

IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD

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

MAR 17 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.



PART A SPONSOR IDENTIFICATION

Iowa Physical Therapy Association  
Sponsor's Name  
1228 8th St., Suite 106,  
Mailing Address  
West Des Moines, IA 50265-2624  
City/State/ZIP  
515/222-9838  
Area Code/Phone Number

PART B RECEPTION INFORMATION

3/8/05 Iowa State Capitol, Room 116  
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) \$ 468.00  
Food \$ 468.00  
Beverage \$  
Entertainment \$

*[Signature]*  
Signature of Sponsor

3/14/05  
Date Signed