

WA ETNICS AND CAMPAIGN DISCLOSURE BOARD

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

www.iowa.gov/ethics

Reset Form

lewa 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 towa 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 field 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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| State Training School | |
| Name of Department or Office 3211 Edginion Avenue | Eldom, Iowa 50627 |
| Mailing Address | City, State, Zip Code |
| 641-858-5402 Area Code & Telephone No. | |
| ONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFF | ICF: |
| Millie Dagit | |
| Name | |
| (21) Edgington Avenue | Eldora, Iowa 50527 |
| Agiling Address (if different from above) mdagit@dhs.state.ta.us | City, State. Zip (if different from above) 641-858 5402, Ext. #135 |
| mail Address | Area Code & Telephone Number (it different from above) |
| | |
| ONOR OF GIFT, BEQUEST, OR GRANT: | |
| American Leg Auxiliary | |
| Name | |
| 1190 Balsom Avenue Dows, Iowa 50071 | |
| Mailing Address City, State, Zip Code | 12/28/2006 \$ 50.00 |
| | Date of Gift Bequest, or Grant Amount/Value* |
| Area Code & Telephone Number | - |
| | "value is defined as "fair market value" of item as determined by receiving department or office. If no value mark 10 00" |
| Email Address (optional) | receiving department of office. If no value mark to our |
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| Provide a description of the gift, bequest, or grant and purpose thereof | |
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| Christmas fund for students | |
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| Criteria to use this form. | |
| Receipt of any gift, bequest, or grant that is received by any departmen | of the state or received by the Governor on behalf of the state |
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| atement of Affirmation: | |
| Millie Dagit affirm that the gift, bequest, or grant repor | ted above is accurate. I further affirm that the intormation concerning the |
| nor and assessment of the fair market value (if applicable) is correct an | |
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| mora i | 12 28 0 6 Date |
| Signature | 10 |

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

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

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

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| provide a copy of this report to the Government Oversight Committed ited within 20 days of receipt of the gift, bequest, or grant | e. This form is required to be CheckedComputer |
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| DEPARTMENT OR OFFICE DECEMBER THE CIET REQUEST OF | D CRANT. |
| DEPARTMENT OR OFFICE RECEIVING THE GIFT, BEQUEST, O | R GRANT: |
| State Training School | |
| Name of Department or Office 3211 Edginion Avenue Eld | lora, Jowa 50627 |
| Vailing Address City | y, State, Zip Code |
| 641-858-5402 Area Code & Telephone No | |
| CONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFICE | |
| CONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFICE | |
| Millie Dagit | |
| Name 3211 Edgington 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: | |
| ANON OF GIFT, BEGGEST, ON GRANT. | |
| St. Andrews Presbyterian Church Men's Fellowship | |
| Name | |
| 1500 Metrose Avenue, Iowa City, Iowa 52246 | |
| Mailing Address City, State, Zip Code | 12/28/2006 \$ 500.00 |
| | Date of Gift, Bequest, or Grant Amount/Value* |
| Area Code & Telephone Number | |
| | *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) | |
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| Provide a description of the gift, bequest, or grant and purpose thereof: | |
| Christmas fund for students | |
| Christinas rand for stateents | |
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| 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 un behalf of the state. |
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| Millie Dagit affirm that the gift, bequest, or grant reported | above is accurate a further affirm that the information concerning the |
| pnor and assessment of the fair market value (if applicable) is correct and tru | ue to the best of my knowledge |
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| man. 1 | 12-28-06 |
| Signature | /2 - 28 · 0 € Date |

510 EAST 12TH, SUITE 1A DES MOINES, IA 50319

State Training School

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

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Howa 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 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:

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| Gift. Bequest, or Grant information |
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| of the state |

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| 3211 Edginton Avenue | Eldora, Iowa 50627 | |
|--|---|--|
| Mailing Address 641 858 5402 | City, State, Zip Code | |
| Area Code & Telephone No. | | |
| ONTACT PERSON FOR RECIPIENT DEPARTMENT OR | OFFICE: | |
| Millie Dagit | | |
| Name 3211 Edgington Avenue | Eldora, Iowa 50627 | |
| Mailing Address (if different from above) | City. State, Zip (if different from above) | |
| mdagit@dhs.stale.ia.us | 641-858-5 (02, Ext. #135 | |
| Email Address | Area Code & Telephone Number (if different from above) | |
| ONOR OF GIFT, BEQUEST, OR GRANT: | | |
| Jim & Betty Key | | |
| Name | | |
| 469 Oak Avenue - Eldosa Iowa 50627 | | |
| Mailing Address City, State, Zip Code | 12/28/2006 | |
| ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | Date of Gift. Bequest, or Grant Amount/Value* | |
| Area Code & Telephone Number | Date of Girc, 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" | |
| F mail Address (optional) | Teceving department of diffice. This value mark of co | |
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| Provide a description of the gift, bequest, or grant and purpose the | ereof: | |
| Religious Activities fund for student use. | | |
| Tengous retrities said for student die. | | |
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| Criteria to use this form: | | |
| Receipt of any gift, bequest, or grant that is received by any depart | timent of the state or received by the Governor on behalf of the state. | |
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| atement of Affirmation: | | |
| Millie Dagit affirm that the gift, bequest, or grant re | reported above is accurate. I further affirm that the information concerning the | |
| nor and assessment of the fair market value (if applicable) is correct | and true to the best of my knowledge | |
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| mand | 12-28-06 | |
| Signature | Date | |

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

Fax: (515)281-3701

www.iowa.gov/ethics



D lowa tode 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 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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| State Training School | | |
|---|--|--|
| Name of Department or Office 3211 Edginton Avenue | Eldora, Iowa 50627 | |
| Mailing Address | City, State, Zip Code | |
| 641 355:540? Area Code & Telephone No. | | |
| ONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFF | ICE: | |
| | | |
| Millie Dagit Name | | |
| 3211 Edgington Avenue | Fildora, Iowa 50627 | |
| Mailing Address (if different from above) mdagit@dbs.state.ia.us | City, State, Zip (if different from abo 641-858-5402, Ext. #155 | ve) |
| Email Address | Area Code & Telephone Number (if | different from above) |
| | | |
| ONOR OF GIFT, BEQUEST, OR GRANT: | | |
| American Legion Auxiliary-Gilman | | |
| Name | | |
| 105 S. Main St. Gilman, Iowa 50106 | | |
| Mailing Address City, State, Zip Code | 12/28/2006 | \$ 25.00 |
| | Date of Gitt, Bequest, or Grant | Amount/Value* |
| Area Code & Telephone Number | "value is defined as "fair market valu | io" of itam as determined h |
| | receiving department or office. If no | |
| Email Address (optional) | | |
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| Provide a description of the gift, bequest, or grant and purpose thereof | τ: | |
| Christmas fund for student use. | | |
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| Criteria to use this form: | | |
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| Receipt of any gift, bequest, or grant that is received by any departmen | nt of the state or received by the Governor on b | penall of the state |
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| State Training School | | |
|--|--|--|
| Name of Department or Office | Eldora, Jowa 50627 | |
| 3211 Edginton Avenue Mailing Address | City, State, Zip Code | |
| 641-858-5402 | | |
| Area Code & Telephone No. | | |
| ONTACT PERSON FOR RECIPIENT DEPARTMENT OR OF | FFICE: | |
| Millic Dagit | | |
| Name | Eldora, Iowa 50627 | |
| 3211 Edgington Avenue Mailing Address (if different from above) | City, State, Zip (if different from above) | |
| mdagit@dhs.state.ia.us | 641-858-5402, Ext. #135 | |
| mail Address | Area Code & Telephone Number (it different from above) | |
| | | |
| ONOR OF GIFT, BEQUEST, OR GRANT: | | |
| Ivester Church of the Brethren | | |
| Name | | |
| 23588 E. Avenue Eldora, Iowa 50627 | | |
| Mailing Address City, State, Zip Code | - 12/28/2006 | |
| 21.y, 21, 2.p 2 | | |
| | Date of Gift, Bequest, or Grant Amount/Value* | |
| Area Code & Telephone Number | "value is defined as "fair market value" o' item as determined by | |
| | receiving department or office. If no value mark "0.00". | |
| Email Address (optional) | | |
| Provide a description of the gift, bequest, or grant and purpose there | not. | |
| Provide a description of the girl, bequest, or grain and purpose trere | | |
| Religious Activities fund for student use. | | |
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| Receipt of any gift, bequest, or grant that is received by any departm | nent of the state or received by the Governor on behalf of the state | |
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| Millie Dagitaffirm that the gift, bequest, or grant rep | ported above is accurate. I further affirm that the information concerning the | |
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| State Training School | | | | |
|--|---|--|--|--|
| Name of Department or Office | Eldora, Iowa 50627 | | | |
| Mailing Address | Eddora, rowa 3/ 927 City, State, Zip Code | | | |
| 641-53:5402 Area Code & Telephone No. | | | | |
| ONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFF | ice. | | | |
| ONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFF | IUC. | | | |
| Millie Dagit | | | | |
| Name 3211 Edgington Avenue | Eidora, Iowa 50627 | | | |
| Mailing Address (if different from above) | City, State, Zip (if different from above) | | | |
| endagit@dhs.state.ia.us | 641 858-5402, Ext. #135 | | | |
| Email Address | Area Code & Telephone Number (if different from above) | | | |
| ONOR OF GIFT, BEQUEST, OR GRANT: | | | | |
| | | | | |
| Hardin County Savings Bank | - | | | |
| Name | | | | |
| 1202 Edgington Avenue Eldora Iowa 50627 | 12/28/2006 \$ 20.00 | | | |
| Mailing Address City, State, Zip Code | | | | |
| | Date of Gift, Bequest, or Grant Amount/Value* | | | |
| Area Code & Telephone Number | *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) | | | | |
| Provide a description of the gift, bequest, or grant and purpose thereof | | | | |
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| Religious Activities fund for student use. | | | | |
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| Criteria to use this form: | | | | |
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| atement of Affirmation: | | | | |
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| nor and assessment of the fair market value (if applicable) is correct and | d true to the best of my knowledge. | | | |
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IOWA ETHROS AND CAMPAIGN DISCLOSURE BOARD 10 EAST 12TH, SUITE 1A

DES MOINES, IA 50319 Fax: (515)281-3701 ww.iowa.gov/ethics



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| DEPARTMENT OR OFFICE RECEIVING THE GIFT, BEQUEST, OR | GRANT. | | | | |
|--|---|--|--|--|--|
| I owa Juvenile Home | | | | | |
| Name of Department or Office rich St. Toledo, IA 52342 | | | | | |
| Mailing Address 641/484-2560 City, State, Zip Code | | | | | |
| Area Code & Telephone No. | | | | | |
| CONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFICE: | | | | | |
| Deb Hanus | | | | | |
| Name | | | | | |
| Mailing Address (if different from above) 1) Hanus Cahs. State. 10. US | City, State, Zip (if different from above) | | | | |
| Email Address | Area Code & Telephone Number (if different from above) | | | | |
| DONOR OF GIFT, BEQUEST, OR GRANT: LATHY TOMAS Name 1315 INKA St. Tawa, IA 52339 Mailing Address City, State, Zip Code NIA Area Code & Telephone Number NIA Email Address (optional) Provide a description of the gift, bequest, or grant and purpose thereof: WACLUARUM New Literal To L | 12-15-106 \$ 105 Date of Glft, Beduest, 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". AC WARD LATE CHARLES | | | | |
| 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. | | | | | |
| tatement of Affirmation: | | | | | |

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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 fair market value (if applicable) is correct and true to the best of my knowledge.

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