

FEB 23 2005

**IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD**  
**510 EAST 12th, SUITE 1A**  
**DES MOINES, IA 50319**  
**fax (515) 281-3701**  
[www.iowa.gov/ethics](http://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**

Polk County Medical Society  
 Sponsor's Name

1520 High Street  
 Mailing Address

Des Moines, Iowa 50309  
 City/State/ZIP

288-0172  
 Area Code/Phone Number

**PART B RECEPTION INFORMATION**

23 Feb 05 Legislative Din. Room State Capitol  
 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) \$ # 94.00

Food \$ 94.00

Beverage \$ \_\_\_\_\_

Entertainment \$ \_\_\_\_\_

Frank Severino  
 Signature of Sponsor

23 Feb 05  
 Date Signed