

IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD

514 EAST LOCUST, SUITE 104

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MAR 16 2005

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.

Reset Form

PART A SPONSOR IDENTIFICATION

Iowa Institute for Cooperatives

Sponsor's Name

2515 Elwood Drive - Suite 104

Mailing Address

AMES, IA 50010

City/State/ZIP

515-292-2667

Area Code/Phone Number

PART B RECEPTION INFORMATION

3/15/2005 Room 116 Statehouse

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) \$ 307 13
Food } Continental \$
Beverage } Breakfast \$ 307 13
Entertainment \$

Signature of Sponsor

Date Signed 3-15-05