:
 Clothing for patient:

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.

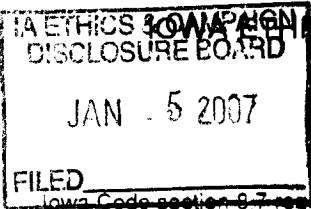
Statement of Affirmation:

I, Sue Rehwaldt Hays 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.


 Signature

1/5/07
 Date

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DEPARTMENT OR OFFICE RECEIVING THE GIFT, BEQUEST, OR GRANT:

Clarinda MHI
 Name of Department or Office
 Box 338 Clarinda, IA 51632
 Mailing Address City, State, Zip Code
 712-542-2161
 Area Code & Telephone No.

CONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFICE:

Sue Rehwaldt Hays
 Name
 Mailing Address (if different from above) City, State, Zip (if different from above)
 Sue.RehwaldtHays@iowa.gov 712-542-2161 Ext. 3217
 Email Address Area Code & Telephone Number (if different from above)

DONOR OF GIFT, BEQUEST, OR GRANT:

William Shelton
 Name
 Mailing Address Clarinda, IA 51632
 City, State, Zip Code
 Area Code & Telephone Number
 Email Address (optional)

12/06 \$ 50.00
 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:
 Clothing for patients

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, Sue Rehwaldt Hays, 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.

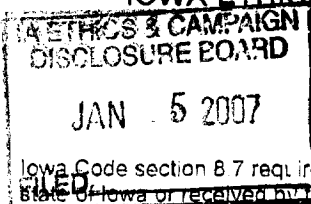
Signature

1/5/07
 Date

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DEPARTMENT OR OFFICE RECEIVING THE GIFT, BEQUEST, OR GRANT:

Clarinda MHI
Name of Department or Office
Box 338
Clarinda, IA 51632
Mailing Address
City, State, Zip Code
Area Code & Telephone No

CONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFICE:

Sue Rehwaldt Hays
Name
Mailing Address (if different from above)
Sue.RehwaldtHays@iowa.gov
City, State, Zip (if different from above)
712-543-2161 Ext. 3317
Email Address
Area Code & Telephone Number (if different from above)

DONOR OF GIFT, BEQUEST, OR GRANT:

Area Lutheran Churches
Name
Mailing Address
City, State, Zip Code
Area Code & Telephone Number
Email Address (optional)

12/8/06 \$ 1,200.00
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:

Christmas gifts for the patients

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, Sue Rehwaldt Hays 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.

Signature

1/5/07
Date

Revised 06/05

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DEPARTMENT OR OFFICE RECEIVING THE GIFT, BEQUEST, OR GRANT:

Clarinda MHI	
Name of Department or Office Box 338	Clarinda, IA 51632
Mailing Address	City, State, Zip Code
Area Code & Telephone No.	

CONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFICE:

Sue Rehwaldt Hays	
Name	
Mailing Address (if different from above) Sue.RehwaldtHays@iowa.gov	City, State, Zip (if different from above) 712-542-2161 Ext. 3317
Email Address	Area Code & Telephone Number (if different from above)

DONOR OF GIFT, BEQUEST, OR GRANT:

Presbyterian Outreach	
Name	
8447 Lake St	Omaha, NE 68134
Mailing Address	City, State, Zip Code
Area Code & Telephone Number	
Email Address (optional)	

12/20/06	\$ 350.00
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.

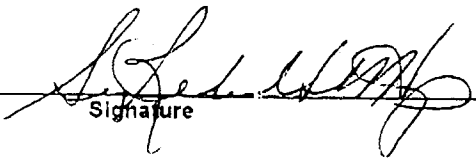
Snack filled Christmas Stockings

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Statement of Affirmation:

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1/5/07

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Clarinda MHI	
Name of Department or Office	
Box 338	Clarinda, IA 51632
Mailing Address	City, State, Zip Code
712/542-2161	
Area Code & Telephone No.	

CONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFICE:

Suc Rehwaldt Hays	
Name	
Mailing Address (if different from above)	City, State, Zip (if different from above)
Suc.RehwaldtHays@iowa.gov	712-542-2161 Ext. 3317
Email Address	Area Code & Telephone Number (if different from above)

DONOR OF GIFT, BEQUEST, OR GRANT:

Employees of Clarinda MHI	
Name	
Box 338	Clarinda, IA 51632
Mailing Address	City, State, Zip Code
712/542-2161	
Area Code & Telephone Number	
Email Address (optional)	

12/25/06	\$ 850.00
Date of Gift, Bequest, or Grant	Amount/Value*
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Provide a description of the gift, bequest, or grant and purpose thereof:

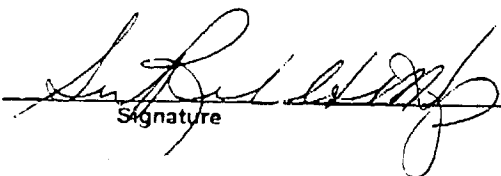
Christmas gifts for the patients

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Date