

Iowa Ethics Campaign Bd. 215-281-3701

FOR INSTRUCTIONS, SEE BACK OF FORM

Reset Form

DISCLOSURE SUMMARY PAGE

COMMITTEE NAME (Must be same as on Statement of Organization)
 Donna Smith for Supervisor Committee

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

CANDIDATE COMMITTEES ONLY:
 Candidate Name: Donna L. Smith Political Party (if applicable): Democrat
 Office Sought: Dubuque County Supervisor District (if Senate or House): _____

IOWA ETHICS & CAMPAIGN
 DISCLOSURE BOARD
 JUL 16 2006
 FILED

FORM DR-2 (Rev. 12/2005) **DISCLOSURE REPORT**

For Office Use Only
 Comm. # _____
 Logged In _____
 Scanned _____
 Computer _____
 Audited _____

File with:
 Iowa Ethics and Campaign
 Disclosure Board
 510 E. 12th, Ste. 1A
 Des Moines, Iowa 50319
 Fax: 515-281-3701

Late reports are subject to possible civil and criminal penalties. Pursuant to Iowa Code section 68B.32A(7) 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: [Signature] TELEPHONE: 563-582-4280 DATE SIGNED: 7-15-06

I AM FILING A 7-19-06 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 _____
 County & Local Committees, enter County in which Election is held _____

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.)	\$ <u>441.37</u>
ADD TOTAL MONEY TAKEN IN THIS PERIOD	
Schedule A: Cash Contributions total (Attach Schedule A) (*also see in-kind below)	<u>905.00</u>
Schedule F: Loans Received total (Attach Schedule F)	<u>100.00</u>
Schedule H: Total Sales of Campaign Property (Attach Schedule H)	<u>0</u>
(Schedule H applies to Candidates' Committees Only)	
SUB-TOTAL	\$ <u>1446.37</u>
SUBTRACT TOTAL MONEY SPENT THIS PERIOD	
Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below)	<u>1439.05</u>
Schedule F: Loan Repayments total (Attach Schedule F)	<u>0</u>
CASH ON HAND at the end of this reporting period (if final report balance must be zero) (Attach DR-3)	\$ <u>7.32</u>
**UNPAID BILLS (From Schedule D - Attach Schedule D)	\$ <u>2373.38</u>
**IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E)	\$ <u>0</u>
**OUTSTANDING LOANS (From Schedule F - Attach Schedule F)	\$ <u>1100.00</u>
CONSULTANT BREAKDOWN (Schedule G Attached?)	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
CANDIDATE COMMITTEES ONLY:	
VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H)	\$ <u>0</u>

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

For Instructions, See Back of Form

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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)
Donna Smith for Supervisor Committee

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/YY)	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
5-18-06	ID# CK#	Les Fuersth 2165 N. Grandview Dubuque, Ia		\$ 50.00	<input type="checkbox"/>
6-3-06	ID# CK#	Rudy Dellmann 1000 Richard Rd Dubuque, Ia		10.00	<input type="checkbox"/>
6-3-06	ID# 15-122/540 CK# 002R29	Drive Committee 25 Louisiana Ave NW Washington, D.C. 20001		500.00	<input type="checkbox"/>
6-6-06	ID# CK#	Linda Lucy 783 Fenelon Pl Dubuque, Ia		25.00	<input type="checkbox"/>
6-6-06	ID# CK#	Bonnie Hancock 3106 main Epworth, Iowa		20.00	<input type="checkbox"/>
6-6-06	ID# CK#	Clarence Pfab Bernard, Iowa		100.00	<input type="checkbox"/>
6-19-06	ID# CK#	Gene Kennedy 2755 B Avenue #212 maresc. Ia 52569		50.00	<input type="checkbox"/>
6-14-06	ID# CK#	Grey Adams 15709 Sandwedge Ct Dubuque, Ia		150.00	<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>

SUB-TOTAL

\$ 905.00
\$ 905.00

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

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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	

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)

Donna Smith for Supervisor Committee

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
5-22-06	ID# CK#	Golden View Newspaper Dubuque, Ia	pol ad	\$ 100.00
5-23-06	ID# CK#	KDTH- Dubuque, Ia	pol ad	342.00
6-19-06	ID# CK#	Scott Print Co Dubuque, Iowa	Print-postage	997.05
	ID# CK#			
SUB-TOTAL				\$ 1439.05
TOTAL (if last page of this schedule)				\$ 1439.05

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)
Donna Smith for Supervisor Committee

NOTE: Debts previously reported that remain unpaid must be included on this Schedule, as well as any new obligations incurred in this period.

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SCHEDULE D (Rev. 08/98)	INCURRED INDEBTEDNESS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

**DEBTS/OBLIGATIONS REMAINING THIS REPORTING PERIOD
 (DO NOT INCLUDE LOANS - SHOW LOANS ON SCHEDULE F)**

An "incurred debt" is a debt for goods or services ordered or received, but not paid for by the end of the reporting period, regardless of whether an invoice has been received.

DATE INCURRED (MM/DD/YR)	NAME AND ADDRESS OF PERSON TO WHOM DEBT OR OBLIGATION IS OWED	DESCRIPTION OF GOODS OR SERVICES PROVIDED OR PURCHASED	BALANCE OWED AT CLOSE OF REPORTING PERIOD*
5-22-06	<i>Debuque leader 1527 central Debuque Iowa</i>	<i>Print Cards</i>	\$ <i>513.60</i>
5-16-06	<i>Banker Advertising Hwy 6, Davenport Ia</i>	<i>Ship fee</i>	<i>118.21</i>
5-28-06	<i>Donna Smith 1827 Keyway Debuque Ia</i>	<i>us Post office Stamps</i>	<i>63.00</i>
5-24-06	<i>Donna Smith Debuque Ia</i>	<i>Dyersville Commercial Dyersville Ia pol ad</i>	<i>151.80</i>
5-30-06	<i>Donna Smith Debuque Ia</i>	<i>Dyersville Commercial Dyersville Ia pol ad</i>	<i>151.80</i>
5-26-06	<i>Donna Smith Debuque Ia</i>	<i>Debuque Advertiser Debuque Iowa pol ad</i>	<i>94.50</i>
5-23-06	<i>Donna Smith Debuque Ia</i>	<i>Debuque leader Debuque Ia Printing Advertising</i>	<i>336.60</i>
SUBTOTAL			\$ <i>1429.51</i>
TOTAL DEBTS OWED BY COMMITTEE AT THE END OF THIS REPORTING PERIOD			\$

*if actual figure is unknown, show "estimated" beside the figure.

Page 1 of 2
(for Schedule D)

CANDIDATE COMMITTEES NOTE:
 *Incurred indebtedness also includes each person/entity with whom the candidate's committee has entered into a contract during the reporting period for future or continuing performance. Enter the name of the consultant who provides or procures services for items such as advertising, fund-raising, polling, managing, or organizing services. Report on Schedule G the nature of performance and the estimated performance reasonably expected of the consultant.

Reset Form

SCHEDULE F (Rev. 07/03)	LOANS RECEIVED & REPAY
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)
Donna Smith for Supervisor Committee

NOTE: This schedule reports money loaned to the committee which is deposited in the committee account.

TOTAL UNPAID LOANS FROM LAST REPORTING PERIOD \$ 1000.00

PART I - MONETARY LOANS RECEIVED THIS REPORTING PERIOD
(Original source of loan, such as a bank, must be shown if a third party is involved. Include loans from candidate's personal funds.)

DATE RECEIVED (MM/DD/YR)	NAME AND ADDRESS OF LENDER (Include Endorser's Name, if Applicable)	RELATIONSHIP TO CANDIDATE (If Applicable)	AMOUNT OF LOAN
6-19-06	Donna Smith 1827 Keyway Dubuque, Iowa	Candidate	\$ 100.00

TOTAL (PART I) \$ 100.00

PART II - MONETARY LOAN REPAYMENTS MADE THIS REPORTING PERIOD
(Loans forgiven must be reported on Schedule E - In-Kind Contributions.)

DATE PAID (MM/DD/YR)	NAME AND ADDRESS OF LENDER (Include Endorser's Name, if Applicable)	RELATIONSHIP TO CANDIDATE* (If Applicable)	AMOUNT REPAY
			\$

TOTAL CASH REPAYMENTS (PART II) \$ 0

From Schedule E - TOTAL LOANS FORGIVEN \$ 0

TOTAL OUTSTANDING LOANS END OF REPORT PERIOD \$ 1100.00

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JUL 16 06 10:33a
DONNA SMITH
563-582-1999
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