

Revised 06/08

IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD

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



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:

Public Safety	
Name of Department or Office 215 E 7th Street	Des Moines, IA 50319
Mailing Address 515-725-6182	City, State, Zip Code
Area Code & Telephone No.	

CONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFICE:

Sergeant Scott Bright	
Name	
Mailing Address (if different from above) bright@dp.state.ia.us	City, State, Zip (if different from above) 515-725-6093
Email Address	
Area Code & Telephone Number (if different from above)	

DONOR OF GIFT OR BEQUEST:

State Farm Insurance	
Name	
2222 S 84th Street	Lincoln, NE 68516
Mailing Address	City, State, Zip Code
402-327-5604	
Area Code & Telephone Number	
Email Address (optional)	

12/7/12	\$25,000.00
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:

To purchase driving simulators for the Safety Education Unit to demonstrate the problems of texting and driving and other situations teenage drivers will encounter.

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, Jeanie Flattery 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.

Jeanie Flattery
Signature

January 4, 2013
Date

**IOWA DEPARTMENT OF PUBLIC SAFETY
GIFT/GRANT REPORT**

GIFT/GRANT INFORMATION				
GIFT: <input checked="" type="checkbox"/> GRANT <input type="checkbox"/> (Check one)				
TYPE: Monetary <input checked="" type="checkbox"/>	Other: <input type="checkbox"/>	VALUE: \$25,000	DESCRIPTION: A gift will be given to the Iowa State Patrol Safety Education Unit from State Farm Insurance to assist officers in educating teenagers about the dangers of texting and driving.	
CONTRIBUTOR: Business				
ORGANIZATION NAME -- State Farm Insurance			CONTACT PERSON: Angelene Hennes-Public Affairs Specialist	
ADDRESS -- 222 South 84 th St		CITY -- Lincoln	STATE: NE	ZIP - 68516
PHONE -- 1-402-327-5604				
GIFT / GRANT PURPOSE: This gift will be used to purchase 3 or 4 driving simulators for the Safety Education Unit. These simulator will assist Safety Education Officers demonstrate the problems of texting and driving and other situations teenage drivers will encounter.				
RECIPIENT INFORMATION				
RECIPIENT: ISP	DATE RECEIVED/AWARDED: December 7 th 2012		RECIPIENT CONTACT: Sergeant Scott Bright #282	
RECIPIENT PHONE: 515-725-6093				
GOVERNOR'S CORRESPONDENCE <small>(To be completed by Commissioner's Office)</small>				
Letter sent to Governor: <input type="checkbox"/> (Not required for grants)	Approved by Governor: <input type="checkbox"/> (Not required for grants)	Date Approved: (Not required for grants)		