

IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD
 610 EAST 12th, STE 1A
 DES MOINES, IA 50319
 fax (515) 281-3701
www.iowa.gov/ethics

EXECUTIVE BRANCH RECEPTION REPORT

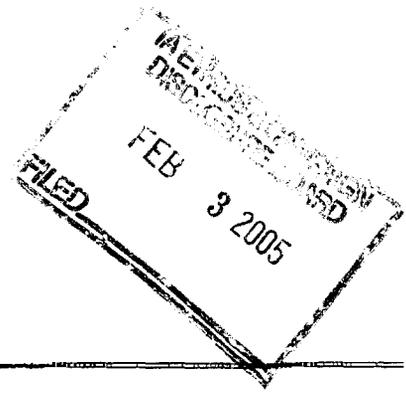
This form must be filed with the Board within five business days following the date of the reception. This applies only to receptions held during the regular session when every member of the general assembly is invited. See Iowa Code section 68B.22(4)"r" and rule 351-8.10.

The form may be photocopied.

Reset Form

PART A SPONSOR IDENTIFICATION

Iowa Business Council
 Sponsor's Name
100 E. Grand Ave., Suite 1160
 Mailing Address
Des Moines, Ia. 50309
 City/State/ZIP
515-246-1700
 Area Code/Phone Number



PART B RECEPTION INFORMATION

1-31-05 Renaissance Savery Hotel
 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) \$ 12,207.15
 Food \$ 5,592.00
 Beverage \$ 3,345.50
 Entertainment \$ _____

Robin Allen
 Signature of Sponsor

2-3-05
 Date Signed