

IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD

510 EAST 12th, SUITE 1A
DES MOINES, IA 50319
fax (515) 281-3701
www.iowa.gov/ethics

Attn: Sharon Wright

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
Employment Policy Group

Sponsor's Name
108 Third Street, Suite 350

Mailing Address

Des Moines, IA 50309
City/State/ZIP

515/283-2310
Area Code/Phone Number

MAR 14 2005

PART B RECEPTION INFORMATION

2/23/05 Room 116 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) \$	n/a
Food	\$ 762.88
Beverage	\$ 160.00
Entertainment	\$ n/a


Signature of Sponsor

3/09/05
Date Signed