



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

James Herb Farm Expt Deddon
Sponsor's Name
1311 50th st
Mailing Address
W Des Moines Ia 502650840
City/State/ZIP
515 223 5119
Area Code/Phone Number

PART B RECEPTION INFORMATION

2-3-04 Date *State Capital* 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) \$ *# 286.69 total*
Food \$ _____
Beverage \$ _____
Entertainment \$ _____

Laraine Schueder
Signature of Sponsor

2-3-04
Date Signed