

1887 Madison

FOR INSTRUCTIONS, SEE BACK OF FORM



DISCLOSURE SUMMARY PAGE

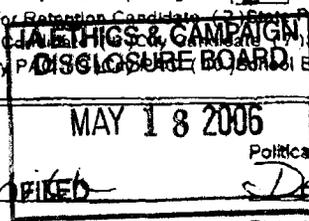
FORM <b>DR-2</b> (Rev. 12/2005)	DISCLOSURE REPORT
For Office Use Only	
Comm. #	_____
Logged In	_____
Scanned	_____
Computer	_____
Audited	_____
File with: Iowa Ethics and Campaign Disclosure Board 510 E. 12 <sup>th</sup> , Ste. 1A Des Moines, Iowa 50319 Fax: 515-281-3701	

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

Committee to Elect Lisa Bolton Smith

IMPORTANT: Indicate by # type of committee you are reporting for: 5

(1) Statewide/Legislative/Judge Standing for Retention Candidate (2) State PAC (3) State Party  
 (4) County Central Committee (5) County Central 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: Lisa Bolton Smith Political Party (if applicable): Democrat

Office Sought: Madison Co. Recorder District (if Senate or House): \_\_\_\_\_

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.

Terri L. Kuhns 515-462-1821 5-18-06  
 SIGNATURE OF PERSON FILING REPORT TELEPHONE DATE SIGNED

I AM FILING A May 19, 2006 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  
6-6-06

County & Local Committees, enter County in which Election is held  
Madison

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>0</u>
ADD TOTAL MONEY TAKEN IN THIS PERIOD		
Schedule A: Cash Contributions total (Attach Schedule A) (*also see in-kind below)		<u>1060.00</u>
Schedule F: Loans Received total (Attach Schedule F)		<u>3000.00</u>
Schedule H: Total Sales of Campaign Property (Attach Schedule H)		
<u>(Schedule H applies to Candidates' Committees Only)</u>		
SUB-TOTAL	\$	<u>4,060.00</u>
SUBTRACT TOTAL MONEY SPENT THIS PERIOD		
Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below)		<u>2544.47</u>
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) (Attach DR-3)	\$	<u>1515.53</u>
*UNPAID BILLS (From Schedule D - Attach Schedule D)	\$	<u>820.43</u>
*IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E)	\$	<u>245.51</u>
*OUTSTANDING LOANS (From Schedule F - Attach Schedule F)	\$	<u>3,000.00</u>
CONSULTANT BREAKDOWN (Schedule G Attached?)	YES <input checked="" type="checkbox"/> NO	
CANDIDATE COMMITTEES ONLY:		
VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H)	\$	
STATE COMMITTEES: Submit a reconciled campaign account bank statement in January of each year.		

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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)

Committee to Elect Lisa Bolton Smith

**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
2/25/06	ID# CK# Cash	Jack Sawyer 804 N. John Wayne Dr. Winterset, IA 50273		\$ 100 <sup>00</sup>	<input checked="" type="checkbox"/>
3/13/06	ID# CK# Cash	Connie Miller 3023 Peru Rd Truro, IA 50257		100 <sup>00</sup>	<input checked="" type="checkbox"/>
3/13/06	ID# CK#	Mr & Mrs Terry Kuhns 1923 Patricia Acres Winterset, IA 50273		100 <sup>00</sup>	<input checked="" type="checkbox"/>
3/17/06	ID# CK#	Joni Hopkins 1731 365th Ct. Earlham, IA 50072		50 <sup>00</sup>	<input checked="" type="checkbox"/>
3/17/06	ID# CK#	D.A. Bolton 624 S. 8th Ave Winterset, IA 50273	Father	100 <sup>00</sup>	<input checked="" type="checkbox"/>
3/17/06	ID# CK#	Shirley Bolton 624 S. 8th Ave Winterset, IA 50273	Mother	100 <sup>00</sup>	<input checked="" type="checkbox"/>
3/17/06	ID# CK#	Unitemized Contributions		10 <sup>00</sup>	<input type="checkbox"/>
3/20/06	ID# CK#	Unitemized Contributions		10 <sup>00</sup>	<input type="checkbox"/>
4/5/06	ID# CK#	Doc Griffith 816 N. 3rd Ave. Winterset, IA 50273		50 <sup>00</sup>	<input type="checkbox"/>
4/7/06	ID# CK#	Dan Ryner 1776 N. River Trl. Winterset, IA 50273		50 <sup>00</sup>	<input type="checkbox"/>
SUB-TOTAL				\$ 670 <sup>00</sup>	
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 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)  
*Committee to elect Lisa Bolton Smith*

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 88B.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
4/10/06	ID# CK#	Unitemized Contributions		\$ 10 <sup>00</sup>	<input type="checkbox"/>
4/12/06	ID# CK#	Michelle Litsler 1718 S. 4th Ave. Winterset, IA 50273		100 <sup>00</sup>	<input type="checkbox"/>
4/14/06	ID# CK#	Kay Billeter 1623 Roseman Bridge Rd. Winterset, IA 50273		50 <sup>00</sup>	<input type="checkbox"/>
5/1/06	ID# CK#	Unitemized Contributions		10 <sup>00</sup>	<input type="checkbox"/>
5/1/06	ID# CK#	Unitemized Contributions		10 <sup>00</sup>	<input type="checkbox"/>
5/2/06	ID# CK#	Mike Linde 4602 30th Ave. Armstrong, IA 50514		50 <sup>00</sup>	<input type="checkbox"/>
4/24/06	ID# CK# 3974	Charles Strawn 2473 Willowbend St. Charles, IA 50240		15 <sup>00</sup>	<input type="checkbox"/>
4/27/06	ID# CK# 4820	Jason Clark 409 E. Market Panora, IA 50216		145 <sup>00</sup>	<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>

SUB-TOTAL

\$ 390<sup>00</sup>

TOTAL (If last page of this schedule)

\$ 1060<sup>00</sup>

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FOR INSTRUCTIONS, SEE BACK OF FORM

EXPENDITURES - MONEY SPENT FROM COMMITTEE ACCOUNT

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.

SCHEDULE <b>B</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)  
Committee To Elect Lisa Bolton Smith

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
3/16/06	ID# CK# 001	Newton Mfg. 1123 1st Ave E. Newton, IA 50208	pens	\$ 214.90
3/27/06	ID# CK# 002	Run & Win P.O. Box 177 Studley, VA 23162	Emery boards	222.00
4/3/06	ID# CK# 523	Run & Win PO Box 177 Studley, VA 23162	Yard signs, buttons + Lapel stickers	959.00
4/3/06	ID# CK# 523	Newton Mfg. 1123 1st Ave E. Newton, IA 50208	postage + handling on pens	17.69
4/12/06	ID# CK# 525	Jason Clark 407 E Market St Parsons, IA 50216	T-shirts for campaign workers	403.39
4/22/06	ID# CK# 526	The Shopper 215 N. 1st Ave Winterset, IA 50273	Advertising	302.49
4/22/06	ID# CK# 527	Graphic Creations 2023 N 8th Ave. Winterset, IA 50273	Magnet Car Signs	197.00
5/3/06	ID# CK# 528	Earlham Advocate PO Box 327 Earlham, IA 50072	Advertising	28.00
SUB-TOTAL				\$ 2344.47
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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FOR INSTRUCTIONS, SEE BACK OF 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)  
Committee to Elect Lisa Bolton Smith

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
5/9/06	ID# CK# 515	Jeri Simon 1316 W. Washington St Winterset, IA 50273	design brochure	\$ 50 <sup>00</sup>
5/11/06	ID# CK# 516	Kevan Wiggins 602 W. Hutchings St Winterset, IA 50273	paint signs	150 <sup>00</sup>
	ID# CK#			

SUB-TOTAL \$200.00  
TOTAL (if last page of this schedule) \$2544.47

**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 detailed 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)  
 Committee to elect Lisa Botton Smith



SCHEDULE <b>E</b> (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
3/14/06	Lisa Smith 916 N. 3rd Ave. Winterset, IA 50273	candidate	Democrat Registered Voters List	\$ 34.60	<input type="checkbox"/>
4/21/06	" " "	"	No-Party Voters List	15.00	<input type="checkbox"/>
5/3/06	Gary Smith 916 N. 3rd Ave Winterset, IA 50273	husband	fence post + materials for signs	37.81	<input type="checkbox"/>
5/9/06	Kevan Wiggins 602 W. Hitchings St. Winterset, IA 50273		sign painting	150.00	<input type="checkbox"/>
5/11/06	Lisa Smith 916 N. 3rd Ave Winterset, IA 50273	candidate	postage	7.80	<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) \$ 245.51

\*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.

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COMMITTEE NAME (Must be same as on Statement of Organization)  
Committee to Elect Lisa Bolton Smith

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

TOTAL UNPAID LOANS FROM LAST REPORTING PERIOD \$ 0

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

**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/YYR)	NAME AND ADDRESS OF LENDER (Include Endorser's Name, if Applicable)	RELATIONSHIP TO CANDIDATE (If Applicable*)	AMOUNT OF LOAN
3/27/06	Gary Smith 916 N. 3rd Ave. Winterset, IA 50273	husband	\$ 3,000 <sup>00</sup>

TOTAL (PART I) \$ 3,000<sup>00</sup>

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

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

TOTAL CASH REPAYMENTS (PART II) \$ 0

From Schedule E - TOTAL LOANS FORGIVEN \$  

TOTAL OUTSTANDING LOANS END OF REPORT PERIOD \$ 3,000<sup>00</sup>

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VILLAGE BOTTER

5154523757

09:37

05/19/2006