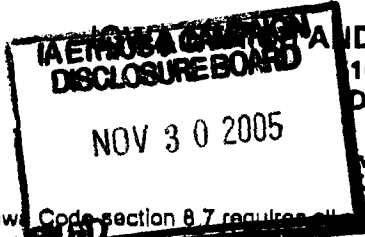


Revised 08/05



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



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... 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:

Mts. Bonnie Smit
Name
106 E. Main Steamboat Rock, Iowa 50672
Mailing Address City, State, Zip Code
n/a
Area Code & Telephone Number
n/a
Email Address (optional)

11/3/2005 \$ 5.50
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 was made of puzzles for the students-Value is approximated. Staff was not aware "all" items needed to be turned in.
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: Millie Dagit

Date: 11/30/2005

IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD

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



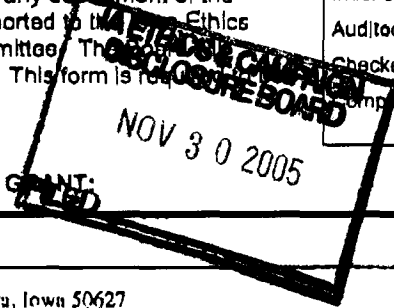
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DEPARTMENT OR OFFICE RECEIVING THE GIFT, BEQUEST, OR GRANT:

State Training School
Name of Department or Office
3211 Edgington Avenue Eldora, Iowa 50627
Mailing Address City, State, Zip Code
641-858-5402
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) 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. Peter's UCC Women's Fellowship
Name
496 B Raven Avenue Geneva, Iowa 50633-7531
Mailing Address City, State, Zip Code
n/a
Area Code & Telephone Number
n/a
Email Address (optional)

11/30/2005 \$ 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
Donation made to the Christmas Fund to be used for student gifts during the holiday season.

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

11/30/2005
Date

Revised 06/05

IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD

510 EAST 12TH, SUITE 1000
DES MOINES, IA 50319
Fax: (515)281-3701
www.iowa.gov/ethics

NOV 29 2005

Gift, Bequest, or Grant Form

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:

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 Leg Aux-
Name
Sutherland, Ia
Mailing Address City, State, Zip Code
Area Code & Telephone Number
Email Address (optional)

11/29/2005 \$ 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 to be used for students x-mas
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

November 29, 2005
Date

Revised 08/05

IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD

510 EAST 12TH, SUITE 100
DES MOINES, IA 50319

Fax: (515)281-3701

www.iowa.gov/ethics

NOV 29 2005

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:

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-	
Name	
Mailing Address Marshalltown, Ia	City, State, Zip Code
Area Code & Telephone Number	
Email Address (optional)	

11/29/2005	\$ 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:

Donation to be used for students x-mas

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

November 29, 2005
Date

Revised 08/05

ETHICS CAMPAIGN DISCLOSURE BOARD
NOV 29 2005

ETHICS CAMPAIGN DISCLOSURE BOARD

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



FORM-GBG

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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-

Name
Box 202 Delhi, Ia 52223

Mailing Address
City, State, Zip Code

Area Code & Telephone Number

Email Address (optional)

11/29/2005 \$ 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 to be used for students x-mas

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

November 29, 2005

Date

IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD

510 EAST 12TH, SUITE 1A
 DES MOINES, IA 50319
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IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD
 NOV 29 2005
 FILED

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:

Mrs. Pat Sellers

Name
 609 12th St. Eldora, Iowa 50627
 Mailing Address City, State, Zip Code
 Area Code & Telephone Number
 Email Address (optional)

11/8/2005 \$ 30.00

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 to Religious Activities Fund to be used for student activities

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:

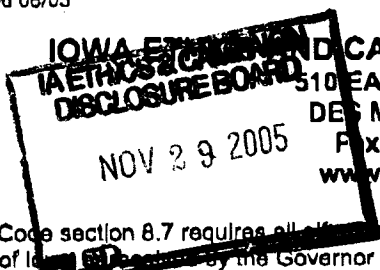
I, **Millie Dagit** affirm that the gift, bequest, or grant reported above is accurate. I further affirm that the information concerning the donor and assessment of the fair market value (if applicable) is correct and true to the best of my knowledge.

earlier correction to form showed \$50 but it was 30.00 -

Millie Dagit
 Signature

November 29, 2005
 Date

Revised 06/05



IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD

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.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:

Oral B. Laboratories % Ms. Mary Bergman

Name

Mailing Address
Iowa City, Iowa

Area Code & Telephone Number

Email Address (optional)

11/8/2005 \$ **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:

200 Tooth-brushes were donated to the State Training School to be placed in the students Christmas Bag. Late reporting because staff did not realize that the donation of articles had to also be reported.

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

11-28-05
Date