



IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD

510 EAST 12th, SUITE 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.

PART A

SPONSOR IDENTIFICATION

Iowa Council on Problem Gambling
Sponsor's Name

500 1st Street SE
Mailing Address

Cedar Rapids, IA 52401
City/State/ZIP

888-703-2535
Area Code/Phone Number

PART B

RECEPTION INFORMATION

1-11-05 Legislative Dining Room
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) \$ 850.00 Total for Donuts, coffee & juice

Food	\$	_____
Beverage	\$	_____
Entertainment	\$	_____

[Signature]
Signature of Sponsor representative

1-31-05
Date Signed