

APR 20 2004

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 Health Care Association  
Sponsor's Name  
6750 Westown Parkway, #100  
Mailing Address  
West Des Moines, IA 50266  
City/State/ZIP  
515/327-5020  
Area Code/Phone Number

**PART B RECEPTION INFORMATION**

March 30, 2004 Embassy Suites, Des Moines, IA  
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) \$ 4924.86 \*\*  
Food \$ 2909.90  
Beverage \$ 2014.96  
Entertainment \$ -0-

[Signature]  
Signature of Sponsor

4/19/04  
Date Signed

\*\* NOTE: Iowa Health Care Association sponsored the event, however, all Food and Beverages were paid in full by Martin Brothers Distributing, Cedar Falls, IA