



**IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD**

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

Hy-Vee, Inc.  
Sponsor's Name  
5820 Westown Parkway  
Mailing Address  
West Des Moines, IA 50266  
City/State/ZIP  
515-267-2800  
Area Code/Phone Number

**PART B RECEPTION INFORMATION**

2-2-05 Hy-Vee Conference Ctr.  
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) \$	<u>4,885.40</u>
Food	\$ <u>3,764.80</u>
Beverage	\$ <u>1,120.60</u>
Entertainment	\$ _____

Ron E. Mitchell  
Signature of Sponsor

2-9-05  
Date Signed