

Revised 04/10

IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD

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



Form Dual-Comp

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:
Shelley DeForest

Name of original executive branch agency official or employee is employed:
Justice - Attorney General

Phone and email for official or employee:
725-6246 deforest@dps.state.ia.us

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

Amount of compensation to be received from second executive branch agency:
\$30.90/hr (estimate)

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

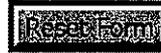
To continue processing grant reimbursements, complete quarterly reports and train my successor.

Shelley DeForest
Signature

3/2/15
Date

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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 Medical and Classification Center/Department of Correction	
Name of Department or Office 2700 Coral Ridge Ave	Coralville, IA 52241
Mailing Address 319-626-2391	City, State, Zip Code
Area Code & Telephone No.	

CONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFICE:

Dan Craig, Warden	
Name Same	
Mailing Address (if different from above) Dan.Craig@iowa.gov	City, State, Zip (if different from above)
Email Address	Area Code & Telephone Number (if different from above)

DONOR OF GIFT OR BEQUEST:

Table to Table	
Name	
20 East Market Street	Iowa City, IA 42245
Mailing Address	City, State, Zip Code
319-337-340	
Area Code & Telephone Number	
Email Address (optional)	

2/25/15	\$16,383.00
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.

Hamburger Buns and Chips

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, Shane Dahn 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.

Shane Dahn
Signature

2/26/2015
Date