

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

MAR 15 2004

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 OPTOMETRIC ASSOCIATION
Sponsor's Name
1454 30TH ST., SUITE 204
Mailing Address
W. DES MOINES, IA 50266
City/State/ZIP
(515) 222-5679
Area Code/Phone Number

PART B RECEPTION INFORMATION

3/9/04 IOWA OPTOMETRIC ASSOCIATION
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) \$ 0

Food	\$ <u>32.00 1227.71</u>
Beverage	\$ <u>151.09</u>
Entertainment	\$ <u>0</u>

[Signature]
Signature of Sponsor

3/12/04
Date Signed