

# IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD

510 EAST 12<sup>TH</sup>, 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**

Indexed \_\_\_\_\_  
Audited \_\_\_\_\_  
Checked \_\_\_\_\_  
Computer \_\_\_\_\_

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 1305 East Walnut Street	Des Moines, IA 50319
Mailing Address 515-281-5926	City, State, Zip Code
Area Code & Telephone No.	

### CONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFICE:

Chantelle Smith	
Name	
Mailing Address (if different from above) chantelle.smith@iowa.gov	City, State, Zip (if different from above) 515-281-8811
Email Address	Area Code & Telephone Number (if different from above)

### DONOR OF GIFT OR BEQUEST:

In The Bag Corporate Cuisine	
Name	
79 University Avenue	Des Moines, IA 50314
Mailing Address 515-222-9335	City, State, Zip Code
Area Code & Telephone Number	
Email Address (optional)	

09/08/16	\$ 152.00
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:  
In The Bag is providing 16 box lunches to a team of trainers, staff and facilitators (comprised of state employees and non-profit employees) who are conducting a community 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. This gift will allow the team to meet and discuss the afternoon session of the training event.

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

09-12-16  
\_\_\_\_\_  
Date

# IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD

510 EAST 12<sup>TH</sup>, 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

Indexed \_\_\_\_\_  
Audited \_\_\_\_\_  
Checked \_\_\_\_\_  
Computer \_\_\_\_\_

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 1305 East Walnut Street	Des Moines, IA 50319
Mailing Address 515-281-5926	City, State, Zip Code
Area Code & Telephone No.	

### CONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFICE:

Chantelle Smith	
Name	
Mailing Address (if different from above) chantelle.smith@iowa.gov	City, State, Zip (if different from above) 515-281-8811
Email Address	Area Code & Telephone Number (if different from above)

### DONOR OF GIFT OR BEQUEST:

Hy-Vee	
Name	
3221 SE 14th Stree	Des Moines, IA 50320
Mailing Address 515-243-7271	City, State, Zip Code
Area Code & Telephone Number	
Email Address (optional)	

09/08/16	\$ 80.00
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:

Park Avenue Hy-Vee is providing water, donuts and bagels for the morning session of a community 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. This gift will provide refreshments for the attendees.

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

09-12-16  
Date

# IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD

510 EAST 12<sup>TH</sup>, 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**

Indexed \_\_\_\_\_  
Audited \_\_\_\_\_  
Checked \_\_\_\_\_  
Computer \_\_\_\_\_

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 1305 East Walnut Street	Des Moines, IA 50319
Mailing Address 515-281-5926	City, State, Zip Code
Area Code & Telephone No.	

### CONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFICE:

Chantelle Smith	
Name	
Mailing Address (if different from above) chantelle.smith@iowa.gov	City, State, Zip (if different from above) 515-281-8811
Email Address	Area Code & Telephone Number (if different from above)

### DONOR OF GIFT OR BEQUEST:

Sam's Club	
Name	
4625 SE Delaware Ave.	Ankeny, IA 50021
Mailing Address 515-559-1747	City, State, Zip Code
Area Code & Telephone Number	
Email Address (optional)	

09/08/16	\$44.00
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:  
Ankeny Sam's Club is providing fruit and cookies for a community 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. This gift will provide refreshments for the attendees.

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

09-12-16  
Date

# IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD

510 EAST 12<sup>TH</sup>, 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**

Indexed \_\_\_\_\_  
Audited \_\_\_\_\_  
Checked \_\_\_\_\_  
Computer \_\_\_\_\_

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	Des Moines, IA 50319
1305 East Walnut Street	
Mailing Address	City, State, Zip Code
515-281-5926	
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@iowa.gov	515-281-8811
Email Address	Area Code & Telephone Number (if different from above)

### DONOR OF GIFT OR BEQUEST:

Hy-Vee	
Name	
5750 Merle Hay Road	Des Moines, IA 50131
Mailing Address	City, State, Zip Code
515-270-9045	
Area Code & Telephone Number	
Email Address (optional)	

09/08/16	\$ 15.00
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:

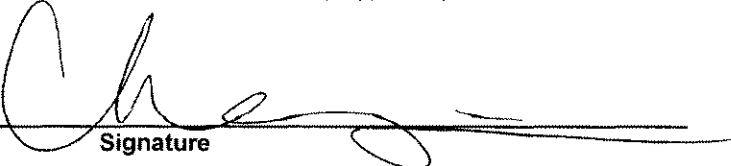
Hy-Vee is providing coffee for a community training event required under a Violence Against Women Act grant to end abuse in later life. The federal grant does not allow grant dollars to be spent on food or beverages. This gift will provide refreshments for the attendees.

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

09-12-16

Date