



IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD
 510 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



PART A SPONSOR IDENTIFICATION

I.E.M.S.A. - Calhoun
 Sponsor's Name

707 E Locust
 Mailing Address

Des Moines, Iowa 50309
 City/State/ZIP

515-244-4400
 Area Code/Phone Number

PART B RECEPTION INFORMATION

2/3 Rotunda
 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) \$ 327⁶⁰

Food \$ _____

Beverage \$ _____

Entertainment \$ _____

[Signature]
 Signature of Sponsor

2/3/05
 Date Signed