

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.



PART A SPONSOR IDENTIFICATION

Iowa Nurses Association
 Sponsor's Name
1501 42nd Street Suite 471
 Mailing Address
West Des Moines, Iowa 50266
 City/State/ZIP
515/225-0495
 Area Code/Phone Number

PART B RECEPTION INFORMATION

2/12/04 Capitol Building Rotunda - State Capitol, 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) \$ 1989.00
 Food \$ 1989.00
 Beverage \$ -
 Entertainment \$ 0

[Signature]
 Signature of Sponsor

2016, 2004
 Date Signed