Revised 06/05
IA ETHICS & CAMPAIGN

DISCLOSOPHER DETROICS AND CAMPAIGN DISCLOSURE BOARD

JAN 5 2007

510 EAST 12TH, SUITE 1A DES MOINES, IA 50319 Fax: (515)281-3701

www.iowa.gov/ethics

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lowa Code section 8.7 requires all gifts, bequests, and grants given to any department of the state of lows or received by the Governor on behalf of the state be reported to the lows Ethics and Campaign Disclosure Hoard 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.

FORM-GBG Gift, Bequest, or Grant Information

received by a department or accepted by the Governor on behalf of the state

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

,			
Clarinda MHI			
Name of Department or Office	Clarinda, 1A, 51632		
Mailing Address	City, State, Zip Code		
Area Code & Telephone No.			
CONTACT PERSON FOR REC	PIENT DEPARTMENT OR OFFIC	E:	
Sue Rehwaldt Hays			
Name			
Mailing Address (if different from all Suc,Roha ald:Hays@lova.gov	bove)	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, C	PR GRANT:		
Name			
	Maryville, MO 64468		
Mailing Address	City, Stale, Zip Code	\$ 100.00	
Area Code & Telephone Number		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".	
Email Address (optional)		reasiving department of office. If no value from 0,00 .	
Provide a description of the gift, be	equest, or grant and purpose thereof:		
Clothing for patient:	, , , , , , , , , , , , , , , , , , ,		
Criteria to use this form:			
Receipt of any gift, bequest or grad	nt that is received by any department of	f the state or received by the Governor on behalf of the state.	
atement of Affirmation:			
Cue Debugalda Here			

S

Suc 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

1/5/07

Date

Revised 08/05

JAN - 5 2007

IA ETHICS 30MAP HENR'S AND CAMPAIGN DISCLOSURE BOARD 510 FAST 12TH SHITE 14

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

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FORM-GBG

Gift, Bequest, or Grant information received by a department or accepted by the Governor on behalf of the state

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Clarinda MHI		
lame of Department or Office	C	larinda (A. 51632
Mailing Address	С	ity, State, Zip Code
rea Code & Telephone No.		
NTACT PERSON FOR R	ECIPIENT DEPARTMENT OR OFFIC	DE:
Sue Rehwaldt Hays		
lame		***************************************
failing Address (if different iro	m above)	City, State, Zip (if different from above)
mail Address		Area Code & Telephone Number (if different from above)
ame Tailing Address Tea Code & Telephone Nur ibi	Clarinda, IA 51632 City, State, Zip Code	12/06 \$ 50.00 Date of Gift, Bequest, or Grant Amount/Value*
mail Address (optional)		"value is defined as "fair market value" of item as determined by receiving department or office. If no value mark "0.00".
	3000 Doct 2	
interior refuse access		
Provide a description of the giff	t, bequest, or grant and purpose thereof:	
Provide a description of the giff	t, bequest, or grant and purpose thereof:	
Provide a description of the gift Clothing for patients	t, bequest, or grant and purpose thereof:	
Provide a description of the gift Clothing for patients:	A STATE OF THE STA	of the state or received by the Governor on behalf of the state.

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.

1/5/07

Date

Revised 06/05

IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD 510 EAST 12TH, SUITE 1A DISCLOSURE BOARD DES MOINES, IA 50319

JAN 5 2007

Fax: (515)281-3701 www.lowa.gov/ethics



lowa Code section 8.7 requires all gifts, bequests, and grants given to any department of the state of lowa or received by the Governor on behalf of the state be reported to the lowa Ethics and Campaign Disclosure Noard and the Government Oversight Committee. The Board will

FORM-GBG
Gift, Bequest, or Grant Information received by a department or accepted by the Governor on behalf of the state
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ed within 20 days of receip	to the Government Oversight Commot of the gift, bequest, or grant.	idee This form is required to be	Checked
EPARTMENT OR OFFICE	E 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			
ONTACT PERSON FOR	RECIPIENT DEPARTMENT OR OFF	ICE:	
Suc Rehwaldt Hays		**************************************	11.81 1 11.81 1.41
Name			
Mailing Address (if different in	om above)	City, State, Zip (if different from	n above)
Suc.ReliwaldtHnya@iowa.gov		712-543-2161 Ext. 3317	
Email Address	The state of the s	Area Code & Telephone Numi	ber (if different from above)
ONOR OF GIFT, BEQUES	T, OR GRANT:		
Area Lutheran Churche:	AND 2 - 10 - 10 - 10 - 10 - 10 - 10 - 10 -		
Name			
Mailing Address	City, State, Zip Code	12/8/06	\$ 1,200.00
		Date of Gift, Bequest, or Grant	
veя Code & Telephone Nur ib	er		t value" of item as determined by
mall Address (optional)		receiving department or office.	If no value mark "0.00"
.maii Address (optional)			
Provide a description of the gif	ft, bequest, or grant and purpose thereof:		
Christmas gifts for the	natients		
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Tritoria to use this form:			
Criteria to use this form:		O O O O O O O O O O O O O O O O O O O	at in
	grant that is received by any department	of the state or received by the Governor	on behalf of the state.
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1/5/07 Date Revised 06/05

AND CAMPAIGN DISCLOSURE BOARD

IA ETHICS & CAMPAIGN STORES AND CAMPAIGN DISCLOSURE BOARD DES MOINES IA 50319 DES MOINES, IA 50319

JAN - 5 2007

Fax: (515)281-3701 www.iowa.gov/ethics

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to value section 8.7 requires all gifts, bequests, and grants given to any department of the state or lows or received by the sovernor on behalf of the state be reported to the lows 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.

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Gift, Bequest, or Grant Information received by a department or accepted by the Governor on behalf of the state

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

Clarinda MHI	
Name of Department or Office Rox 338	Clarinda, IA 51632
Mailing Address 7/2/542-2/8/	City, State, Zip Code
Area Code & Telephone No.	
CONTACT PERSON FOR RECIPIENT DEPART	TMENT OR OFFICE:
Sue Rehwaldt Hays	
Name	
Mailing Address (if different from above) Sue,RchwaldtHaya@lowa.gov	City, State, Zip (if different from above) 7:2-542-2161 Ext. 3317
Email Address	Area Code & Telephone Number (if different from above)

Presbyterian Outreach Name			
8447 Lake St	Omaha, NE 68134		
Mailing Address	City, State, Zip Code	12/20/06	\$ 350.00
Area Cada 9 Tolonhana Niv		Date of Gift, Bequest, or Grant	Amount/Value*
Area Code & Telephone Number Email Address (optional)		*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

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:

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.

1/5/07 Date Revised 06/05

METHICS & COMMAND HICS AND CAMPAIGN DISCLOSURE BOARD
DISCLOSURE BOARD
510 EAST 12TH, SUITE 1A

JAN = 5 2007

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

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FORM-GBG

Glft, Bequest, or Grant information received by a department or accepted by the Governor on behalf of the state

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

Clarinda MHI			
Name of Department or Office		Sarinda, IA 51632	
Mailing Address		ity. State. Zip Code	
712/542-2161			
Area Code & Telephone No.			
CONTACT PERSON FOR RE	CIPIENT DEPARTMENT OR OFFIC	E:	
Suc Rehwaldt Hays			
Name			
Mailing Address (if different from	above)	City, State, Zlp (If different from abo	ove)
Suc.RehwaldtHaya@lowa.gov		712-542-2161 Ext. 3317	
Email Address		Area Code & Telephone Number (I	different from above)
Employees of Clarinda MH	Ī		
Name	Chair I II Chair		110,111
Box 338	Clarinda, IA 51632	12/25/06	E 0.50 00
Malling Address	City, State, Zip Code	12/25/06	\$ 850.00
712/542-2161		Date of Gift, Bequest, or Grant	Amount/Value*
Area Code & Telephone Number		"value is defined as "fair market value receiving department or office. If no	
Email Address (optional)		receiving department or office. If ho	value mark 0.00
2211000 1001010			
Provide a description of the gift, I	pequest, or grant and purpose thereof:		
Christmas gifts for the p	vationts		
Carratinas Bitts for the P	attents		
51 1314 15773 15773 15774 15			
Criteria to use this form:			

Statement of Affirmation:

Suc Rehwaldt Hays

I. affirm that the gift, bequest, or grant reported above is accurate. I further affirm that the information concerning the donor and assessment of the full market value (if applicable) is correct and true to the best of my knowledge.

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.

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1/5/07