

IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD

510 EAST 12th, SUITE 1A

DES MOINES, IA 50319

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www.iowa.gov/ethics

FEB 17 2005

CONF

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

Central Iowa Center for Independent Living
Sponsor's Name

655 Walnut Suite 131
Mailing Address

Des Moines IA 50309
City/State/ZIP

515 243 1742
Area Code/Phone Number

PART B

RECEPTION INFORMATION

02.02.05 Legislative Dining Room - Capital building
Date Location of reception

Please provide the total amount expended including in-kind expenditures on food, beverage, and entertainment for the reception.

\$585.00

TOTAL COST of reception (includes in-kind expenditures) \$ 585.00

Table with 2 columns: Item (Food, Beverage, Entertainment) and Amount (\$500.00, \$85.00, 0). Includes handwritten notes: '(includes beverages)', '18% 12% Gratuity = \$85.00'.

Frank Strong, Jr.
Signature of Sponsor

02.15.05
Date Signed