Revised 06/05

IA ETABLEA CAL DISCLOSUREBOAR NOV 3 0 2005

ID CAMPAIGN DISCLOSURE BOARD

10 EAST 12<sup>TH</sup>, SUITE 1A DES MOINES, IA 50319 Fax: (515)281-3701

www.lowa.gov/ethics

Reset Form

low. Code section 8.7 requires ellects, bequests, and grants given to any department of the state to 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.

# FORM-GBG

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

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

#### CONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFICE:

Millie Dagit	
Name 3211 Biglington Avenue	Eldoru, Iowa 50627
Malling 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	11	
Mailing Address	City, State, Zip Code	11/3/2005	\$ 5.50
n/a		Date of Gift, Bequest, or Grant	Amount/Value*
Area Code & Telephone Num	ber		بط ام مساحد مقدات می در دارای در این ا
n/a		"value is defined as "fair market value" of item as determined in 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:

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:

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.

-	
j	
mnni	
Signature	

11/30/2005
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Date

# IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD

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

lowa Code section 8.7 requires all gifts, bequests, and grants given to any department of the



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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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as determined by

state of lows or received by the Governor on behalf of the state be reported to the state be rep provide a copy of this report to the Government Oversight Committee. This form is NOV 3 0 2005

To: 15152813701

DEPARTMENT OR OFFICE RECEIVING THE GIFT, BEQUEST, OR

flied within 20 days of receipt of the gift, bequest, or grant.

and Campaign Disclosure Board and the Government Oversight Committee;

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 Edgington Avenue	Eldora, Iown 50627
Malling Address (if different from above)	City, State, Zip (if different from above)
mdagit@dhs.state.ia.us	641-858-5402, Exc. #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	Geneva, Iowa 50633-7531		
496 B Raven Avenue Mailing Address	City, State, Zip Code	11/30/2005	\$ 50.00
n/a		Date of Gift, Boquest, or Grant	Amount/Value*
Area Code & Telephone Number n/a		"value is defined as "fair market value" of item as determ receiving department or office. If no value mark "0,00",	
Emali Address (optional)		L	

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

Doonation 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 bohalf of the state.

#### Statement of Affirmation:

<sub>I,</sub> 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 fe	ir market value (if applicable) is correct and true to the best of n	ny knowledgo.

maril	
Signature	

11/30/2005

Revised 06/05

# IOWA ETHICS AND CAMPAIGN DISCLETE 510 EAST 12TH, SUITE 140 SCI OSURES DES MOINES, IA 50 19

Fax: (515)281-370 www.lowa.gov/ethics 200 Seset Form

lows Code section 8.7 requires all gifts, bequests, and grants given to any department of the state of lows or received by the Governor on behalf of the state. 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  Jame of Department or Office 3211 Edginton Avenue	
was a suppliment to the	Eldora, Iowa 50627
	City, State, Zip Code
641-838-5402 Viga Code & Telephane No.	
DITACT PERSON FOR RECIPIENT DEPARTMENT OR OFFI	ICE:
Millie Dagit	
lame 321 I Idgington Avenus	Eldorn, Jown 50627
falling Address (if different from above)	City, State, Zip (if different from above)
mdagir@dhs.state.ia.us	641-858-5402, Ext. #135
mail Address	Area Code & Telephone Number (if different from above)
Sutherland, Ia falling Address City, State, Zip Code  res Code & Telephone Number  mail Address (optional)	11/29/2005 \$ 25.00  Date of Gift, Bequest, or Grant Amount/Value*  "value is dofined 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	t of the state or received by the Governor on behalf of the state.

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



November 29, 2005

Revised 08/05

10WA ETHICS AND CAMPAIGN DISCLOSURE BOND DES MOINES, IA 5931 DECLOSURE BONDO

Fax: (515)281-37 www.lowa.gov/ethics NOV 2 9 200 TCT Gain

lowa 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 control of the con 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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Date

State Training Schoo	1		
Name of Department or Office 3211 Edginton Avenue		Eldora, Iowa 50627	
Mailing Address		City, State, Zip Code	
641-858-5402 Area Code & Telephone No.			
ONTACT PERSON FOR REC	IPIENT DEPARTMENT OR OFFI	CE:	
Millie Dagit			
Name		Eldora, Jown 50627	
3211 Edgington Avenue falling Address (if different from a	above)	City, State, Zip (if different from a	bova)
mdaglt@dhs.state.ia.us		641-858-5402, Ext. #135	(Id different from chave)
mall Address		Area Code & Talephone Number	(if different from above)
ONOR OF GIFT, BEQUEST,	OR GRANT:		
American Leg Aux-			
Vame			
<del></del>	Marshalltown, Ia		
falling Address	City, State, Zip Code	11/29/2005	s 50.00
-	•	Date of Gift, Bequest, or Grant	Amount/Value*
res Code & Telephone Number			المماسين المساول المسا
		"value is defined as "fair market value is defined as "fair market value" receiving department or office. If	alue" of itam de determined by no value mark "0,00".
mail Address (optional)			
Provide a description of the gift, h	pequest, or grant and purpose thereof:		
Donation to be used for	students x-mas		
		***	
Critoria to use this form;			
Receipt of any gift, bequest, or gr	ont that is received by any department	t of the state or received by the Governor o	n bahalf of the state.
tement of Affirmation:			
Millie Dagit affirm	n that the gift, bequest, or grant report	ed above is accurate. I further affirm that the	re information concerning the
or and sesseement of the fair wa	rkat value (if applicable) is correct and	true to the best of my knowledge.	

Revised 08/05 NOV 2 9 2005

# ND CAMPAIGN DISCLOSURE BOARD

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

www.lowa.gov/ethics



Code section 8.7 in girts, bequests, and grants given to any department of the lowa state 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

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Glft, 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	
lame of Department or Office 3211 Edginton Avenue	Eldora, Iowa 50627
failing Address	City, State, Zip Code
641-838-5402 rea Code & Telephone No.	
NTACT PERSON FOR RECIPIENT DEPA	DIMENT OF OFFICE
	RIMENI OR OFFICE.
Millie Dagit	
iame 3211 Rigington Avenue	Eldora, Iowa 50627
failing Address (if different from above) mdagit@dhs.sutc.io.us	City, State, Zip (If different from above) 641-858-5402, Ext. #135
mail Address	Area Code & Telephone Number (If different from above)
rea Code & Telephone Number	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-m	
Criteria to use this form;	

# S

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

November 29, 2005

Revised 08/05

# IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD

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

lowa Codo section 8.7 requires all gifts, bequests, and grants given to any department of the state of lows or received by the Governor on behalf of the state be reported to the lows Ethics



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Gift, Boquest, or Grant Information received by a department or accepted by the Governor on behalf of the state

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and Campaign Disclosure Board and the Government Oversight Committee, This form of the city bequest or grant. NOV 2 9 2005

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

and Campaign Disclosure Board and the Government Oversight Committee

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

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Millie Dagit	
Name 3211 Edgington Avenue	Bidora, 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 Cade & Tolophone 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	11/8/2005	s 30.00
		Date of Gift, Boquost, or Grant	Amount/Value*
Area Code & Telephone Number  "value is defined as "fair market value" of receiving department or office. If no value		ue" of Itom as determined by o value mark "0.00",	
Email Address (optional)			

Provide a description of the gift, bequest, or grant and purpose thereof: Donation to Religious Activities Fund tobe 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:	earlier
otatement of Ammagon,	$rac{rac}{rac}$

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

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maaid	
Signature	

November 29, 2005

Revised 06/05 CAMPAIGN DISCLOSURE BOARD 510 EAST 12<sup>TH</sup>, SUITE 1A DE MOINES, IA 50319

x: (515)281-3701 v.iowa.gov/ethics



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Gift, Bequest, or Grant Information racelved 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	Eldom, Iown 50627	
321 Edginion Avenue Mailing Address	Eldora, Iowa 30027 City, State, Zip Code	
641-858-5402	Oity, Oitilo, Elp Coul	
Area Code & Telephone No.		
ONTACT PERSON FOR RECIPIENT DEPARTMENT OR	OFFICE:	
Millie Dagit		
Name 3211 Edghigion Avenue	Eldora, Iowa 50627	
Mailing Address (if different from above)	City, State, Zip (if different from above)	
mdagit@dhs.statc.ia.us	641-858-5402, Ext. 4135	
Email Address	Area Code & Telephone Number (If different from above)	
Mailing Address City, State, Zip Code  Iowa City, Iowa	11/8/2005 \$ 200.00  Date of Gift, Bequest, or Grant Amount/Value*	
Iowa City, Iowa Area Code & Telephone Number	12707	
	receiving department or office, if no value mark "0,00".	
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Emali Address (optional)		
Email Address (optional)		
Email Address (optional)  Provide a description of the gift, bequest, or grant and purpose the	oracl:	
Provide a description of the gift, bequest, or grant and purpose the		
Provide a description of the gift, bequest, or grant and purpose the 200 Tooth-brushes were donated to the State Tra	aining School to be placed in the students Christmas Bag.	
Provide a description of the gift, bequest, or grant and purpose the 200 Tooth-brushes were donated to the State Translate reporting because staff did not realize that	aining School to be placed in the students Christmas Bag.	
Provide a description of the gift, bequest, or grant and purpose the 200 Tooth-brushes were donated to the State Translate reporting because staff did not realize that the Criteria to use this form:	aining School to be placed in the students Christmas Bag.	

#### Statement of Affirmation:

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

11-25-05 Date