

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

IOWA ETHICS & CAMPAIGN
 DISCLOSURE BOARD

MAR 27 2006

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 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, Bxt #135

Email Address

Area Code & Telephone Number (if different from above)

DONOR OF GIFT, BEQUEST, OR GRANT:**Kiwanis Club**

Name

Eldora, Iowa 50126

Mailing Address

City, State, Zip Code

Area Code & Telephone Number

Email Address (optional)

3/20/2006

\$ 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:

Donation for basketball tournament held every year for students and outside teams.

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.

mdagit
 Signature

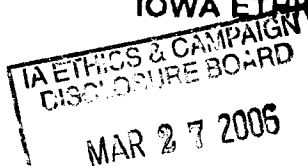
March 27, 2006

Date

Revised 06/05

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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
 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 Aux-1**

Name

Conrad, Iowa 51439

Mailing Address

City, State, Zip Code

Area Code & Telephone Number

Email Address (optional)

3/20/2006**\$ 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:

Donation student christmas fund

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:

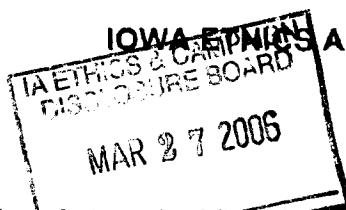
I, Millie Dagit affirm that the gift, bequest, or grant reported above is accurate. I further affirm that the information concerning the donor and assessment of the fair market value (if applicable) is correct and true to the best of my knowledge

mdagit
 Signature

March 27, 2006

Date

REVISED 06/05



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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 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:

Lake Mills Amer Leg Ax-	
Name	
302 E. Main St., Lake Mills, Ia 50450-1412	
Mailing Address	City, State, Zip Code
Area Code & Telephone Number	
Email Address (optional)	

3/16/2006	\$ 9.00
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:

Monopoly game donated to canteen where visits are held for students and family

Criteria to use this form:

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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.

mdagit
Signature

March 27, 2006

Date

Revised 06/03

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MAR 27 2006
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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:

Eldora Chiropractic Center	
Name 1376 Wash St, Eldora, Iowa 50627	
Mailing Address	City, State, Zip Code
Area Code & Telephone Number	
Email Address (optional)	

3/10/2006	\$ 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:

Donation basketball tournament held for students and off ground teams.

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.

mdagit
 Signature

March 27, 2006

Date

REVISED 06/05

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DISCLOSURE BOARD****MAR 27 2006****510 EAST 12TH, SUITE 1A
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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
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.usCity, 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 Aux-1**

Name

Charter Oak, Iowa 51439

Mailing Address

City, State, Zip Code

Area Code & Telephone Number

Email Address (optional)

3/20/2006**\$ 10.00**

Date of Gift, Bequest, or Grant

Amount/Value*

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receiving department or office. If no value mark "0.00".

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

Donation student christmas fund

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**March 27, 2006**

Date

revised 06/05

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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:**Hardin County Savings Bank**

Name

Eldora, Iowa 50126

Mailing Address

City, State, Zip Code

Area Code & Telephone Number

Email Address (optional)

3/20/2006**\$ 100.00**

Date of Gift, Bequest, or Grant

Amount/Value*

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 receiving department or office. If no value mark "0.00".

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

Donation for basketball tournament held every year for students and outside teams.

Criteria to use this form:

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Statement of Affirmation:

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 Signature

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Date

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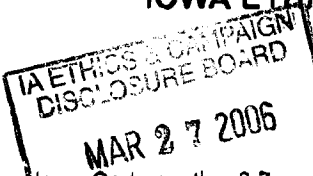
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Name of Department or Office

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)

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:**Iowa State University**

Name

Iowa City, Iowa

Mailing Address

City, State, Zip Code

Area Code & Telephone Number

Email Address (optional)

2/19/2006**\$ 500.00**

Date of Gift, Bequest, or Grant

Amount/Value*

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receiving department or office. If no value mark "0.00".

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

Donated 108 pairs of used football cleats and tennis shoes that they were going to throw away.

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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.

mdagit
Signature

March 28, 2006

Date