Revised 06/05

# IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD

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

Reset Form

lowa Code section 8.7 (partires all gifts bequests, and grants given to any department of the state of lowe 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 recent of the gift, bequest, or grant,

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

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Clarinda MHI			
Name of Department or Office	Clarinda IA 51/20		
Mailing Address	Clarinde, IA 51632 City, State, Zip Code		
াচ্চার্ক্তান Area Code & Telephone No			
CONTACT PERSON FOR RECIPIENT DEPARTMENT OR OF	FFICE:		
Suc Rehwaldt Hays			
Name			
Mailing Address (if different from above)	City, State, Zip (if different from above)		
Suc, Romand Haysofilous gov	712-542-2161 Ext. 3317		
Email Address	Area Code & Telephone Number (if different from above)		
OONOR OF GIFT, BEQUEST, OR GRANT:			
ONOR OF GIFT, BEQUEST, OR GRANT.			
Southwest Iowa Cmmunity College - Nursing students			
Name			
Creston, IA			
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",		
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Receipt of any gift, bequest, or grant that is received by any department	ent of the state or received by the Governor on behalf of the state		
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Sue Rehwaldt Hays gaffirm 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.

10/19/06

Date

Revised 06/05

# IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD 510 EAST 12<sup>TH</sup>, 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:

Clarinda MHI			
Name of Department or Office Box 338		Clarinda, IA 51632	
Mailing Address		City, State, Zlp Code	
Area Code & Telephone No			
ONTACT PERSON FOR RE	CIPIENT DEPARTMENT OR O	FFICE:	
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mail Address		Area Code & Telephone Number (If different from above)	
ONOR OF GIFT, BEQUEST	. OR GRANT:		
Vickie Auten	The Control of the Control of		
VICKIE NEIGH			
•	Clarinda, IA 51632		
failing Address	City, State, Zip Code	-   10/2/06 \$ 25.00	
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rea Code & Telephone Number		*value is defined as "fair market value" of item as determined by	
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10/19/06 Date Revised 05/05

# IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD

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

Reset Form

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#### FORM-GBG

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### DEPARTMENT OF OFFICE DECENNING THE CIET RECHEST OF CRANT-

Clarinda MHI			
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Mailing Address	Oity, State, Zip Code		
Area Code & Telephone No			
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Sue Rehwaldt Hays			
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Mailing Address (if different from above) Sac.Retwa.drRayණ റയം pev		City, State, Zip (if different from above) 712-542-2161 Ext 3317	
Email Address		Area Code & Telephone Number (if different from above)	
Doloris Brumfield  Name			
	Tarinda, IA 51632		
Mailing Address Cit	ty, State, Zip Coce	10/2/06 F 100.00	
		Date of Gift, Bequest or Grant Amount/Value*	
rea Code & Telephone Number		*value is defined as "fair market value" of item as determined on	
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Provide a description of the gift, bequest, o	or grant and purpose thereof:		
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Receipt of any gift, bequest, or grant that is	received by any department of	of the state or received by the Governor on behalf of the state.	
tement of Affirmation:			
Sue Rehweldt Hays affirm that the	all bequest or areal reporter	diabove is accurate. If further affirm that the information concorning the	
or and assessment of the frir market value	gin, ocquest, or grant reported ! (if applicable) is correct and tr	rue to the best of my knowledge.	

#### Si

Signature

10/19/06 Date Revised 06/05

# IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD 510 EAST 12<sup>TH</sup>, SUITE 1A

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



lowarophe section 8.7 requires all gifts, bequests, and grants given to any department of the state of Towa or received bethe Governor on behalf of the state be reported to the Iowa Ethics and Campaign Disglosure Roard 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 rece at of the gift, bequest, or grant.

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Gift, Bequest, or Grant information.
received by a department or
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of the state

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# DEDARTMENT OF OFFICE RECEIVING THE CIET RECHEST OF CRANT

Clarinda MH1			
Name of Department or Office  Box 338		January 14, \$1632	
Mailing Address	City, State, Zip Code		
Area Code & Telephone No			
ONTACT PERSON FOR RECIPIE	NT DEPARTMENT OF OFFIC	`F·	
	THE PROPERTY OF OFFICE		
Suc Rehwaldt Hays Name			
Name			
Mailing Address (if different from above	2)	City, State, Zip (if different from ap-	ove)
Sus RehveldtHnysgienen ger Email Address		712-542-2161 Ext. 3317 Area Code & Telephone Number (i	f different from above)
Cinea Addisos		Area Gode & releptione lyumber (	in deligation appare)
ONOR OF GIFT, BEQUEST, OR G	GRANT:		
Robin Peterson			
Name			
1401115	Clarinda, IA 51632		
Mailing Address	City, State, Zip Code	10/2/06	\$ 5.00
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Area Code & Telephone Number		Date of Giff, Bequest, or Grant	Amount/Value*
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14/1/1/	G /	10/10/20	
Sir ALAI		10/19/06	
/ Signature		<del></del>	Date

Revised 06:00

# 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:

Clarinda MHI		
Name of Department or Office Box 338		Clenals, IA 31632
Mailing Address	City, State, Zip Code	
Area Code & Telephone No		
ONTACT PERSON FOR RECIPI	ENT DEPARTMENT OR OFFI	ICE:
Sue Rehwaldt Hays		
Name		
Mairing Address (if different from abov Suc Rahkald Pavagetwa pov	(e)	City, State. Zip (if different from above) 712-342-2161 Ext 3217
Email Address		Area Code & Telephone Number (if different from above)
OONOR OF GIFT, BEQUEST, OR	GRANT:	
Suc Rehwaldt Hays		
Name .		
	Clarinda, IA 51632	
Mailing Address	City, State, Zip Code	10/2/06 \$ 11.00
		Date of Gift, Bequest, or Grant Amount/Value*
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tement of Affirmation:		

Suc Rehwaldt Hays affirm that the gift, becouss, 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.

10/19/06

Date