

1867

FOR INSTRUCTIONS, SEE BACK OF FORM

DISCLOSURE SUMMARY PAGE

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:

(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

FORM DR-2 (Rev. 12/2005)	DISCLOSURE REPORT
For Office Use Only	
Comm #	_____
Logged In	_____
Scanned	_____
Computer	_____
Audited	_____

CANDIDATE COMMITTEES ONLY:

Candidate Name: Lisa Bolton Smith Political Party (if applicable): Republican

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

IA ETHICS & CAMPAIGN DISCLOSURE BOARD

DEC 20 2006

FILED

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: [Signature] Telephone: 515-462-1821 Date Signed: 12-18-06

SIGNATURE OF PERSON FILING REPORT TELEPHONE DATE SIGNED

I AM FILING A Jan. 19, 2007 REPORT FOR (1) ELECTION (2) NON-ELECTION YEAR.

(report date) 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: 11-7-06

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>669.33</u>
ADD TOTAL MONEY TAKEN IN THIS PERIOD		
Schedule A: Cash Contributions total (Attach Schedule A) (*also see in-kind below)		<u>1223.13</u>
Schedule F: Loans Received total (Attach Schedule F)		_____
Schedule H: Total Sales of Campaign Property (Attach Schedule H)		_____
<u>(Schedule H applies to Candidates' Committees Only)</u>		
SUB-TOTAL	\$	<u>1892.46</u>
SUBTRACT TOTAL MONEY SPENT THIS PERIOD		
Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below)		<u>1892.46</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>0</u>

**UNPAID BILLS (From Schedule D - Attach Schedule D)	\$	<u>0</u>
**IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E)	\$	<u>3,250.00</u>
**OUTSTANDING LOANS (From Schedule F - Attach Schedule F)	\$	<u>0</u>

CONSULTANT BREAKDOWN (Schedule G Attached?) YES 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 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)
 Committee to Elect Lisa DeHaven 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
10/22/06	ID# CK#	J.K. Acela 1602 Hwy 169 Winterset, IA 50273		\$ 20 ⁰⁰	<input checked="" type="checkbox"/>
10/22/06	ID# CK#	John Knobloch 322 W. Court Winterset, IA 50273		20 ⁰⁰	<input checked="" type="checkbox"/>
10/22/06	ID# CK#	Nolan Collins 303 E Lane Winterset, IA 50273		20 ⁰⁰	<input checked="" type="checkbox"/>
10/22/06	ID# CK#	Larry Jackson 3408 Clark Tower Rd Winterset, IA 50273		35 ⁰⁰	<input checked="" type="checkbox"/>
10/22/06	ID# CK#	Dan Harvey 705 E. Green Winterset, IA 50273		50 ⁰⁰	<input checked="" type="checkbox"/>
10/22/06	ID# CK#	Dan Anderson 504 W. Benton Winterset, IA 50273		50 ⁰⁰	<input checked="" type="checkbox"/>
10/22/06	ID# CK#	Vicki Stanford 1321 W. Court Winterset, IA 50273		100 ⁰⁰	<input type="checkbox"/>
10/25/06	ID# CK#	unitemized contribution		40 ⁰⁰	<input type="checkbox"/>
11/7/06	ID# CK#	Micki Utser 1715 S 4th Ave Winterset, IA 50273		100 ⁰⁰	<input type="checkbox"/>
11/8/06	ID# CK#	unitemized contribution		25 ⁰⁰	<input type="checkbox"/>

SUB-TOTAL
 \$ 450⁰⁰
 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

Reset Form

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)
Committee to Elect Lisa Botter 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

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
12-6-06	ID# CK#	Deb Perkins 1311 Husky Dr Winterset, IA 50273	Sister	\$ 30.00	<input type="checkbox"/>
12-18-06	ID# CK#	Gary Smith 912 W. 3rd Ave Winterset, IA 50273	Husband	743.13	<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

\$ 773.13

TOTAL (if last page of this schedule)

\$1223.13

* 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

Reset Form

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)
 Committee to Elect Lisa Botter Smith

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
11/23/06	ID# CK# 514	Madisonian 112 W. Court Winterset, IA 50273	Advertising	\$ 32.80
11/30/06	ID# CK# 501	Shopper 315 N. 1st Ave Winterset, IA 50273	Advertising	59.12
12/1/06	ID# CK# 502	Madisonian 112 W. Court Winterset, IA 50273	Advertising	518. ²⁰
12/1/06	ID# CK# 503	Shopper 315 N. 1st Ave Winterset, IA 50273	Advertising	145. ¹³
12/15/06	ID# CK# 504	Shopper " "	"	42. ⁷⁵
12/18/06	ID# CK# 505	Madisonian 112 W. Court Winterset, IA 50273	"	259. ⁵⁰
12/15/06	ID# CK# 506	Gary Smith 916 N. 3rd Ave Winterset, IA 50273	reimbursement for literature bags, buttons, pens & postcards put on his Master Card	532. ⁹⁹
11/ /06	ID# CK#	Farmers Merch. Bank 101 W. Jefferson Winterset, IA 50273	Bank Serv. Chgo	4.49
SUB-TOTAL				\$
TOTAL (if last page of this schedule)				\$ 1892.46

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

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

SCHEDULE E (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
10/22/06	Jacque Mchs 2348 St. Charles Rd Winterset, IA 50273		Donation of food for fundraiser	\$ 350.00	<input checked="" type="checkbox"/>
12/18/06	Gary Smith 916 N. 3rd Ave Winterset, IA 50273	husband	Forgiven loans	3000.00	<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				\$	
TOTAL (if last page of this schedule)				\$ 3,250.00	

*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.

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)
Committee to Elect Lisa Botkin Smith

NOTE: This schedule reports money loaned to the committee which is deposited in this committee account.
 TOTAL UNPAID LOANS FROM LAST REPORTING PERIOD \$ 3,000⁰⁰

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.)

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

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

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

TOTAL (PART I) \$ _____

TOTAL CASH REPAYMENTS (PART II) \$ _____
 From Schedule E -- TOTAL LOANS FORGIVEN \$ 3,000⁰⁰
 TOTAL OUTSTANDING LOANS END OF REPORT PERIOD \$ 0

*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.

PAISE OF 687
 VILLAGE BOTTER
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