

IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD

510 EAST 12th, STE 1A
DES MOINES, IA 50319
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

APR 17 2005

Sponsor's Name AFSCME Iowa

Mailing Address 4320 NW 2nd Ave

City/State/ZIP Des Moines IA 50313

Area Code/Phone Number 515-246-1517

PART B

RECEPTION INFORMATION

Date 3/22/05 Location of reception Iowa State Capitol

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) \$ 846
Food \$ 495
Beverage \$ 351
Entertainment \$ -0-

Signature of Sponsor [Handwritten Signature]

Date Signed 3/25/2005