

IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD
510 EAST 12TH, SUITE 1A
DES MOINES, IA 50319
Fax: (515)281-4073
www.iowa.gov/ethics

Reset Form

FORM-GB
Gift or Bequest information received by a department or accepted by the Governor on behalf of the state
For office use only
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IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD

Iowa Code section 8.7 requires all gifts and bequests given to any department of the state of Iowa 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 to be filed within 20 days of receipt of the gift or bequest.

DEPARTMENT OR OFFICE RECEIVING THE GIFT OR BEQUEST:

Iowa Attorney General
Name of Department or Office
13051 Walnut Des Moines, IA 50319
Mailing Address City, State, Zip Code
515 281 9326
Area Code & Telephone No.

CONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFICE:

Chantelle Smith
Name
Mailing Address (if different from above) City, State, Zip (if different from above)
chantelle.smith@cap.iowa.gov
Email Address Area Code & Telephone Number (if different from above)

DONOR OF GIFT OR BEQUEST:

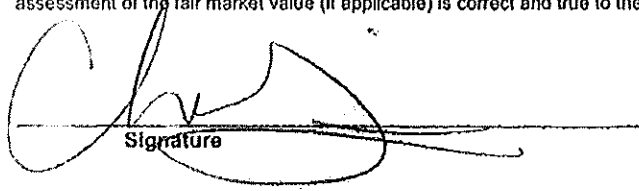
SHAZAM, Inc. ITS, Inc.
Name
6700 Pioneer Parkway Johnston, IA 50131
Mailing Address City, State, Zip Code
515-288-2828
Area Code & Telephone Number
Email Address (optional)

6/6/2019 \$1,716.67
Date of Gift or Bequest 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 or bequest and purpose thereof:
SHAZAM, Inc. is providing funding for a meeting location and food for an advanced training event required under a Violence Against Women Act grant to end abuse in later life. The federal grant does not allow grant dollars to be spent on food or beverages. The gift provided a location and food for the attendees. SHAZAM covering the cost of the location space and food allows us to utilize grant funds to directly assist victims of abuse and to attract more participants to our abuse in later life training.
Criteria to use this form:
Receipt of any gift or bequest that is received by any department of the state or received by the Governor on behalf of the state.

Statement of Affirmation:

I, Chantelle Smith affirm that the gift or bequest 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

6/20/19
Date