

FOR INSTRUCTIONS, SEE BACK OF FORM

DISCLOSURE SUMMARY PAGE

File with:
Iowa Ethics and Campaign
Disclosure Board
510 E. 12th, Ste. 1A
Des Moines, Iowa 50319
Fax: 515-281-4073

Effective January 1, 2010, all statements and reports filed by new committees for state office must be filed electronically and effective January 1, 2012, all statements and reports filed by all committees for state office must be filed electronically.
Effective May 1, 2010, all statements and reports for State PACs and State Parties must be filed electronically.

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Reset Form

COMMITTEE NAME (Must be same as on Statement of Organization)

STAN SMITH FOR COUNCIL

IMPORTANT: Indicate by # type of committee you are reporting for:
(1) Statewide/Legislative/Judge Standing for Retention Candidate (2) State PAC (3) State Party
(4) County Central Committee (5) County Candidate (6) City Candidate (7) School Board or Other Political
Subdivision Candidate (8) County PAC (9) City PAC (10) School Board or Other Political Subdivision PAC (11) Local Ballot Issue

CANDIDATE COMMITTEES ONLY:

Candidate Name: Stanley G. Smith Political Party (if applicable): None
Office Sought: Council At Large District (if Senate or House):

FORM DR-2 (Rev. 12/2009)	DISCLOSURE REPORT
For Office Use Only	
Comm. #	_____
Logged In	_____
Scanned	_____
Computer	_____
Audited	_____

Late reports are subject to possible civil and criminal penalties. Pursuant to Iowa Code sections 68B.32A(7) and 68A.401(3), the candidate, for a candidate's committee, and the chairperson, for any other type of committee, is the individual responsible for filing timely and accurate reports.

SIGNATURE OF PERSON FILING REPORT

TELEPHONE

DATE SIGNED

I AM FILING A Final Closeout REPORT FOR (1) ELECTION (2) NON-ELECTION YEAR.
(report date) Indicate by #

CHECK IF AMENDMENT TO REPORT DATED _____

Check if this is final (termination) report and attach Notice of Dissolution Form DR-3.
(You must continue to file reports until a DR-3 is filed.)

Local Committees, enter Date of Election
<u>11/08/11</u>
County & Local Committees, enter County in which Election is held
<u>Blackhawk</u>

STATEMENT OF CASH ON HAND

CASH ON HAND at the beginning of the reporting period. (Total of all funds held by the committee. This amount **MUST** be the same as the cash on hand at the end of the last reporting period or must be zero if this is first report filed.) \$ 201.52

ADD TOTAL MONEY TAKEN IN THIS PERIOD

Schedule A: Cash Contributions total (Attach Schedule A) (**also see in-kind below) 0

Schedule F: Loans Received total (Attach Schedule F) 0

Schedule H: Total Sales of Campaign Property (Attach Schedule H) 0

(Schedule H applies to Candidates' Committees Only)

SUB-TOTAL \$ 201.52

SUBTRACT TOTAL MONEY SPENT THIS PERIOD

Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below) 201.52

Schedule F: Loan Repayments total (Attach Schedule F) —

CASH ON HAND at the end of this reporting period (if final report balance must be zero) \$ _____

**UNPAID BILLS (From Schedule D - Attach Schedule D) \$ _____

**IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E) \$ _____

**OUTSTANDING LOANS (From Schedule F - Attach Schedule F) \$ _____

CONSULTANT BREAKDOWN (Schedule G Attached?) YES NO

CANDIDATE COMMITTEES ONLY:

VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H) \$ 0

STATE COMMITTEES: Submit a reconciled campaign account bank statement in January of each year.

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SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

CONTRIBUTIONS -- MONEY TAKEN IN
(Including candidate's personal funds)

COMMITTEE NAME (Must be same as on Statement of Organization)
Stan Smith FOR COUNCIL

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

NOTE: ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.

CAUTION: Section 68B.32A(6), prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND-RAISER INCOME
5/21/11	ID# CK# 6723	Gene Schoel 3120 Shady Lane Cedar Falls, Iowa 50613	—	\$ 100.00	<input type="checkbox"/>
5/23/11	ID# CK# Cash	Stanley G. Smith 3221 Pleasant Dr. Cedar Falls, Iowa 50613	Self	125.00	<input type="checkbox"/>
6/14/11	ID# CK# 5692	Stanley G. Smith 3221 Pleasant Dr. Cedar Falls, Iowa 50613	Self	200.00	<input type="checkbox"/>
6/22/11	ID# CK# Cash	David Sires 4107 Horseshoe Dr. Cedar Falls, Iowa 50613	—	50.00	<input type="checkbox"/>
6/23/11	ID# CK# 1712	Donald W. Pearce 2812 Garden Ave. Cedar Falls, Iowa 50613	—	50.00	<input type="checkbox"/>
6/30/11	ID# CK# 6174	Dennis C. Christensen 3220 Panther Lane Cedar Falls, Iowa 50613	—	100.00	<input type="checkbox"/>
8/04/11	ID# CK# Bank Transfer	Stanley G. Smith 3221 Pleasant Dr. Cedar Falls, Iowa 50613	Self	200.00	<input type="checkbox"/>
8/09/11	ID# CK# 1852	Allan Sell 190 Summit Drive Cedar Falls, Iowa 50613	—	100.00	<input type="checkbox"/>
9/23/11	ID# CK# 14634	Shirley J. King 4012 Cardinal Drive Cedar Falls, Iowa 50613	—	30.00	<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>

SUB-TOTAL

\$ 955.00

TOTAL (if last page of this schedule)

\$ 955.00

* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

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EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

SCHEDULE B (Rev. 07/03)	MONETARY EXPENDITURES
<input checked="" type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)
Stan Smith For Council

DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
5/23/11	ID# CK# Cash	Black Hawk County 316 E. 5 th St. Waterloo, Iowa 50703	Copy Election Forms	\$ 8.50
6/12/11	ID# CK# 5001	Shirley A. Christensen 2108 Fairview Dr. Cedar Falls, Ia 50613	Typing Flyers	25.00
6/14/11	ID# CK# 5002	Parkade Printers 124 W. 4 th St, #E Cedar Falls, Ia 50613	Print Flyers	179.42
8/11/11	ID# CK# 5003	Dickey's Printers 308 E. 7 th St. Waterloo, Ia 50703	Yard Signs	524.30
9/06/11	ID# CK# 5004	Shirley's Typing Service 2108 Fairview Dr. Cedar Falls, Ia 50613	Typing	3.00
9/29/11	ID# CK# 5005	Copy Shop 2227 College St. Cedar Falls, Ia. 50613	Copies	8.56
10/27/11	ID# CK# 5006	Shirley's Typing Service 2108 Fairview Dr. Cedar Falls, Ia 50613	Typing/Send E-Mail	5.00
11/11/11	ID# CK# 5007	18 th St. Conoco Station 18 th & State Sts. Cedar Falls, Ia 50613	Gasoline & Parking 4P Yard Signs 9,148 Gal @ \$3.279/Gal	30.00
SUB-TOTAL				\$ 783.78
TOTAL (if last page of this schedule)				\$ →

THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and Iowa Code 68A.402(3)(i).)

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EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

SCHEDULE B (Rev. 07/03)	MONETARY EXPENDITURES
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

Stan Smith For Council

DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
<i>11/11/11</i>	ID# CK# <i>5008</i>	<i>Hearst Ch For Arts 304 W. Sealey Blvd Cedar Falls, Ia 50613</i>	<i>Donation</i>	<i>\$ 171.22</i>
	ID# CK#			
SUB-TOTAL				<i>\$ 171.22</i>
TOTAL (if last page of this schedule)				<i>\$ 956.00</i>

THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising; polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and Iowa Code 68A.402(3)(i).)

FOR INSTRUCTIONS, SEE BACK OF FORM

COMMITTEE NAME (Must be same as on Statement of Organization)

STAN SMITH FOR COUNCIL

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SCHEDULE E (Rev. 06/97)	IN-KIND CONTRIBUTIONS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

DATE RECEIVED (MM/DD/YR)	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE * (if applicable)	DESCRIPTION OF IN KIND CONTRIBUTION	ESTIMATED FAIR MARKET VALUE	✓ IF FOR FUND-RAISER CONTRIBUTION
				\$	<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>

SUB-TOTAL \$ —

TOTAL (if last page of this schedule) \$ —

*Disclosure law requires candidates to disclose the relationship of any relative making an in kind contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). (See Page 2 of forms packet.) If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.