

Revised 04/13

IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD

510 EAST 12TH, SUITE 1A

DES MOINES, IA 50319

Fax: (515)281-4073

www.iowa.gov/ethics



2017 FEB 09 2017

Disclosure of simultaneous compensation from two state agencies

For office use only

Audited _____

Scanned _____

Effective July 1, 2006, an official or state employee shall not receive compensation simultaneously from more than one executive branch agency unless notice is provided to the Board within twenty business days of accepting employment with the second executive branch agency. This form constitutes notice. This form is not required to be filed for serving in the Iowa National Guard or General Assembly.

Name of official or employee:

Chris Benson

Name of original executive branch agency official or employee is employed:

IOWA DOT, Highway Division, Sioux City Maintenance

Phone and email for official or employee:

(712) 237-2856 chris.benson@iowa.gov

Name of second executive branch agency from which compensation is received:

IPTV

Amount of compensation to be reported from second executive branch agency:

Please provide a brief explanation of what services are to be performed for the second executive branch agency:

crew alfalfa and bale it for cows.

Chris Benson
Signature

1-30-17
Date

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

02/02/2017

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

| | |
|--|--|
| PRODUCER Western Insurance Agency 201 Main Street PO Box 110 Pleasant Hill, MO 64080 | CONTACT NAME: Shirley Thompson PHONE (A/C No. Ext): (712) 375-5329 E-MAIL ADDRESS: sthompson@unitadbk.com FAX (A/C No.): (712) 375 5012 |
| INSURED: Chris Benson 1266 Buchanan Ave Sioux City, IA 51108 | INSURER(A): Grinnell Mutual INSURER(B): INSURER(C): INSURER(D): INSURER(E): |

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOT WITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

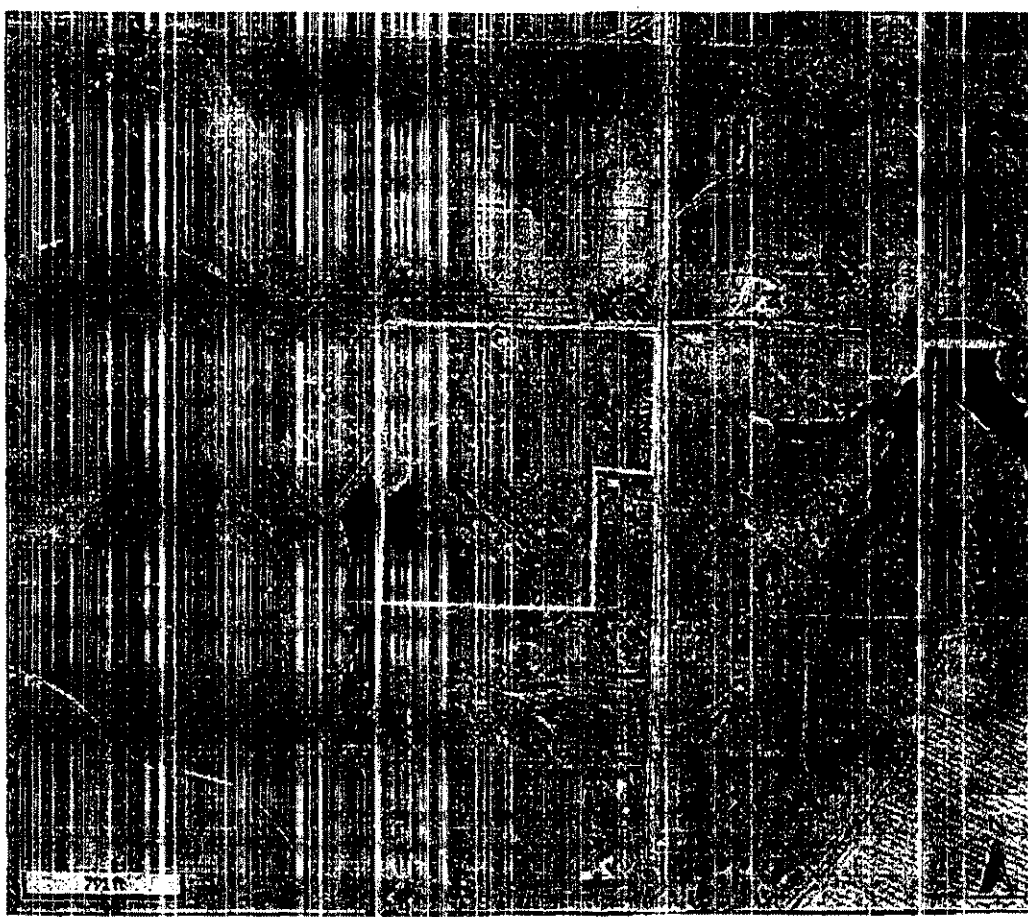
| INSR LTR | TYPE OF COVERAGE | ADDL USE | POLICY NUMBER | POLICY EFF. DATE (MM/DD/YYYY) | POLICY EXPI. DATE (MM/DD/YYYY) | LIMITS |
|----------|---|----------|---------------|-------------------------------|--------------------------------|---|
| A | COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Personal Auto Liability | | | 01/19/2017 | 01/19/2018 | EACH OCCURRENCE \$ 300,000 DAMAGE TO RENTED PREMISES (Each occurrence) \$ MED EXP (Any one person) \$ 2000 PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMPOUND AGG \$ Damage to Property \$ 1000 COMBINED SINGLE LIMIT (Each accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$ |
| | GEN'L AGGREGATE LIMIT \$ PER POLICY <input type="checkbox"/> PFC <input type="checkbox"/> JCS <input type="checkbox"/> LOC | | | | | |
| | OTHER: AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY <input type="checkbox"/> AUTOS ONLY | | | | | |
| | UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE | | | | | EACH OCCURRENCE \$ AGGREGATE \$ \$ |
| | OSD <input type="checkbox"/> RETENTION WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N (Mandatory in NH) Description of Operations Only | N/A | | | | PER STATUTE <input type="checkbox"/> CTH. <input type="checkbox"/> ER E. EACH ACCIDENT \$ E. DISEASE - EA EMPLOYEE \$ E. DISEASE - POLICY LIMIT \$ |

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

35 A Section 20-39-45 Woodbury County Iowa

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|---|--|
| CERTIFICATE HOLDER State of IA - Dept of Education Public Broadcasting Division 6451 Corporate Drive Johnston, IA 50131 | CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE <i>Shirley Thompson</i> <ST> |
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Beacon™ Woodbury County, IA / Sioux City



Overview



Legend

- Roads
- Corp Boundaries
- Townships
- County Residential Sales
 - 2014
 - 2015
 - 2016
- Sioux City Residential Sales
- Parcel:

Parcel ID 89462010007
 Sec./Twp/Rng 20-89-46
 Property Address

Alternate ID 00000000876901
 Class A
 Acres 34.99

Owner Address STATE OF IOWA-DEPT OF EDUCATIO
 PUBLIC BROADCASTING DIVISION
 6450 CORPORATE DR
 JOHNSTON IA 50131

District 025 CONCORD TWP WILSON BIRNSON COMM
 Brief Tax Description CONCORD TWP WILSON BIRNSON COMM
 SE NW 1/4 IRREG CTCT
 BEG AT SE COR OF SE
 NW 1/4 W 103 FT
 THENCE N 65.87 FT
 THENCE SE 304.7 FT
 THENCE S 631.5 FT TO
 POB 20-89-46
 (Note: not to be used on legal documents)

DMG created: 2/1/2017
 Last Data Updated: 1/31/2017 10:28:31 PM

