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FEB 22 2005

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) and rule 351-8.10.

The form may be photocopied.

PART A SPONSOR IDENTIFICATION

Iowa Osteopathic Medical Association
Sponsor's Name

950 12th Street
Mailing Address

Des Moines, Iowa 50309-1001
City/State/ZIP

515 283-0002
Area Code/Phone Number

PART B RECEPTION INFORMATION

16 Feb 05 Legislative Dining Room State Capitol Bldg Ia.
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) \$

Food \$ 292.00
Beverage \$
Entertainment \$

Frank S. Severino
Signature of Sponsor

Feb 20, 2005
Date Signed