



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



#### PART A SPONSOR IDENTIFICATION

IOWA DEPARTMENT FOR THE BLIND

Sponsor's Name

524 4TH STREET

Mailing Address

DES MOINES, IOWA 50309

City/State/ZIP

515-281-1293

Area Code/Phone Number

#### PART B RECEPTION INFORMATION

3/9/2004 STATE CAPITOL - LEGISLATIVE DINING ROOM

Date

Location of reception

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) \$	<u>114.34</u>
Food	\$ <u>114.34</u>
Beverage	\$ _____
Entertainment	\$ _____

[Signature]  
Signature of Sponsor

March 9, 2004  
Date Signed