



IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD

510 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/Nebraska Primary Care Association  
Sponsor's Name

601 E. Locust Street, Suite 102  
Mailing Address

Des Moines, IA 50309  
City/State/ZIP

515-244-9610  
Area Code/Phone Number

PART B RECEPTION INFORMATION

2-1-2005 Capitol, 1st floor 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) \$

Food \$ 300

Beverage \$ 0

Entertainment \$ 0

Other - Decorating \$ 226.84

[Signature]  
Signature of Sponsor

2/3/05  
Date Signed