



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 Taxpayers Association  
Sponsor's Name  
431 East Locust Street, Suite 300  
Mailing Address  
Des Moines, Iowa 50309  
City/State/ZIP  
515/243-0300  
Area Code/Phone Number

#### PART B RECEPTION INFORMATION

1/14/04 Iowa State Capitol - Legislative Dining Room  
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) \$ 291.56  
Food \$ ma per person/charge  
Beverage \$ \_\_\_\_\_  
Entertainment \$ 0

[Signature]  
Signature of Sponsor

1/21/04  
Date Signed