

**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**

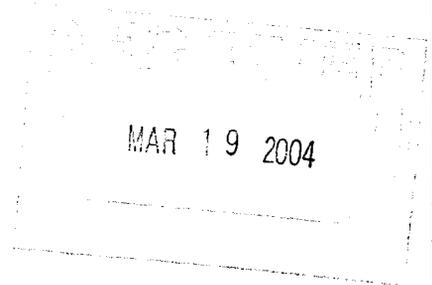
**SPONSOR IDENTIFICATION**

Iowa Gaming Association  
 Sponsor's Name

4401 Westown Parkway #209  
 Mailing Address

West Des Moines, IA 50266-6721  
 City/State/ZIP

515/267-9200  
 Area Code/Phone Number



**PART B**

**RECEPTION INFORMATION**

3/18/04 Capitol Rotunda  
 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) \$ \_\_\_\_\_

Food	\$	<u>4,590.33</u>
Beverage	\$	<u>352.76</u>
Entertainment	\$	_____

[Signature]  
 Signature of Sponsor

3-18-04  
 Date Signed