

IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD

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FEB 21 2005

HD

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

American Heart Association  
Sponsor's Name  
1111 9th St., Suite 280  
Mailing Address  
Des Moines, IA 50314  
City/State/ZIP  
515 246-4564  
Area Code/Phone Number

PART B RECEPTION INFORMATION

2-8-05 Capitol Rotunda, 1st Floor  
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) \$ \_\_\_\_\_  
Food \$ 390.00  
Beverage \$ \_\_\_\_\_  
Entertainment \$ \_\_\_\_\_

[Signature]  
Signature of Sponsor

Feb 21, 2005  
Date Signed