

IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD

510 EAST 12th, SUITE 1A
DES MOINES, IA 50319
fax (515) 281-3701
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FEB 11 2005

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 Department for the Blind
Sponsor's Name

524 4th Street
Mailing Address

Des Moines IA 50309
City/State/ZIP

515-281-1336
Phone Number

Post-It [®] Fax Note	7671	Date	2/11	# of pages	1
To	Sharon Wright		From	Bruce Swethan	
Co./Dept.		Co.			
Phone #		Phone #	281 1293		
Fax #	281 3701		Fax #		

PART B

RECEPTION INFORMATION

2-10-05 Legislative Dining Room, State Capitol
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) \$ 70.22

Food	\$ 70.22
Beverage	\$
Entertainment	\$



Signature of Sponsor

2/11/2005
Date Signed