

FOR INSTRUCTIONS, SEE BACK OF FORM

Reset Form

Black Hawk

DISCLOSURE SUMMARY PAGE

COMMITTEE NAME (Must be same as on Statement of Organization)
Schmitt for Supervisor
IMPORTANT: Indicate type of committee you are reporting for: 4
(1) Statewide/Legislative Candidate (2) Statewide PAC (3) State Party (4) County/Local Candidate
(5) County PAC (6) Ballot Issue/Franchise Committee (7) County/City Central Committee
(8) Support Slate of Candidates
CANDIDATE COMMITTEES ONLY:
Candidate Name: Steve Schmitt Political Party: Republican
Office Sought: B4 County Supervisor District (if Senate or House): PM 1-14-05

FORM DR-2 DISCLOSURE REPORT (Rev. 07/2003)
For Office Use Only
Comm. # 17626
Logged In SM
Scanned
Computer SM
Audited

SIGNATURE OF TREASURER (or person filing this report) D.J. Appel, Treas. TELEPHONE 319-234-6885 DATE SIGNED 1-14-05

Late filed reports are subject to possible civil and criminal penalties.

SEE INSTRUCTIONS ON BACK AND COMPLETE THE FOLLOWING SENTENCE:

I AM FILING A December 31 2007 REPORT FOR AN/A(1) ELECTION/(2) NON-ELECTION YEAR. (report date)

Indicate one 1

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 Notice of Dissolution is filed.)

Local Committees, enter Date of Election 11-2-04
County & Local Committees, enter County in which Election is held Black Hawk

STATEMENT OF CASH ON HAND

Table with 2 columns: Description and Amount. Rows include: CASH ON HAND at the beginning of the reporting period (\$4741.39), ADD TOTAL MONEY TAKEN IN THIS PERIOD (Schedule A: 3,206.00, Schedule F: 0, Schedule H: 0), SUB-TOTAL (\$7,947.39), SUBTRACT TOTAL MONEY SPENT THIS PERIOD (Schedule B: 7,874.59, Schedule F: 0), CASH ON HAND at the end of this reporting period (\$72.80).

\*\*UNPAID BILLS (From Schedule D - Attach Schedule D) \$ 2,674.69

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

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

CANDIDATE COMMITTEES ONLY:

CONSULTANT BREAKDOWN (Schedule G Attached?) YES NO

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

For Instructions, See Back of Form



SCHEDULE <b>A</b> (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)  
*Schmitt for Supervisor*

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.

CAUTION: Section 68B.32A(6), Iowa Code, 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
11-9-04	ID# CK# 2500	Max & Mary Beth Kirk 3324 Big Woods Rd. Cedar Falls, IA 50613-7612		\$ 50.00	<input type="checkbox"/>
11-9-04	ID# CK# 8776	John & Luann Rathjen 614 Glencoe Ave. Waterloo, IA 50701		50.00	<input type="checkbox"/>
11-9-04	ID# CK# 6932	Ted Wwinner 550 Sheridan Rd. Waterloo, IA 50701-4938		50.00	<input type="checkbox"/>
11-9-04	ID# CK# 7302	Clair & Verlee Hein 2531 Orchard St. Waterloo, IA 50702-5136		50.00	<input type="checkbox"/>
11-9-04	ID# CK# 2463	Max & Maxine Hughes 1900 Westchester Rd. Apt. B Waterloo, IA 50701-4500		25.00	<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>

SUB-TOTAL \$ 225.00

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

\* 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.

For Instructions, See Back of Form



SCHEDULE <b>A</b> (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)  
*Schmitt for Supervisor*

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11-1-04	ID# CK# 709	Madhusudan & Usha Goswami 1126 Rachael St. Waterloo, IA 50701-4852		\$ 11.00	<input type="checkbox"/>
11-1-04	ID# CK# 8980	Larry & Judy Anton 6124 E. Eagle Rd. La Porte City, IA 50651-2117		20.00	<input type="checkbox"/>
11-1-04	ID# CK# 11004	Martin & Margaret Borchelt 816 Lynkaylee Dr. Waterloo, IA 50701-4850		25.00	<input type="checkbox"/>
11-1-04	ID# CK# 3327	Frederick Mast 3309 F Inverness Rd. Waterloo, IA 50701-4650		25.00	<input type="checkbox"/>
11-1-04	ID# CK# 3557	Frank & Suzanne Seng 2747 W. 4th St. Waterloo, IA 50701-4052		100.00	<input type="checkbox"/>
11-1-04	ID# CK# 5732	Peter & Marilyn Voorhees 3402 Pheasant Dr. Cedar Falls, IA 50613		100.00	<input type="checkbox"/>
11-1-04	ID# CK# 1030	J. Eugene & Janet Goldberg 400 Midlothian Blvd. Waterloo, IA 50701		100.00	<input type="checkbox"/>
11-1-04	ID# CK# 6894	Edward & Jean Stachovic 2504 Minnetonka Cedar Falls, IA 50613		100.00	<input type="checkbox"/>
11-1-04	ID# CK# 12825	Jim Lind 230 Ridgeway Ave. Waterloo, IA 50702		500.00	<input type="checkbox"/>
11-1-04	ID# CK# 28514	Richard Zellhoefer 221 Columbia Cir. Waterloo, IA 50701		50.00	<input type="checkbox"/>
SUB-TOTAL				\$ 1031.00	
TOTAL (if last page of this schedule)				\$	

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For Instructions, See Back of Form

Reset Form

SCHEDULE <b>A</b> (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)

*Schmitt for Supervisor*

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.

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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
11-1-04	ID# CK# 19171	James Jackson 2229 Lincoln St. Cedar Falls, IA 50613		\$ 100.00	<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>

SUB-TOTAL \$ 100.00

TOTAL (if last page of this schedule) \$

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For Instructions, See Back of Form



**CONTRIBUTIONS -- MONEY TAKEN IN**

(Including candidate's personal funds)

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

COMMITTEE NAME (Must be same as on Statement of Organization)  
**SCHMITT FOR SUPERVISOR**

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.

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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
12-10-04	ID# CK# 8700	James Walsh Jr. P.O. Box 596 Waterloo, IA 50704		\$ 500.00	<input type="checkbox"/>
12-10-04	ID# CK# 4259	Rick Young 750 S. Hackett Rd. Waterloo, IA 50704-1077		250.00	<input type="checkbox"/>
12-10-04	ID# CK# 2188	Dennis Clark 527 Park Lane Waterloo, IA 50702		200.00	<input type="checkbox"/>
12-10-04	ID# CK# 1337	Deery Investment + Development 4219 Eastpark Cedar Falls, IA 50613		100.00	<input type="checkbox"/>
12-10-04	ID# CK# 7212	Erl + Kay Schmiesing 315 Derbyshire Rd. Waterloo, IA 50701		100.00	<input type="checkbox"/>
12-10-04	ID# CK# 8301	Donald + Mary Ann Bergan 255 Sheridan Rd. Waterloo, IA 50701-4021		100.00	<input type="checkbox"/>
12-10-04	ID# CK# 3201	George Warren 3638 Inverness Rd. Waterloo, IA 50701		25.00	<input type="checkbox"/>
12-10-04	ID# CK# 13391	David + Dee Vandeventer 3012 Abraham Dr. Cedar Falls, IA 50613-4493		25.00	<input type="checkbox"/>
12-10-04	ID# CK# 3691	Robert + Kristi Regenwether 345 Columbia Circle Waterloo, IA 50701		25.00	<input type="checkbox"/>
12-10-04	ID# CK# 4473	H.D. Leighty 1066 Prospect Blvd. Waterloo, IA 50701-4930		25.00	<input type="checkbox"/>

SUB-TOTAL \$1350.00

TOTAL (if last page of this schedule) \$

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For Instructions, See Back of Form



SCHEDULE <b>A</b> (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)  
**SCHMITT FOR SUPERVISOR**

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.

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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
12-10-04	ID# CK# 2187	Craig + Nancy Shirey 435 Midlothian Blvd. Waterloo, IA 50701-4225		\$ 25.00	<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
SUB-TOTAL				\$ 25.00	
TOTAL (if last page of this schedule)				\$	

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For Instructions, See Back of Form



SCHEDULE <b>A</b> (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)  
**SCHMITT FOR SUPERVISOR**

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12-29-04	ID# CK# 3324	Robert & Kathleen Braun 165 Woodlawn Waterloo, IA 50701		\$ 50.00	<input type="checkbox"/>
12-29-04	ID# CK# 13500	Mr. & Mrs. Robert Molinaro 3545 Augusta Cir. Waterloo, IA 50701		400.00	<input type="checkbox"/>
12-29-04	ID# CK# 3040	Charles Dalton, Jr. 347 Lillian Ln. Waterloo, IA 50701		25.00	<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>

SUB-TOTAL \$ 475.00

TOTAL (if last page of this schedule) ~~\$320.00~~

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Reset Form

EXPENDITURES – MONEY SPENT FROM COMMITTEE ACCOUNT

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

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

COMMITTEE NAME (Must be same as on Statement of Organization)  
*Schmitt for Supervisor*

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
10-18-04	ID# CK# 113	Discusses Carlin Schmitt Sewickley & Sons 1521 W. Lafayette Detroit, Michigan	yard signs	\$ 1225.50
10-18-04	ID# CK# 114	Congdon Printing 115 E. Sec. St. Cedar Falls, IA	mailing brochure + sorting etc	663.24
11-2-04	ID# CK# 115	Ad Fax, Inc. Box 561 Cedar Falls, IA	Advertising	1679.00
11-2-04	ID# CK# 116	Alliance Printing PO Box 1258 Cedar Falls, IA	Brochures	1,000.00
11-17-04	ID# CK# 117	Image Pointe Box 550 Cedar Falls, IA	T Shirts	121.40
11-22-04	ID# CK# 118	Lamar Advertising 2718 Falls Ave. Cedar Falls, IA	Billboard on Acad.	1350.00
12-17-04	ID# CK# 119	Lamar Advertising same as above	Billboard Billboard	132.50
12-31-04	ID# CK# 120	Bank Charge - Union Plan Ad Fax, Inc Cedar Falls	Bank Charge on Ad Fax Pay Due	22.95 500.00
SUB-TOTAL				\$
TOTAL (if last page of this schedule)				\$ 7,874.59

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.6(3)(i).)



**THIS FORM IS USED BY CANDIDATES' COMMITTEES ONLY**

SCHEDULE <b>G</b> (Rev. 02/96)	BREAKDOWN OF MONETARY EXPENDITURES BY CONSULTANT
	<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM

Reset Form

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

*Schwartz for Supervisor*

**PART I - NAME AND ADDRESS OF CONSULTANT**

Name of Consultant		
<i>Ad Fax, Inc.</i>		
Mailing Address		
<i>PO Box 561</i>		
City	State	Zip Code
<i>Calverton</i>	<i>Ohio</i>	<i>50613</i>

TOTAL ANTICIPATED  
 COMPENSATION FOR  
 PERFORMANCE

CONTRACT PERIOD (MM/DD/YR)

From _____	\$ <u>2500<sup>00</sup></u>  <i>due</i>
To _____	

**ESTIMATES OF PERFORMANCE**

<i>Still listed as Accts.</i>
<i>Payable 12-31-07</i>

**PART II - ITEMIZED BREAKDOWN OF UNREIMBURSED EXPENSES PAID BY CONSULTANT TO OTHERS IN PERFORMING SERVICES OF CONTRACT (These expenses should NOT be reported on Schedule B, as they are direct payment from the consultant.)**

DATE EXPENDED (MM/DD/YR)	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE	AMOUNT EXPENDED
			\$

SUB-TOTAL	\$
TOTAL (If last page of this schedule)	\$