

Revised 06/06

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:

Jeanie Flattery	
Name	
Mailing Address (if different from above) flattery@dps.state.ia.us	City, State, Zip (if different from above)
Email Address	Area Code & Telephone Number (if different from above)

DONOR OF GIFT OR BEQUEST:

Crisis Systems Management - Deborah McMahon	
Name	
PO Box 267	Lebanon, MO 65536
Mailing Address	City, State, Zip Code
417-594-1499	
Area Code & Telephone Number	
-	
Email Address (optional)	

12-29-2014	\$750.00
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:

Donation to support the Iowa State Patrol Crisis Negotiator Program with training costs.

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

1/21/15
Date

Revised 06/08

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DEPARTMENT OR OFFICE RECEIVING THE GIFT OR BEQUEST:

Public Safety	
Name of Department or Office 215 B. 7th Street	Des Moines, IA 50319
Mailing Address 515-722-6162	City, State, Zip Code
Area Code & Telephone No.:	

CONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFICE:

Jeanie Flattery	
Name	
Mailing Address (if different from above) flattery@dps.state.ia.us	City, State, Zip (if different from above)
Email Address	
Area Code & Telephone Number (if different from above)	

DONOR OF GIFT OR BEQUEST:

Stephanie Samuels	
Name	
501 IronBridge Rd	Freehold, NJ 07723
Mailing Address	City, State, Zip Code
617-266-2677	
Area Code & Telephone Number	
-	
Email Address (optional)	

12/22/14	\$ 1,000.00
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:

Donation to support costs associated with the ongoing upgrading and maintenance of the Iowa Peace Officer Memorial.

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

1/21/15
Date