IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD
510 EAST12th, SUITE 1A
DES MOINES, IA 50319
fax (515) 281-3701
www.iowa.gov/ethics

FEB 23 2005

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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**

State Rehabilitation Council
Sponsor's Name

510 E. 12th Street
Mailing Address

Des Moines, Iowa 50319
City/State/ZIP

712-243-1733
Area Code/Phone Number

PART B **RECEPTION INFORMATION**

02/15/2005 **Legislative Dining Room**
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)	**$**	**148.00**
Food	$	14.00
Beverage	$	134.00
Entertainment	$	

Ellen Schlemmer
Signature of Sponsor

2/23/05
Date Signed