

IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD
 610 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

Iowa Physical Therapy Association

Sponsor's Name

1228 8th Street, Suite 106

Mailing Address

West Des Moines, Iowa 50265-2624

City/State/ZIP

515-222-9839

Area Code/Phone Number

APR 13 2005

PART B

RECEPTION INFORMATION

3/29/05

Iowa State Capitol 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) \$ 288.38

Food \$ _____

Beverage \$ _____

Entertainment \$ _____

Natalie P. ...
 Signature of Sponsor

4/13/05
 Date Signed