

IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD
514 EAST LOCUST, SUITE 104
DES MOINES, IA 50309-1912
fax (515) 281-3701
www.iowa.gov/ethics

EXECUTIVE BRANCH RECEPTION REPORT

This form must be filed with the Board within five business days following the date of the reception. This applies only to receptions held during the regular session when every member of the general assembly is invited. See Iowa Code section 68B.22(4)"r" and rule 351-8.10.

The form may be photocopied.

Reset Form

PART A SPONSOR IDENTIFICATION

Iowa Academy of Family Physicians
Sponsor's Name
100E Grand Ave, Suite 170
Mailing Address
Des Moines, IA 50309
City/State/ZIP
515.283.9370
Area Code/Phone Number

APR 28 2004
HD

PART B RECEPTION INFORMATION

March 10, 2004 Legislative Dining Room, State Capitol Bldg,
Date Location of reception
Des Moines, IA 50319

Please provide the total amount expended including in-kind expenditures on food, beverage, and entertainment for the reception.

TOTAL COST of reception (includes in-kind expenditures) \$ 614.75 Food/drink
Food \$ _____
Beverage \$ _____
Entertainment \$ _____

Jennifer B Davis
Signature of Sponsor

4/20/04
Date Signed