

FOR INSTRUCTIONS, SEE BACK OF FORM

DISCLOSURE SUMMARY PAGE

File with: Iowa Ethics and Campaign Disclosure Board 510 E. 12<sup>th</sup> 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.

Reset Form

IA ETHICS AND CAMPAIGN DISCLOSURE BOARD 2010 JUL 19 AM 8:02

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: (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

Donna L. Smith Political Party (if applicable) Democrat

Office Sought Dubuque County Supervisor 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 REPORT FOR (1) ELECTION / (2) NON-ELECTION YEAR. Indicate by #

CHECK IF AMENDMENT TO REPORT DATED Check if this is final (termination) report and attach Notice of Dissolution Form DR-3. Local Committees, enter Date of Election County & Local Committees, enter County in which Election is held

STATEMENT OF CASH ON HAND

Table with columns for description and amount. Rows include: CASH ON HAND at the beginning of the reporting period, ADD TOTAL MONEY TAKEN IN THIS PERIOD (Schedule A, F, H), SUBTRACT TOTAL MONEY SPENT THIS PERIOD (Schedule B, F), CASH ON HAND at the end of this reporting period, UNPAID BILLS, IN KIND CONTRIBUTIONS, OUTSTANDING LOANS, CONSULTANT BREAKDOWN, CANDIDATE COMMITTEES ONLY: VALUE OF CAMPAIGN PROPERTY, STATE COMMITTEES.

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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)

*Donna Smith for Supervisor Conn*

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
5-18-10	ID# CK#	James Walter 2617 New Haven Dubuque, Ia 52001		\$ 25.00	<input type="checkbox"/>
6-1-10	ID# CK#	Judy Schmidt 460 Summit Dubuque, Iowa 52001		10.00	<input type="checkbox"/>
6/1/10	ID# CK#	CWA Communication WK Fund Box 136 Dubuque, Iowa		50.00	<input type="checkbox"/>
6/2/10	ID# CK#	Bob Smith 600 Sta. Brewery Dr. Dubuque, Iowa 52002		100.00	<input type="checkbox"/>
6/19/10	ID# CK#	Mark Burds 251 Plum St Dubuque, Ia		10.00	<input type="checkbox"/>
6/19/10	ID# CK#	Darrel Biechler 7762 Wildnest Lane Dubuque, Iowa		25.00	<input type="checkbox"/>
6/19/10	ID# CK#	Dick Schiltz 3381 Cortez Dr Dubuque, Iowa		150.00	<input type="checkbox"/>
6/25/10	ID# CK#	Steve Mathy La Crosse, Wisc.		100.00	<input type="checkbox"/>
7/13/10	ID# CK#	Mary McDonald 2498 Hacienda Dr Dubuque, Iowa		100.00	<input type="checkbox"/>
7/13/10	ID# CK#	Ed Tsch, 994th 400 Laticia Dub Dr Dubuque, Ia		500.00	<input type="checkbox"/>

SUB-TOTAL

\$ 1070.00

TOTAL (if last page of this schedule)

\$ 1070.00

\* 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>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)  
*Donna Smith for Supervisor Com.*

DATE EXPENDED (MM/DD/YY)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
6-2-10	ID# CK#	<i>Gaylin 3341 Hillcrest Rd Dubuque Ia</i>	<i>Postage</i>	<i>\$ 1073.80</i>
6-3-10	ID# CK#	<i>KDth 6th Bluff Dubuque Ia</i>	<i>Advertising</i>	<i>186.00</i>
6-3-10	ID# CK#	<i>Telegraph Herald 801 Bluff St Dubuque, Ia</i>	<i>Advertising</i>	<i>494.28</i>
6-3-10	ID# CK#	<i>Lumulus Sartaga Rd. Dubuque Ia</i>	<i>Advertising</i>	<i>131.34</i>
6-4-10	ID# CK#	<i>Lan Smark Strategies #225 Brandon Ave. Springfield VA 22150</i>	<i>Robo calls</i>	<i>290.50</i>
6-4-10	ID# CK#	<i>Dubuque Co Auditor 7th Central Dubuque, Ia</i>	<i>voter list</i>	<i>15.00</i>
7-12-10	ID# CK#	<i>Scott Printing 1112 Jodie St. Dubuque, Iowa</i>	<i>Printing fee</i>	<i>372.98</i>
7.12.10	ID# CK#	<i>Dubuque Leader 1527 Central Ave Dubuque Ia</i>	<i>Printing &amp; polad.</i>	<i>888.59</i>
SUB-TOTAL				<i>\$ 3452.49</i>
TOTAL (if last page of this schedule)				<i>\$</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)(f).)

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(for Schedule B)

FOR INSTRUCTIONS SEE BACK OF FORM

**EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT**

SCHEDULE <b>B</b> (Rev. 09/97)	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 Corn*

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
7-12-10	ID# CK#	<i>Pat Smith 1827 Keyway Dubuque Ia</i>	<i>Reimb for pol Ad Dubuque Advertiser &amp; Office Supplies + Stamp #02-37 9039</i>	<i>\$ 173.74</i>
7-12-10	ID# CK#	<i>Donna Smith 1827 Keyway Dubuque Ia</i>	<i>Photograph - Web Photography reimbursed</i>	<i>96.30</i>
7-12-10	ID# CK#	<i>Dyersville Commercial Dyersville Iowa</i>	<i>pol Ads Dyer Comt Cubsade Phone cr</i>	<i>131.85</i>
	ID# CK#			

SUB-TOTAL \$ *401.89*  
 TOTAL (if last page of this schedule) \$ *385.438*

**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 56.6(3)(i).)

(for Schedule B)

FOR INSTRUCTIONS, SEE BACK OF FORM

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SCHEDULE <b>F</b> (Rev. 02/08)	LOANS RECEIVED & REPAID
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

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

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

TOTAL UNPAID LOANS FROM LAST REPORTING PERIOD \$ 1500.00

**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
6-1-10	Donna Smith 1827 Keyway Dubuque, Iowa	Self	\$ 1000.00
6-3-10	Donna Smith 1827 Keyway Dubuque, Iowa	Self	1500.00

TOTAL (PART I) \$ 2500.00

**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 REPAID
			\$

TOTAL CASH REPAYMENTS (PART II) \$ 0

From Schedule E - TOTAL LOANS FORGIVEN \$ 0

TOTAL OUTSTANDING LOANS END OF REPORT PERIOD \$ 4,000.00

\*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 when it applies.