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

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:

State Public Defender's Office
Name of Department or Office

321 E. 12th Street, 4th Floor Lucas State Office Building — Des Moines, IA 50319-0087
Mailing Address — City, State, Zip Code

(515) 242-6158
Area Code & Telephone No.

CONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFICE:

Samuel P. Langholz
Name

Mailing Address (if different from above) — City, State, Zip (if different from above)

slangholz@spd.state.ia.us
Email Address — Area Code & Telephone Number (if different from above)

2014 JUN 20 AM 9:06 ETHICS AND CAMPAIGN DISCLOSURE

DONOR OF GIFT OR BEQUEST:

Nicole Richardson Memorial Fund c/o Nancy Richardson
Name

2211 Jessica Lane — Coralville, IA 52241
Mailing Address — City, State, Zip Code

(515) 290-5029
Area Code & Telephone Number

Email Address (optional)

6/12/14 — $2,500.00
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:

This gift was given in memory of Nicole Richardson, a former public defender, as a donation toward the cost of sending one public defender to attend a trial skills training in Chicago sponsored by the National Institute for Trial Advocacy

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, Samuel P. Langholz 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 — Date: 6/19/14