

File with:
Iowa Ethics and Campaign
Disclosure Board
510 E. 12th, Ste. 1A
Des Moines, Iowa 50319
Fax: 515-281-4073

Reset Form

FOR INSTRUCTIONS, SEE BACK OF FORM
DISCLOSURE SUMMARY PAGE

IA ETHICS AND CAMPAIGN DISCLOSURE BOARD

2008 OCT 21 AM 9:48

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

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 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. 07/2007)	DISCLOSURE REPORT
For Office Use Only	
Comm. # _____	
Logged In _____	
Scanned _____	
Computer _____	
Audited _____	

CANDIDATE COMMITTEES ONLY:

Candidate Name Jackie Smith Political Party (if applicable) Democratic

Office Sought County Supervisor District (if Senate or House) _____

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

[Signature] 712-223-1429 10.15.08
SIGNATURE OF PERSON FILING REPORT **TELEPHONE** **DATE SIGNED**

I AM FILING A Oct 19, 2008 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>1,895⁹²</u>
ADD TOTAL MONEY TAKEN IN THIS PERIOD		
Schedule A: Cash Contributions total (Attach Schedule A) (*also see in-kind below)		<u>3825⁰⁰</u>
Schedule F: Loans Received total (Attach Schedule F)		
Schedule H: Total Sales of Campaign Property (Attach Schedule H)		
(Schedule H applies to Candidates' Committees Only)		
SUB-TOTAL	\$	<u>4,145⁸⁷</u>
SUBTRACT TOTAL MONEY SPENT THIS PERIOD		
Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below)		<u>1,575⁰⁵</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)	\$	<u>1,030³⁶</u>
**UNPAID BILLS (From Schedule D - Attach Schedule D)	\$	
*IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E)	\$	
**OUTSTANDING LOANS (From Schedule F - Attach Schedule F)	\$	
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.

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)
Smith for Supervisor

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
7/16/08	ID# CK#	Tom Dadds 334 West Pinehurst Oak. Dunes SD		\$ 100 ⁰⁰	<input type="checkbox"/>
2	ID# CK#	David Samsky 4518 4th Ave Sioux City IA		25 ⁰⁰	<input type="checkbox"/>
7/18/08	ID# CK#	Katherine Sitzman 2231 Helmer St. Sioux City IA		50 ⁰⁰	<input type="checkbox"/>
2	ID# CK#	Linda Steele 115 Fairview Dr. S. Sioux City IA		30 ⁰⁰	<input type="checkbox"/>
2	ID# CK#	Baib Juarez 1408 Galaxy Dr. Hinton IA		20 ⁰⁰	<input type="checkbox"/>
7/18/08	ID# CK#	Unspecified Cash Contributions		5 ⁰⁰	<input type="checkbox"/>
8/7/08	ID# CK#	John Gray 2801 Orchard St. Sioux City IA		25 ⁰⁰	<input type="checkbox"/>
2	ID# CK#	Steve Hanson 3669 Lindenwood St. Sioux City IA		100 ⁰⁰	<input type="checkbox"/>
2	ID# CK#	Richard Hayes 2553 Cassel Pl Sioux City IA		50 ⁰⁰	<input type="checkbox"/>
8/7/08	ID# CK#	Paulette Wahl 2003 Helen St. Sioux City IA		25 ⁰⁰	<input type="checkbox"/>
SUB-TOTAL				\$ 430 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.

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8/7/08	ID# CK#	Tim Foix 2424 W. Home St. Sioux City IA		\$ 50 ⁰⁰	<input type="checkbox"/>
8/19/08	ID# CK#	Brad Loyo 2970 Sunset Cr. Sioux City IA		25 ⁰⁰	<input type="checkbox"/>
?	ID# CK#	James Cosgrove 3519 Jackson St. Sioux City IA		25 ⁰⁰	<input type="checkbox"/>
?	ID# CK#	Sue Hatfield #17 Congress St. Sioux City IA		25 ⁰⁰	<input type="checkbox"/>
8/21/08	ID# CK#	Donna Walsh via ActBlue 2003 Bayberry St. Sioux City IA		100 ⁰⁰	<input type="checkbox"/>
9/4/08	ID# CK#	Linda Mathison 835 Gordon Dr. Sioux City IA		100 ⁰⁰	<input type="checkbox"/>
?	ID# CK#	Richard Owens 3001 Malloy Rd. Sioux City IA		20 ⁰⁰	<input type="checkbox"/>
9/8/08	ID# CK#	Michael Bennett 4508 Stoveridge Sioux City IA		300 ⁰⁰	<input type="checkbox"/>
9/11/08	ID# CK#	Penny Newsweek 55 Ridgeview Sioux City IA		20 ⁰⁰	<input type="checkbox"/>
	ID# CK#	Denise Hunter 2090 Roundtable Rd. Sgth of IA		375 ⁰⁰	<input type="checkbox"/>
SUB-TOTAL				\$ 1040 ⁰⁰	
TOTAL (if last page of this schedule)				\$	

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SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
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(Including candidate's personal funds)

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

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9/16/08	ID# CK#	George Boykin 2204 Terrace Pl Sioux City IA		\$ 50 ⁰⁰	<input type="checkbox"/>
	ID# CK#	Lytomah Hoult PO Box 2722 Sioux City IA		20 ⁰⁰	<input type="checkbox"/>
8/27/08	ID# 6144 CK#	NW IA Labor Council 3038 Lakeport Dr. Sioux City IA		250 ⁰⁰	<input type="checkbox"/>
9/29/08	ID# CK#	Anne Johns 1309 35th St. Sioux City IA		25 ⁰⁰	<input type="checkbox"/>
	ID# CK#	Flord Lee 1608 Casselman St Sioux City IA		25 ⁰⁰	<input type="checkbox"/>
	ID# CK#	Kwale Brown 1020 Hwy 715 Okoboji IA		50 ⁰⁰	<input type="checkbox"/>
	ID# CK#	John Olson 5438 Lorraine Ave Sioux City IA		50 ⁰⁰	<input type="checkbox"/>
	ID# CK#	Rhoda Genzel 3150 Norman Dr. Sioux City IA		50 ⁰⁰	<input type="checkbox"/>
	ID# CK#	Patricia Keebs 210 Frontier Sgt Bluff IA		10 ⁰⁰	<input type="checkbox"/>
9/29/08	ID# CK#	Margo El Zeini 1317 Wirona Ct Sioux City IA		20 ⁰⁰	<input type="checkbox"/>
SUB-TOTAL				\$ 550 ⁰⁰	
TOTAL (if last page of this schedule)				\$	

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SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
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CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

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

Smith for Supervisor

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9/29/05	ID# CK#	Mrs Ivan Richardson 3100 Norman Dr. Sioux City IA		\$ 25 ⁰⁰	<input type="checkbox"/>
9	ID# 6331 CK#	Teamsters Local #534 DRIVE 429 S. 90 th ST. Omaha NE		250 ⁰⁰	<input type="checkbox"/>
9	ID# CK#	Unspecified Cash Contributions		40 ⁰⁰	<input type="checkbox"/>
9/29/05	ID# CK#	Brad Kallars 402 Benson Bldg Sioux City IA		250 ⁰⁰	<input type="checkbox"/>
9	ID# CK#	Darrel Strong 1221 Hill St. Sioux City IA	Father	100 ⁰⁰	<input type="checkbox"/>
9	ID# CK#	Tim Boharu 1915 Heights Ave Sioux City IA		100 ⁰⁰	<input type="checkbox"/>
9	ID# CK#	Daniel Smith PO Box 67 Labor SD		100 ⁰⁰	<input type="checkbox"/>
9	ID# CK#	Joan Dodds 334 West Pinehurst Dakota Dunes SD		100 ⁰⁰	<input type="checkbox"/>
9	ID# CK#	Michelle Lewan 3622 Grandview Blvd Sioux City IA		50 ⁰⁰	<input type="checkbox"/>
9/29/05	ID# CK#	M. Julie Hamm 109 W. Gilman Terr Sioux City IA		50 ⁰⁰	<input type="checkbox"/>
SUB-TOTAL				\$ 1065 ⁰⁰	
TOTAL (if last page of this schedule)				\$	

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CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

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

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9/29/08	ID# CK#	Jean Johnson 5207 Wellington St Sioux City IA		\$ 25 ⁰⁰	<input type="checkbox"/>	
7	ID# CK#	Jackie Wurst 4628 Central Ave Sioux City IA		25 ⁰⁰	<input type="checkbox"/>	
	ID# CK#	Judy Mouson 300 3rd St./Box 567 Spt Bluff IA		25 ⁰⁰	<input type="checkbox"/>	
	ID# CK#	David Samsky 4518 4th Ave Sioux City IA		25 ⁰⁰	<input type="checkbox"/>	
	ID# CK#	Sandra Lee Kongal 2329 Indian Hills Dr Sioux City IA		25 ⁰⁰	<input type="checkbox"/>	
	ID# CK#	Diane McLearty 2842 Valley Dr Sioux City IA		25 ⁰⁰	<input type="checkbox"/>	
	ID# CK#	Patricia Hammen Tron 3817 Vine Ave Sioux City IA		20 ⁰⁰	<input type="checkbox"/>	
	ID# CK#	Don Hynton 2090 Roundtable Rd Spt Bluff IA		20 ⁰⁰	<input type="checkbox"/>	
	ID# CK#	Rosanne McLearty 3441 Stone Rock Rd Sioux City IA		20 ⁰⁰	<input type="checkbox"/>	
	9/29/08	ID# CK#	Diane Feste #97 Cedar St. Lawton IA		20 ⁰⁰	<input type="checkbox"/>
	SUB-TOTAL				\$ 230 ⁰⁰	
TOTAL (if last page of this schedule)				\$		

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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)
Smith For Supervisor

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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
9/29/08	ID# CK#	Kevin Beards 917 20th St. Sioux City IA		\$ 15 ⁰⁰	<input type="checkbox"/>
?	ID# CK#	Linda O'Kane 1815 Rebecca St. Sioux City IA		10 ⁰⁰	<input type="checkbox"/>
?	ID# CK#	Frederick Garber 607 Virginia St. Apt 104 Sioux City IA		10 ⁰⁰	<input type="checkbox"/>
	ID# CK#	Trayle Bee-Chavis 3250 Pawnee Pl Sioux City IA		10 ⁰⁰	<input type="checkbox"/>
	ID# CK#	Unspec. Field Cash Contributions		2	<input type="checkbox"/>
	ID# CK#	Jeanette Hopkins #2 Blackstone Sioux City IA		50 ⁰⁰	<input type="checkbox"/>
	ID# CK#	Doug Harold 4800 Saddle Lane Sioux City IA		200 ⁰⁰	<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>

SUB-TOTAL

\$ 510⁰⁰

TOTAL (if last page of this schedule)

\$ 3825⁰⁰

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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)
Smith For Supervisor

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
8/21/08	ID# CK#	Record Printing Sioux City IA	Printing Campaign Materials	\$ 591 ⁶⁹
9/29/08	ID# CK#	Powell Broadcasting Sioux City IA	Campaign Radio Advertising	278 ⁸⁵
9/29/08	ID# CK#	Woodbury County Democratic Party	Reimbursement ActBlue Service Charge (Wksh)	3 ⁹⁵
10/2/08	ID# CK#	Jodie Smith Sioux City IA	Reimbursement Campaign Newspaper Advertisements	371 ³⁸
10/2/08	ID# CK#	Bruce Lear 3531 Idlewood Sun City	Reimbursement Campaign Radio Ad Purchase	400 ⁰⁰
	ID# CK#			
	ID# CK#			
	ID# CK#			
SUB-TOTAL				\$
TOTAL (if last page of this schedule)				\$ 4,145 ⁸⁷

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).)

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

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

Reset 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
8/1/08	Jackie Smith 2324 Mohawk Ct Syracuse NY	Candidate	Sign Materials	\$ 208 ⁴³	<input type="checkbox"/>
8/27/08	Jackie Smith 2324 Mohawk Ct Syracuse NY	"	Yard Sign Sign Materials	208 ⁹³	<input type="checkbox"/>
9/27/08	Jackie Smith 2324 Mohawk Ct Syracuse NY	"	Yard Sign Wire Rental	40 ⁰⁰	<input type="checkbox"/>
10/2/08	Jackie Smith 2324 Mohawk Ct Syracuse NY	"	Pizza Purch @ Fundraiser	322 ⁵⁰	<input type="checkbox"/>
10/10/08	Bruce Lear 3531 Idlewood Syracuse NY		Portion of Campaign Ads	250 ⁵⁰	<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>

SUB-TOTAL \$ 1030³⁶

TOTAL (if last page of this schedule) \$ 1030³⁶

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