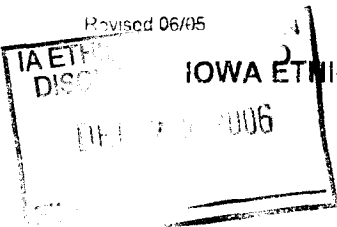


Revised 06/05



IOWA 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:

State Training School	
Name of Department or Office 3211 Edginton Avenue	Eldora, Iowa 50627
Mailing Address 641-858-5402	City, State, Zip Code
Area Code & Telephone No.	

CONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFICE:

Millie Dagit	
Name 3211 Edginton Avenue	Eldora, Iowa 50627
Mailing Address (if different from above) mdagit@dhs.state.ia.us	City, State, Zip (if different from above) 641-858-5402, Ext. #135
Email Address Area Code & Telephone Number (if different from above)	

DONOR OF GIFT, BEQUEST, OR GRANT:

American Leg Auxiliary	
Name	
1190 Balsom Avenue Dows, Iowa 50071	
Mailing Address	City, State, Zip Code
Area Code & Telephone Number	
Email Address (optional)	

12/28/2006	\$ 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.

Christmas fund for students

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, Millie Dagit 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

12-28-06
Date

IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD

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

State Training School
Name of Department or Office
3211 Edginton Avenue Eldora, Iowa 50627
Mailing Address City, State, Zip Code
641-858-5402
Area Code & Telephone No

CONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFICE:

Millic Dagit
Name
3211 Edginton Avenue Eldora, Iowa 50627
Mailing Address (if different from above) City, State, Zip (if different from above)
mdagit@dhs.state.ia.us 641-858-5402, Ext. #135
Email Address Area Code & Telephone Number: (if different from above)

DONOR OF GIFT, BEQUEST, OR GRANT:

St. Andrews Presbyterian Church Men's Fellowship
Name
1300 Melrose Avenue Iowa City, Iowa 52246
Mailing Address City, State, Zip Code
Area Code & Telephone Number
Email Address (optional)

12/28/2006 \$ 500.00
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 fund for students

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, Millic Dagit 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 Millic Dagit

Date 12-28-06

IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD

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DES MOINES, IA 50319
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DEPARTMENT OR OFFICE RECEIVING THE GIFT, BEQUEST, OR GRANT:

State Training School	
Name of Department or Office 3211 Edgington Avenue	Eldora, Iowa 50627
Mailing Address 641 858 5102	City, State, Zip Code
Area Code & Telephone No.	

CONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFICE:

Millic Dagit	
Name 3211 Edgington Avenue	Eldora, Iowa 50627
Mailing Address (if different from above) mdagit@rths.state.ia.us	City, State, Zip (if different from above) 641 858 5102, Ext. #135
Email Address	Area Code & Telephone Number (if different from above)

DONOR OF GIFT, BEQUEST, OR GRANT:

Jim & Betty Key	
Name	
109 Oak Avenue Eldora, Iowa 50627	
Mailing Address	City, State, Zip Code
Area Code & Telephone Number	
Email Address (optional)	

12/28/2006	\$ 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:
Religious Activities fund for student use.

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, Millic Dagit 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.

Millic Dagit
Signature

12-28-06
Date

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

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D 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:

State Training School
 Name of Department or Office
 3211 Edginton Avenue Eldora, Iowa 50627
 Mailing Address City, State, Zip Code
 641-858-5402
 Area Code & Telephone No

CONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFICE:

Millie Dagit
 Name
 3211 Edginton Avenue Eldora, Iowa 50627
 Mailing Address (if different from above) City, State, Zip (if different from above)
 mdagit@dhs.state.ia.us 641-858-5402, Ext. #135
 Email Address Area Code & Telephone Number (if different from above)

DONOR OF GIFT, BEQUEST, OR GRANT:

American Legion Auxiliary-Gilman
 Name
 105 S. Main St. Gilman, Iowa 50106
 Mailing Address City, State, Zip Code
 Area Code & Telephone Number
 Email Address (optional)

12/28/2006 \$ 25.00
 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 fund for student use.

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, Millie Dagit 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

Millie Dagit
 Signature

12-28-06
 Date

IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD

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

State Training School	
Name of Department or Office	Eldora, Iowa 50627
3211 Edginton Avenue	City, State, Zip Code
Mailing Address	
641-858-5402	
Area Code & Telephone No	

CONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFICE:

Millic Dagit	
Name	Eldora, Iowa 50627
3211 Edginton Avenue	City, State, Zip (if different from above)
Mailing Address (if different from above)	641-858-5402, Ext. #135
mdagit@dhs.state.ia.us	Area Code & Telephone Number (if different from above)
Email Address	

DONOR OF GIFT, BEQUEST, OR GRANT:

Ivester Church of the Brethren	
Name	
23588 E. Avenue Eldora, Iowa 50627	City, State, Zip Code
Mailing Address	
Area Code & Telephone Number	
Email Address (optional)	

12/28/2006	\$ 327.00
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:

Religious Activities fund for student use.

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, Millic Dagit 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.

Millic Dagit
Signature

12-28-06
Date

IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD

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ETHICS DISCLOSURE
DEC 9 8 2006
FILE

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

State Training School	
Name of Department or Office 3211 Edgington Avenue	Eldora, Iowa 50627
Mailing Address 641-858-5402	City, State, Zip Code
Area Code & Telephone No.	

CONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFICE:

Millie Dagit	
Name 3211 Edgington Avenue	Eldora, Iowa 50627
Mailing Address (if different from above) mdagit@dhs.state.ia.us	City, State, Zip (if different from above) 641-858-5402, Ext. #135
Email Address	Area Code & Telephone Number (if different from above)

DONOR OF GIFT, BEQUEST, OR GRANT:

Hardin County Savings Bank	
Name 1202 Edgington Avenue Eldora Iowa 50627	
Mailing Address	City, State, Zip Code
Area Code & Telephone Number	
Email Address (optional)	

12/28/2006	\$ 20.00
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:

Religious Activities fund for student use.

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, Millie Dagit 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.

Millie Dagit
Signature

12-28-06
Date

IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD

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

IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD
DEC 18 2006



FORM-GBG

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

Iowa Juvenile Home
Name of Department or Office
701 S. Church St. Toledo, IA 52342
Mailing Address City, State, Zip Code
641/484-2560
Area Code & Telephone No.

CONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFICE:

Deb Hanus
Name
DHanus@dhs.state.ia.us
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, BEQUEST, OR GRANT:

Kathy Thomas
Name
1315 Inka St. Tama, IA 52339
Mailing Address City, State, Zip Code
N/A
Area Code & Telephone Number
N/A
Email Address (optional)

12/15/06 \$ 105
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:
Miscellaneous New Items to be used for Christmas gifts

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, Deb Hanus 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.

Deb Hanus
Signature

12/22/06
Date