

FOR INSTRUCTIONS, SEE BACK OF FORM

DISCLOSURE SUMMARY PAGE



Floyd

FORM DR-2 (Rev. 07/2004)	DISCLOSURE REPORT
For Office Use Only	
Comm. #	<u>11176</u>
Logged In	<u>pm</u>
Scanned	<u>pm</u>
Computer	<u>pm</u>
Audited	<u>pm</u>

S

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

Ralph Smith for School Board Committee

IMPORTANT: Indicate by # type of committee you are reporting for: 7
 (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	Political Party (if applicable)
Ralph A Smith	<u>SEP - 8 200</u>
Office Sought	District (if Senate or House)
Charles City School Board	

Late reports are subject to possible civil and criminal penalties.

SIGNATURE OF PERSON FILING REPORT

TELEPHONE

DATE SIGNED

I AM FILING A 09/07/2005

(report date)

REPORT FOR (1) ELECTION / (2) NON-ELECTION YEAR.

Indicate by # 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 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.)	\$ 0.00 ✓
ADD TOTAL MONEY TAKEN IN THIS PERIOD	
Schedule A: Cash Contributions total (Attach Schedule A) (*also see in-kind below)	\$1,730.00 ✓
Schedule F: Loans Received total (Attach Schedule F)	0.00
Schedule H: Total Sales of Campaign Property (Attach Schedule H)	0.00
<u>(Schedule H applies to Candidates' Committees Only)</u>	
SUB-TOTAL	\$ 1,730.00
SUBTRACT TOTAL MONEY SPENT THIS PERIOD	
Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below)....	\$1,362.43 ✓
Schedule F: Loan Repayments total (Attach Schedule F).....	0.00
CASH ON HAND at the end of this reporting period (if final report balance must be zero) (Attach DR-3).....	\$ 367.57 ✓
UNPAID BILLS (From Schedule D - Attach Schedule D).....	\$ 0.00
IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E).....	\$ 19.93 ✓
OUTSTANDING LOANS (From Schedule F - Attach Schedule F).....	\$ 0.00
CONSULTANT BREAKDOWN (Schedule G Attached?)	YES <input checked="" type="checkbox"/> NO
CANDIDATE COMMITTEES ONLY:	
VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H)	\$ _____

For Instructions, See Back of Form

CONTRIBUTIONS – MONEY TAKEN IN

(Including candidate's personal funds)

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

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

Ralph Smith for School Board

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
8/4/2005	ID# CK#	Ralph A Smith 2993 Wedgewood Estates Place Charles City IA 50616	same	\$100.00	<input type="checkbox"/>
8/4/2005	ID# CK#	James Smith 113 Maple Ave Charles City IA 50616	father	\$100.00	<input type="checkbox"/>
8/4/2005	ID# CK#	Keith Starr 103 College Ave Charles City IA 50616		\$50.00	<input type="checkbox"/>
8/4/2005	ID# CK#	Norman Gerdes 6 Glenwood Dr Charles City IA 50616		50.00	<input type="checkbox"/>
8/8/2005	ID# CK#	Dan Frudden 806 Ellis Dr. Charles City IA 50616		50.00	<input type="checkbox"/>
8/12/2005	ID# CK#	W.G. Herbrechtsmeyer 1005-B Court Street Charles City IA 50616		100.00	<input type="checkbox"/>
8/12/2005	ID# CK#	J.R. Herbrechtsmeyer 812 9th St. Charles City IA 50616		100.00	<input type="checkbox"/>
8/12/2005	ID# CK#	Connie Parson 400 Gilbert St. Charles City IA 50616		50.00	<input type="checkbox"/>
8/15/2005	ID# CK#	Jon Fleming 401 Pearson Ames IA 50014		50.00	<input type="checkbox"/>
8/16/2005	ID# CK#	Margaret Jensen 713 2nd Ave Charles City IA 50616		50.00	<input type="checkbox"/>
SUB-TOTAL				\$ 700 ✓	
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.

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(for Schedule A)

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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)
Ralph Smith for School Board 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/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
8/16/2005	ID# CK#	Robert Thompson 401 Spriggs St. Charles City IA 50616		\$50.00	<input type="checkbox"/>
8/17/2005	ID# CK#	Ralph McCartney 1828 Cedarview Dr. Charles City IA 50616		100.00	<input type="checkbox"/>
8/19/2005	ID# CK#	Terry Connor PO box 9 Charles City IA 50616		100.00	<input type="checkbox"/>
8/19/2005	ID# CK#	Keith Noah 4 Glen Oak Circle Charles City IA 50616	UNCLE	100.00	<input type="checkbox"/>
8/22/2005	ID# CK#	Jim Zbornik PO Box 66 Charles City IA 50616		100.00	<input type="checkbox"/>
8/22/2005	ID# CK#	Bill Harrold 301 Riverside Dr. Charles City IA 50616		50.00	<input type="checkbox"/>
8/22/2005	ID# CK#	William Fenholt 205 Blunt St. Charles City IA 50616		50.00	<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
8/25/2005	ID# CK#	Daniel Barrett 101 Hulin St. Charles City IA 50616		50.00	<input type="checkbox"/>
8/25/2005	ID# CK#	Kurt Herbrechtsmeyer 2939 Wedgewood Estate Place Charles City IA 50616		50.00	<input type="checkbox"/>
SUB-TOTAL				\$ 650.00	
TOTAL (if last page of this schedule)				\$	

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SCHEDULE	MONETARY RECEIPTS
A (Rev. 07/03)	
<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)
 Ralph Smith for School Board 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/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
9/2/2005	ID# CK#	Lori Nettleton 201 Riverside Dr., Charles City IA 50616		\$50.00	<input type="checkbox"/>
8/8/2005	ID# CK#	Includes Unitemized cotributions from 8/8/2005 until 9/3/2005		330.00	<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"/>
	ID# CK#				<input type="checkbox"/>
SUB-TOTAL				\$ 380 ✓	
TOTAL (if last page of this schedule)				\$ 1,730.00 ✓	

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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)

Ralph Smith for School Board

DATE EXPENDED (MM/DD/YYR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
8/9/2005	ID# CK# 1001	United States Post Office 500 N Main St. Charles City IA 50616	stamps for membership mailing	\$ 37.00
8/5/2005	ID# CK# 1002	Jackson St. Press 708 N Jackson St. Charles City IA 50616	printing campaign items	53.92
8/12/2005	ID# CK# 1004	United States Post Office 500 N Main St. Charles City IA 50616	stamps for membership mailing	74.00
8/18/2005	ID# CK# 1005	United States Post Office 500 N Main St. Charles City IA 50616	stamps for membership mailing	324.30
8/18/2005	ID# CK# 1006	Charles City Press 801 Riverside Dr Charles City IA 50616	advertising	279.84
8/22/2005	ID# CK# 1007	Jim Davis 1898 Hwy 18 Charles City IA 50616	Reimburse for stamps for campaign mailing	103.50
8/22/2005	ID# CK# 1008	Jackson St. Press 708 N Jackson St. Charles City IA 50616	printing for campaign items	104.11
8/30/2005	ID# CK# 1009	Charles City Press 801 Riverside Dr Charles City IA 50616	advertising	385.76
SUB-TOTAL				\$ 1,362.43
TOTAL (if last page of this schedule)				\$ 1,362.43

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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COMMITTEE NAME (Must be same as on Statement of Organization)
Ralph Smith for School Board Committee

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



SEP - 8 2005

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
8/18/2005	Jim Davis 1898 Hwy 18 Charles City IA 50616		Provided papers from Sec of State	\$ 19.93	<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"/>
					<input type="checkbox"/>

SUB-TOTAL \$ 19.33

TOTAL (if last page of this schedule) \$ 19.33

*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.