FORM-GBG

Gift, Bequest, or Grant information replayed by a department or accepted by the Governor on behalt of the state

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Area Code & Telephone Number (i' different from above)

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

fied within 20 days of receipt of the gift, bequest, or grant

IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD 510 EAST 12^{TI}, SUITE 1A

DES MOINES, IA 50319

Fax: (515)281-3701

www.iowa.gov/ethics

lowa Code section 6-7 requires all gifts, bequests, and grants given to any department of the

and Campaign Disclosure Board and the Government Oversight Committee - The Roard will

state of lowa or received by the Governor on bena flof the state be reported to the lowa Ethics.

provide a copy of this report to the Government Oversigh, Committee . This form is required to be

State Training School	
Name of Department or Office	Eldera los a Str.27
Mailing Address N. 1-NK-AL2	City State Zip Code
Area Code & Telephone No.	
CONTACT PERSON FOR RECIPIENT DEPARTM	IENT OR OFFICE:
Millie Dagit	
Name VHI Edgington Avenue	Ektra: 1948 50627
Meeting Address (Edifferent from above)	City State Zip 6f offerent from above:
enviaeusté dus state usurs	GTL \$28.5102 For #155

DONOR OF GIFT, BEQUEST, OR GRANT

Wal-Mart			
Name			
	Iowa Falls, Iowa		
Mailing Address	City State, Zip Code	12/15/2006	\$ 250.00
		Date of Gift, Bequest, or Grant	Amount/Value*
Area Code & Telephone Nu Email Address (optional)	nber	*value is defined as "fair market va receiving department or office - If r	lue' of item as detarmined by Is value mark "0.00",

Provide a cescription of the gift, bequest, or grant and purpose thereof

Used for Carnfel Productions for students

Criteria to use this form

Froail Address

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:

r. Millic Dagit attim that the gift, bequest, or grant reported above is accurate. If orther 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

18-15-06 Date



From state Training School 641-858-5402 To

Revised 16:05

fied within 20 days of receipt of the gift, bequest, or grant

IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD

lowe Code section 8-7 requires all gifts, bequests, and grants given to any department of the

and Campaign Disclosure Board and the Government Oversight Committee. The Board will

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provide a copy of this report to the Government Oversigh, Committee. This form is required to be

510 EAST 12¹⁻¹, SUITE 1A DES MOINES, IA 50319 Fax: (515)281-3701 www.iowa.gov/ethics Gift Bequest, or Grant information received by a department or accepted by the Governor on benalf of the state

Reset Form

For office use only

FORM-GBG

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Checked
Computer

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

State Training School Name of Department of Office	
3211 Edginton Avenue	E de rat Roya 50627
Mailing Address	City, State, Zip Code
Area Code & Telephone No	
ONTACT PERSON FOR RECIPIENT DEPARTN	
ONTACT PERSON FOR RECIPIENT DEPARTN Millie Dagit	
Millie Dagit	
Millie Dagit Name 2011 Edemator Alemac	ENT OR OFFICE: Eldora, Iowa 80627 Ory State Zip (7 (dfgrend ran sboye)
Millie Dagit	Eklora, Jowa 50627

DONOR OF GIFT, BEQUEST, OR GRANT:

American Legion Aux	iliary		
Name		1 [P	
	Eagle Grove, Iowa		
Mailing Address	City State Zip Code	12/15/2006	^{\$} 75.00
		Date of Gift. Bequest, or Grant	Amount/Value*
Area Code & Telephone Num	ber	*value is defined as 'fair market va receiving cepartment or office. If n	lue" of item as determined by o value mark "0.00"
Email Address (oprional)			

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

christmas for students

Criferia 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 Millie Dagit affirm that the gift, bequest, or grant, reported above is accurate. I further affirm that the information concorning the donor and cases sment of the fair market value (if applicable) is corroct and true to the best of my knowledge.

13-15-06 Date

Date 12/15/2006 Time 12 59 40 PV

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Revised 06/05



Revised 06/05

DEC 15 2006

IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD 510 EAST 12¹¹, SUITE 1A

DES MOINES, IA 50319

Fax: (515)281-3701

www.iowa.gov/ethics

lowa 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.

provide a copy of this report to the Government Oversight Committee. This form is required to be

and Campaign Disclosure Board and the Government Oversight Committee. The Board will

FORM-GBG

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

Reset Form

For office use only

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

fired within 20 days of receipt of the gift, bequest, or grant

Jame of Department or Office 3011 Edginton Avenue	Eldora, Iowa 50527	
Aailing Address 641 834-5402	City, State, Zip Uode	

Name	
C11 Edgington Avenue	Eldora, Iowa 50627
Mailing Address (if different from above)	City, State, Zip (if different from above)
moagif@dhs state.ia.us	n41-858-5407 Fxt. #135
Ennail Address	Area Code & Telephone Number (if different from above)

DONOR OF GIFT, BEQUEST, CR GRANT

St John's Meth Worn	en		
Name		P	
	Radeliffe, Iowa		
Mailing Address	City State Zp Code	12/15/2006	\$ 30 .00
		Date of Gift, Bequest, or Grant	Amount/Value*
Area Code & Telephone Nur	nber	Ivalue is defined as if a rimarket va receiving department or office. If n	lue" of item as determined by to value mark "0.00"
Email Address (optional)			

Provide a description of the gift, bequest, or grant and purpose thereof

Student Christmas

Criteria to use this form

Receipt of any gitt, 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:

Millie Dagit

I INTER LAST aftirm 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

12-15-06 Date

From State Träining School 641-858-5402 0

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DEPARTMENT OR (OFFICE RECEIVING T	HE GIFT, BEQUEST, OF	R GRANT:		
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Name of Department	or Office Glenwo	od Resource Center			
	711 Sou	ith Vine Street			
Málling Address		od, Iowa 51534			
Area Code & Telephon	•				
CONTACT PERSON	FOR RECIPIENT DEI	PARTMENT OR OFFICE	•, •		- -
	· · · · · · · · · · · · · · · · · · ·			· · · · · · · · · · · · · · · · · · ·	
Namé			· · ·		
Mailing Address (if diff	erent from above)	• •	City, State, Zip (if different fro	om above)	
Email Address	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	Area Code & Telephone Nur	nber (if different from above)	· ·
	EQUEST, OR GRANT	•		. /	
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HALLEG Name	YON AUXIL	1ARY	·.		
PALN 11	n. IFSTOR .	TA 51247		· · · · · ·	
Mailing Address	City, St	ate, Zip Code	11-21-22	, \$100.00	
			Date of Gift, Bequest, or Gran	nt Amount/Value*	· .
Area Codé & Telephon	e Number		*value is defined as "fair mar	ket value" of item as determined by	
			receiving department or office	e. If no value mark "0.00".	
Email Address (optiona				<u></u>	≓ -].
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donor and assessment of t	he fair market value (if a	plicable) is correct and true t	to the best of my knowledge.		
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IOWA ETHICS AND CAMPAIGN DISCLOSU	RE BOARD	
510 EAST 12 TH , SUITE 1A		Gift, Bequest, or Grant information
DES MOINES, IA 50319 Fax: (515)281-3701		received by a department or accepted by the Governor on behalf
www.iowa.gov/ethics	Reset Form	of the state
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	na una <u>mara a proposa de com</u>	
Clammed David David	, 	
Name of Department or Office Glenwood Resource Center		
Mailing Address 711 South Vine Street Glenwood, Iowa 51534		
	· · · · · · · · · · · · · · · · · · ·	
Area Code & Telephone No.	· · · ·	
ONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFICE:		
Name	· · · · · · · · · · · · · · · · · · ·	
/ailing Address (if different from above)	City, State, Zip (if different fror	n above)
mail Address	Area Code & Telephone Numi	or (if different for a show)
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ALA - DEPT. OF IOWA Jame 720 LYON ST. DES MOINES IA City, State, Zip Code 50309-5457		· · · · · · · · · · · · · · · · · · ·
720 LYON ST. AFS MOINES TA		· · · · · · · · · · · · · · · · · · ·
lailing Address City, State, Zip Code	11 20 7	\$ 110 00
50307-5451	Date of Gift, Bequest, or Grant	10.00
rea Code & Telephone Number		Amountvalue
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mail Address (optional)	receiving department or office.	If no value mark "0.00".
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Lita Messinisa	1d	
Signature	12	Date
Signature		Date

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Revised 06/05 IOWA ETHICS AND CAMPAIGN DISCLO 510 EAST 12 TH , SUITE 1A DES MOINES, IA 50319 Fax: (515)281-3701 www.iowa.gov/ethics iowa Code section 8.7 regures all gifts, bequests, and grants give	OSURE BOARD	FORM-GBG
510 EAST 12 TH , SUITE 1A DES MOINES, IA 50319 Fax: (515)281-3701	OSURE BOARD	FORM-GBG
510 EAST 12 TH , SUITE 1A DES MOINES, IA 50319 Fax: (515)281-3701		
DES MOINES, IA 50319 Fax: (515)281-3701		Gift, Bequest; or Grant information
Fax: (515)281-3701 www.iowa.gov/ethics		received by a department or accepted by the Governor on behalf
www.iowa.gov/ethics	Reset Form.	of the state
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and Campaign Disclosure Board and the Government Oversight C provide a copy of this report to the Government Oversight Commit	tee. This form is required to be	Checked
filed within 20 days of receipt of the gift, bequest, or grant.		Computer
DEPARTMENT OR OFFICE RECEIVING THE GIFT, BEQUEST,	OR GRANT:	
	in the state of th	
Name of Department or Office Glenwood Resource Center		
711 South Vine Street		
Mailing Address Glenwood, Iowa 51534		
Area Code & Telephone No.		
CONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFIC	CE:	
Name	· · · · ·	
Mailing Address (if different from above)	City, State, Zip (if different fro	m above)
Email Address	Area Code & Telephone Num	ber (if different from above)
DONOR OF GIFT, BEQUEST, OR GRANT:		
IRIS J. FRANKER	· .	
201 Southmour SR. SPENCER, IA		\$ 70.00
Mailing Address City, State, Zip Code.	1-28-06	Amount//alue*
Area Code & Telephone Number		
	*value is defined as "fair mark receiving department or office.	et value" of item as determined by If no value mark "0.00".
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Provide a description of the gift, bequest, or grant and purpose thereor.		
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atement of Affirmation:		
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Revised 06/05			FORM-GBG
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	DES MOINES, IA 50319 Fax: (515)281-3701	Reset Form.	accepted by the Governor on behalf
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DEPARTMENT OR OFFICE RECE	IVING THE GIFT BEQUEST, OF	R GRANT:	· ·
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	Glenwood Resource Center		
	711 South Vine Street Glenwood, Iowa 51534	··· ·	
Area Code & Telephone No.	0101111000, 10112 1021	· · · · · · · · · · · · · · · · · · ·	
	ENT DEPARTMENT OR OFFICE		
Name	• •		· · ·
		City; State, Zip (li different fro	m above)
Mailing Address (if different from abov	3)	City, State, Zip (it differencino	
Email Address		Area Code & Telephone Num	ber (if different from above)
		:	. ,
DONOR OF GIFT, BEQUEST, OR	GRAN1:	-	
AM. LEGION A	UKILI ARY	• •	
Name ICO ZUTH OU			
1350 980 S.	City, State/Zip Code	11 70 8	\$ \$ 60 00
Mailing Address	51357	Data of Giff Bequest or Gran	t Amount/Value*
Area Codé & Telephone Number		Date of One, Dequest, of Orall	· .
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Email Address (optional)	· · · · · · · · · · · · · · · · · · ·	!	
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Provide a description of the gift, beque	st, or grant and purpose mercon.		
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Revised 06/05			,
DEC 1 & 2006	AND CAMPAIGN DISCLC 510 EAST 12 TH , SUITE 1A DES MOINES, IA 50319 Fax: (515)281-3701 www.iowa.gov/ethics	SURE BOARD	FORM-GBG Gift, Bequest, or Grant information received by a department or accepted by the Governor on beha of the state
lowa Code section 8.7 requires a first sectio	all gifts, bequests, and grants given Governor on behalf of the state be and the Government Oversight Co le Government Oversight Committe he gift, bequest, or grant.	reported to the lowa Ethics	For office use only Indexed Audited Checked Computer
DEPARTMENT OR OFFICE RE	CEIVING THE GIFT, BEQUEST, C	DR GRANT:	· .
Name of Department or Office Mailing Address Area Code & Telephone No.	Glenwood Resource Center 711 South Vine Street Glenwood, Iowa 51534		
	PIENT DEPARTMENT OR OFFIC	E:	
			· · · · · · · · · · · · · · · · · · ·
Name Mailing Address (if different from at	pove)	City, State, Zip (if different fro	m above)
Email Address		Area Code & Telephone Nur	ber (if different from above)
DONOR OF GIFT, BEQUEST, O	R GRANT:		
DIA RUNCE	INTER		
PO BOX 87-BR/1 Mailing Address	KEULA TOR IA-50 B City, State, Zip Code	$\frac{11-28-56}{12}$	\$ <i>SO, OO</i>
Area Code & Telephone Number		*value is defined as "fair mark receiving department or office	et value" of item as determined by If no value mark "0.00".
Email Address (optional)			
Provide a description of the gift, be	quest, or grant and purpose thereof.	<u>.</u>	
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Fax: (515)281-3701 www.iowa.gov/ethics	Reset Form	of the state
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