

New Amended Summary Page

FOR INSTRUCTIONS, SEE BACK OF FORM

DISCLOSURE SUMMARY PAGE

Reset Form

FORM DR-2 (Rev. 07/2004) DISCLOSURE REPORT. For Office Use Only: Comm. # 1558, Logged In, Scanned, Computer, Audited.

COMMITTEE NAME (Must be same as on Statement of Organization) Citizens for Smith. IMPORTANT: Indicate by # type of committee you are reporting for: 7. CANDIDATE COMMITTEES ONLY: Andrew Smith, Iowa House of Representatives.

Late reports are subject to possible civil and criminal penalties.

SIGNATURE OF PERSON FILING REPORT: Mark Horkner

TELEPHONE: 919-478-2107

DATE SIGNED: 10-27-04

I AM FILING A amended 10/19/04 REPORT FOR (1) ELECTION /(2)NON-ELECTION YEAR. (report date) Indicate by #

CHECK IF AMENDMENT TO REPORT DATED 10/19/04

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

Table with columns for description and amount. Rows include: CASH ON HAND at the beginning of the reporting period (\$1,280.47), ADD TOTAL MONEY TAKEN IN THIS PERIOD (Schedule A: 4,065.00, Schedule F: 0, Schedule H: 0), SUBTRACT TOTAL MONEY SPENT THIS PERIOD (Schedule B: 3,631.45, Schedule F: 0), CASH ON HAND at the end of this reporting period (\$1,714.02), **UNPAID BILLS (\$0), **IN KIND CONTRIBUTIONS (\$3,995.92), **OUTSTANDING LOANS (\$0), CANDIDATE COMMITTEES ONLY: CONSULTANT BREAKDOWN, VALUE OF CAMPAIGN PROPERTY (\$0).

YES NO

Amendment to Originally Filed

For Instructions, See Back of Form

Schedule "A" filed 10/19/04

Reset Form

CONTRIBUTIONS -- MONEY TAKEN IN
(Including candidate's personal funds)

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

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

Citizens for 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
9/16/2004	ID# 6113 CK#	AFSCME/IOWA COUNCIL 61 PEOPLE 4320 N.W. N. 2nd Ave Des Moines, IA 50313		\$250.00	<input type="checkbox"/>
9/16/2004	ID# 8053 CK#	Brotherhood of Locomotive Engineers, 1370 Ontario St. Cleveland, OH 44113-1702		750.00	<input type="checkbox"/>
9/16/2004	ID# CK#	Sara Grady 18387 154th Terrace Bonner Springs, KS 66012	Cousin	30.00	<input type="checkbox"/>
	ID# CK#	Below was on the original report, but had wrong PAC ID#			<input type="checkbox"/>
9/26/2004	ID# 8026 CK# 07367	International Brotherhood of Electrical Workers PAC, 1125 15th St, NW, Washington, DC 20005	Wrong PAC ID#	100.00	<input type="checkbox"/>
	ID# CK#	See page 4 of original filing			<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	\$ 1,030.00
TOTAL (if last page of this schedule)	\$ 1,030.00

* 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.

Original "E" Report filed 10/19/04

FOR INSTRUCTIONS, SEE BACK OF FORM

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

Read Form

SCHEDULE E (Rev. 06/97)	IN KIND CONTRIBUTIONS
<input checked="" 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
08/05/04	Patricia Smith, 803 2nd St, Traer IA 50675	Mom	Candy for Clutier Parade	\$ 20.00	<input type="checkbox"/>
08/19/04	Patricia Smith, 803 2nd St, Traer, IA 50675	Mom	Candy for Traer Parade	20.00	<input type="checkbox"/>
08/19/04	Patricia Smith, 803 2nd St, Traer, IA 50675	Mom	Candy for Dike Parade	20.00	<input type="checkbox"/>
10/2/04	Patricia Smith, 803 2nd St, Traer, IA 50675	Mom	Candy for Toledo Parade	20.00	<input type="checkbox"/>
10/2/04	Alan Richards, Address Unknown, Tama, IA		Plywood & Paint, Office Space	1,000.00	<input type="checkbox"/>
10/08/04	Chuck Smith, 803 2nd St, Traer IA 50675	Brother	Art work for Ads, New Yardsigns	2,000.00	<input type="checkbox"/>
10/13/04	Dorothy Milligan, 7200 Aurora Ave, Urbandale, IA 50322	Grandmother	Postage	300.00	<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
SUB-TOTAL				\$ 3,380	
TOTAL (if last page of this schedule)				\$ 3,380	4

*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.

Page 1 of 4
(for Schedule E)

Amendment to Original Report "E" filed 10/19/04

FOR INSTRUCTIONS, SEE BACK OF FORM

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

Reset Form

SCHEDULE E (Rev. 06/97)	IN KIND CONTRIBUTIONS
-----------------------------------	------------------------------

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
07/17/04	Andrew Smith, 803 2nd St, Traer, IA 50675	Self	Gas	\$ 18.64	<input type="checkbox"/>
07/24/2004	Andrew Smith, 803 2nd St, Traer, IA 50675	Self	Web Services	55.00	<input type="checkbox"/>
07/27/04	Andrew Smith, 803 2nd St, Traer, IA 50675	Self	Web Hosting	10.00	<input type="checkbox"/>
7/28/04	Andrew Smith, 803 2nd St, Traer, IA 50675	Self	Labels, Display Board, Marker	11.57	<input type="checkbox"/>
7/30/04	Andrew Smith, 803 2nd St, Traer, IA 50675	Self	Rubber Bands, Hole Punch, Marker	7.21	<input type="checkbox"/>
7/31/04	Andrew Smith, 803 2nd St, Traer, IA 50675	Self	Gas	17.88	<input type="checkbox"/>
8/07/04	Andrew Smith, 803 2nd St, Traer, IA 50675	Self	Copies	25.68	<input type="checkbox"/>
8/09/04	Andrew Smith, 803 2nd St, Traer, IA 50675	Self	Gas	17.88	<input type="checkbox"/>
8/09/04	Andrew Smith, 803 2nd St, Traer, IA 50675	Self	Stapples and Stapler	40.00	<input type="checkbox"/>
8/10/04	Andrew Smith, 803 2nd St, Traer, IA 50675	Self	Gas	20.00	<input type="checkbox"/>

SUB-TOTAL \$ **223.86**

TOTAL (if last page of this schedule) \$

Page 2 of 4
(for Schedule E)

*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.

FOR INSTRUCTIONS, SEE BACK OF FORM

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

Citizens for Smith

Reset Form

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

DATE RECEIVED (MM/DD/YY)	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE * (if applicable)	DESCRIPTION OF IN KIND CONTRIBUTION	ESTIMATED FAIR MARKET VALUE	✓ IF FOR FUND-RAISER CONTRIBUTION
8/14/04	Andrew Smith, 803 2nd St, Traer, IA 50675	Self	Web Ad	\$ 25.00	<input type="checkbox"/>
8/18/04	Andrew Smith, 803 2nd St, Traer, IA 50675	Self	Gas	15.23	<input type="checkbox"/>
08/24/2004	Andrew Smith, 803 2nd St, Traer, IA 50675	Self	Gas	17.60	<input type="checkbox"/>
08/25/2004	Andrew Smith, 803 2nd St, Traer, IA 50675	Self	Web Services	25.00	<input type="checkbox"/>
08/25/2004	Andrew Smith, 803 2nd St, Traer, IA 50675	Self	Labels	40.00	<input type="checkbox"/>
08/27/04	Andrew Smith, 803 2nd St, Traer, IA 50675	Self	Web Hosting	10.00	<input type="checkbox"/>
08/30/04	Andrew Smith, 803 2nd St, Traer, IA 50675	Self	Web Hosting	10.00	<input type="checkbox"/>
09/09/04	Andrew Smith, 803 2nd St, Traer, IA 50675	Self	Web Hosting	10.00	<input type="checkbox"/>
09/10/04	Andrew Smith, 803 2nd St, Traer, IA 50675	Self	Gas	16.67	<input type="checkbox"/>
9/11/04	Andrew Smith, 803 2nd St, Traer, IA 50675	Self	Gas	20.00	<input type="checkbox"/>

SUB-TOTAL \$ 189.50

TOTAL (if last page of this schedule) \$

B 4

*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.

Page 2 of 3 (for Schedule E)

FOR INSTRUCTIONS, SEE BACK OF FORM

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

Reset Form

SCHEDULE E (Rev. 06/97)	IN KIND CONTRIBUTIONS
<input checked="" 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
9/23/04	Andrew Smith, 803 2nd St, Traer, IA 50675	Self	Flyer Purchase	\$ 25.00	<input type="checkbox"/>
09/25/04	Andrew Smith, 803 2nd St, Traer, IA 50675	Self	Web Services	20.00	<input type="checkbox"/>
09/27/04	Andrew Smith, 803 2nd St, Traer, IA 50675	Self	Web Hosting	10.00	<input type="checkbox"/>
09/27/04	Andrew Smith, 803 2nd St, Traer, IA 50675	Self	Gas	16.69	<input type="checkbox"/>
10/01/04	Andrew Smith, 803 2nd St, Traer, IA 50675	Self	Gas	17.08	<input type="checkbox"/>
10/08/04	Andrew Smith, 803 2nd St, Traer, IA 50675	Self	Web Hosting	10.00	<input type="checkbox"/>
10/12/04	Andrew Smith, 803 2nd St, Traer, IA 50675	Self	Envelope, Labels, Paper	43.79	<input type="checkbox"/>
10/15/04	Andrew Smith, 803 2nd St, Traer, IA 50675	Self	Staples and High Capacity Stapler	60.00	<input type="checkbox"/>
	Below was on originally filed report, but address was unknown. I found address, 910 Washington St, Tama IA:				<input type="checkbox"/>
10/02/04	Alan Richards, 910 Washington St, Tama, IA		Plywood & Paint, Office Space	1,000.00	<input type="checkbox"/>

SUB-TOTAL \$ 202.56

New Total → TOTAL (if last page of this schedule) \$ 3,995.92

4 4
 Page 3 of 3
 (for Schedule E)

*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.

DISCLOSURE SUMMARY PAGE

Reset Form

FORM DR-2 (Rev. 07/2004)	DISCLOSURE REPORT
For Office Use Only	
Comm. #	<u>SW 1558</u>
Logged In	<u>[Signature]</u>
Scanned	
Computer	
Audited	

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

CANDIDATE COMMITTEES ONLY:

Candidate Name Andrew Smith ^{OCT 20 2004} Political Party (if applicable) Democrat
 Office Sought State Representative District (if Senate or House) 40

Late reports are subject to possible civil and criminal penalties.

[Signature] 319-428 2107 10-19-04
 SIGNATURE OF PERSON FILING REPORT TELEPHONE DATE SIGNED

I AM FILING A Oct. 19 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 <u>11/02/04</u>
County & Local Committees, enter County in which Election is held <u>TAMM + Grundy</u>

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.) \$ 1280.47

ADD TOTAL MONEY TAKEN IN THIS PERIOD

Schedule A: Cash Contributions total (Attach Schedule A) (*also see in-kind below) 3,035.00

Schedule F: Loans Received total (Attach Schedule F) -0-

Schedule H: Total Sales of Campaign Property (Attach Schedule H) -0-

(Schedule H applies to Candidates' Committees Only)

SUB-TOTAL \$ 4,315.47

SUBTRACT TOTAL MONEY SPENT THIS PERIOD

Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below).... 3,631.45

Schedule F: Loan Repayments total (Attach Schedule F) -0-

CASH ON HAND at the end of this reporting period (if final report balance must be zero) (Attach DR-3) \$ 684.02

****UNPAID BILLS** (From Schedule D - Attach Schedule D) \$ -0-

****IN KIND CONTRIBUTIONS** (From Schedule E - Attach Schedule E) \$ 3,380

****OUTSTANDING LOANS** (From Schedule F - Attach Schedule F) \$ -0-

CANDIDATE COMMITTEES ONLY:

CONSULTANT BREAKDOWN (Schedule G Attached?) YES NO

VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H) \$ [REDACTED]

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)
Citizens for 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
07/26/04	ID# CK# 10347	Mary Moore 1414 43rd St. Des Moines, IA 50311		\$100.00	<input checked="" type="checkbox"/>
07/26/04	ID# CK# 6348	Susan Roons 15 SW 42nd St. Des Moines, IA 50312		\$20.00	<input checked="" type="checkbox"/>
07/26/04	ID# CK# 10794	Jean Newman 212 W. Hillcrest Ave. Indianola, IA 50125		15.00	<input checked="" type="checkbox"/>
07/26/04	ID# CK# 3975	Dr. Lee Halverson 15 SW 42nd St. Des Moines, IA 50312		25.00	<input checked="" type="checkbox"/>
07/26/04	ID# CK#	Unitemized		10.00	<input checked="" type="checkbox"/>
07/26/04	ID# CK#	Unitemized		10.00	<input checked="" type="checkbox"/>
07/26/04	ID# CK#	Unitemized		10.00	<input checked="" type="checkbox"/>
07/26/04	ID# CK#	Unitemized		10.00	<input checked="" type="checkbox"/>
07/26/04	ID# CK#	Unitemized		10.00	<input checked="" type="checkbox"/>
07/26/04	ID# CK#	Unitemized		10.00	<input checked="" type="checkbox"/>

SUB-TOTAL

\$ 220
\$

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.

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)

Citizens for 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
07/26/04	ID# CK#	Unitemized		\$10.00	<input checked="" type="checkbox"/>
07/26/04	ID# CK#	Unitemized		10.00	<input checked="" type="checkbox"/>
07/26/04	ID# CK#	Unitemized		10.00	<input checked="" type="checkbox"/>
07/26/04	ID# CK#	Unitemized		10.00	<input checked="" type="checkbox"/>
07/26/04	ID# CK#	Unitemized		10.00	<input checked="" type="checkbox"/>
07/26/04	ID# CK#	Unitemized		10.00	<input checked="" type="checkbox"/>
07/26/04	ID# CK#	Unitemized		10.00	<input checked="" type="checkbox"/>
07/26/04	ID# CK# 6503	Mary and Jeffery Shaw 709 E Madison Toledo, IA 52342		25.00	<input type="checkbox"/>
07/30/04	ID# CK# 0592	Larry Bradley 1412 McClellan St Tama, IA 52339		50.00	<input type="checkbox"/>
07/30/04 07/30/04	ID# CK# 4782	Jack Burk 408 S. Broadway Toledo, IA 52342		30.00	<input type="checkbox"/>
SUB-TOTAL				\$ 175	
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.

For Instructions, See Back of Form

Reset 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)

Citizens for 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
08/7/04	ID# CK# 1006	Ronald Fowler 3198 S. Ave Chelsea, IA 52215		\$25.00	<input type="checkbox"/>
08/7/04	ID# CK# 1128	Russell Lyon 106 W Myrtle St Toledo, IA 52342		50.00	<input type="checkbox"/>
08/10/04	ID# CK# 841	Kenneth Slifka 308 E 8th Ave. Grundy Center, IA 50638		25.00	<input type="checkbox"/>
08/10/04	ID# CK# 7591	Phyllis Henry 1164 AA Ave. Gladbrook, IA 50635		100.00	<input type="checkbox"/>
08/15/04	ID# CK# 7383	Charles Fiedler 9212 Enfield Dr. Johnston, IA 50131		25.00	<input type="checkbox"/>
08/15/04	ID# CK# 7179	Karen Lischer 816 Roberts Terrace Marshalltown, IA 50158		25.00	<input type="checkbox"/>
08/21/04	ID# CK# 13121	Tim Bohard 1915 Heights Ave. Sioux City, IA 51104		50.00	<input type="checkbox"/>
08/21/04	ID# CK# 1471	Jack Hatch 1623 Woodland Ave. Des Moines, IA 50309-3215		50.00	<input type="checkbox"/>
✓ 08/25/04	ID# 9713 CK# 2301	Iowa Committee on Political Education AFL-CIO, 2000 Walker Suite A, Des Moines, IA 50317		200.00	<input type="checkbox"/>
09/03/04	ID# CK# 1061	Brian Pierce 334 SW Kenny Brook Dr. Grimes, IA 50111		100.00	<input type="checkbox"/>

SUB-TOTAL

\$ 650 ✓

\$

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.

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)
Citizens for 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
09/03/04	ID# CK# 2020	Thomas Palmer 4090 Westown Parkway West Des Moines, IA 50266		\$50.00	<input type="checkbox"/>
09/10/04	ID# CK# 5925	Patrick Carpenter The Plaza 300 Walnut, Suite 270, Des Moines IA 50309		250.00	<input type="checkbox"/>
✓ 09/26/04	ID# 6216 8026 CK# 07367	IBEW 1125 15th St NW Washington DC 20005		100.00	<input type="checkbox"/>
10/5/04	ID# CK# 2726	Beth Lamb 3829 Q Ave. Chelsea, IA 52215		100.00	<input type="checkbox"/>
✓ 10/11/04	ID# 8437 CK# 1910	Democracy for America PO Box 8313 Burlington, VT 05402-8313		1000.00	<input type="checkbox"/>
✓ 10/11/04	ID# 6086 CK# 13193	ISEA-PAC 777 3rd St. Des Moines, IA 50309		250.00	<input type="checkbox"/>
10/14/04	ID# CK# 2220	Jodi Bodley 4111 Plainview Dr. Des Moines, IA 50311-3522		75.00	<input type="checkbox"/>
10/14/04	ID# CK#	Unitemized		10.00	<input checked="" type="checkbox"/>
10/14/04	ID# CK#	Unitemized		10.00	<input checked="" type="checkbox"/>
10/14/04	ID# CK#	Unitemized		10.00	<input checked="" type="checkbox"/>

SUB-TOTAL
\$ 1,855
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.

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)
Citizens for 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
10/14/04	ID# CK#	Unitemized		\$10.00	<input checked="" type="checkbox"/>
10/14/04	ID# CK#	Unitemized		10.00	<input checked="" type="checkbox"/>
10/14/04	ID# CK#	Unitemized		10.00	<input checked="" type="checkbox"/>
10/14/04	ID# CK#	Unitemized		10.00	<input checked="" type="checkbox"/>
10/14/04	ID# CK#	Unitemized		10.00	<input checked="" type="checkbox"/>
10/14/04	ID# CK#	Unitemized		10.00	<input checked="" type="checkbox"/>
10/14/04	ID# CK#	Unitemized		10.00	<input checked="" type="checkbox"/>
10/14/04	ID# CK#	Unitemized		10.00	<input checked="" type="checkbox"/>
10/14/04	ID# CK#	Unitemized		10.00	<input checked="" type="checkbox"/>
10/14/04	ID# CK#	Unitemized		10.00	<input checked="" type="checkbox"/>
SUB-TOTAL				\$ 100	
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.

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)
Citizens for 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
10/14/04	ID# CK#	Unitemized		\$10.00	<input checked="" type="checkbox"/>
10/14/04	ID# CK#	Unitemized		10.00	<input checked="" type="checkbox"/>
10/14/04	ID# CK#	Unitemized		10.00	<input checked="" type="checkbox"/>
10/14/04	ID# CK#	Unitemized		5.00	<input checked="" 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

\$ 35.00

TOTAL (if last page of this schedule)

\$ 3035.00

* 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.

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)
Citizens for 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
07/16/04	ID# CK#1007	Patricia Smith 803 2nd St Traer, IA 50675	Reimbursement for Candy and Decorations	\$ 39.59
07/16/04	ID# CK#1008	Aaron Lancaster Norton 803 2nd St. Traer, IA 50675	Parade Help and Candy Throwing	20.00
07/19/04	ID# CK#1009	Att Long Distance 32 Ave of the Americas NY, NY 10013	Long Distance Service	31.12
07/29/04	ID# CK#1010	Walmart, 1334 Flammang Dr Waterloo, IA 50702	Parade Candy, Labels, Ink Cart. & Paper	70.23
07/30/04	ID# CK#1011	Iowa Telecom PO Box 10481 Des Moines, IA 50306	Telephone Service	28.82
08/07/04	ID# CK# 1012	Carter Printing 1739 E Grand Ave Des Moines, IA 50316	New Door to Door Flyers	460.04
08/09/04	ID# CK#1013	US Post Office, 101 North Main St Traer, IA 50675	Postage Stamps	148.00
08/10/04	ID# CK#1014	US Post Office, 101 North Main St, Traer, IA 50675	Postage Stamps	120.25
SUB-TOTAL				\$ 918.05
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).)

FOR INSTRUCTIONS, SEE BACK OF FORM

React 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)
Citizens for 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
08/10/04	ID# CK#1015	Staples, 1542 Flammang Dr Waterloo, IA 50702	Photo Copies	\$ 9.63
08/17/04	ID# CK# 1016	At&t, 32 Avenue of Americas, NY, NY 10013	Campaign Long Distance Service	31.12
08/17/04	ID# CK# 1017	Iowa Telecom PO Box 10481 Des Moines, IA 50306	Campaign Phone Service	28.82
08/17/04	ID# CK# 1018	Mediacom, 1201 Industrial Blvd., Marshalltown, IA 50158	Campaign Internet	42.95
09/10/04	ID# CK#1019	United States Post Office, 101 North Main St Traer, IA 50675	Post Office Box Rental, 6 mos.	34.00
09/10/04	ID# CK#1020	Carter Printing, 1739 E. Grand Ave, Des Moines, IA 50316	Smith for Iowa House Yard Signs	1075.00
09/15/04	ID# CK#1021	At&t, 32 Ave of the Americas, NY NY, 10013	Campaign Long Distance Service	31.12
09/15/04	ID# CK#1022	Iowa Telecom, PO BOX 10481, Des Moines , IA 50306	Campaign Phone Service	28.82
SUB-TOTAL				\$ 1,281.46
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).)

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)
Citizens for 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
09/15/04	ID# CK# 1023	Mediacom 1201 Industrial Blvd. Marshalltown, IA 50158	Campaign Internet Service	\$ 46.00
10/11/04	ID# CK# 1025	Carter Printing 1739 E. Grand Ave Des Moines, IA 50316	Campaign Yard Signs	1,075.00
10/14/04	ID# CK#1026	Traer Star Clipper, 625 Second Street P.O. Box 156, Traer, IA 50675	Newspaper Advertisement	62.20
10/14/04	ID# CK# 1027	Northern-Sun Print, 423 2nd Street P.O. Box 340, Gladbrook, Iowa 50635	Newspaper Advertisement	50.00
10/14/04	ID# CK# 1028	Mediacom 1201 Industrial Blvd. Marshalltown, IA 50158	Campaign Internet Access	46.00
10/29/04	ID# CK# 1029	At&t, 32 Avenue of the Americas New York, NY 10013	Campaign Long Distance	31.12
10/14/04	ID# CK# 1031	Tama County Publishing 220 W. Third Street Tama, Iowa 52339	Campaign Advertisement	92.80
10/15/04	ID# CK# 1030	Iowa Telecom P.O. Box 10481 Des Moines, IA 50306-0481	Campaign Phone Service	28.82

SUB-TOTAL \$1,431.94 ✓

TOTAL (if last page of this schedule) \$3,631.45 ✓

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).)

FOR INSTRUCTIONS, SEE BACK OF FORM

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)
Citizens for Smith

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
08/05/04	Patricia Smith, 803 2nd St, Traer IA 50675	Mom	Candy for Clutier Parade	\$ 20.00	<input type="checkbox"/>
08/19/04	Patricia Smith, 803 2nd St, Traer, IA 50675	Mom	Candy for Traer Parade	20.00	<input type="checkbox"/>
08/19/04	Patricia Smith, 803 2nd St, Traer, IA 50675	Mom	Candy for Dike Parade	20.00	<input type="checkbox"/>
10/2/04	Patricia Smith, 803 2nd St, Traer, IA 50675	Mom	Candy for Toledo Parade	20.00	<input type="checkbox"/>
10/2/04	Alan Richards, Address Unknown, Tama, IA		Plywood & Paint, Office Space	1,000.00	<input type="checkbox"/>
10/08/04	Chuck Smith, 803 2nd St, Traer IA 50675	Brother	Art work for Ads, New Yardsigns	2,000.00	<input type="checkbox"/>
10/13/04	Dorothy Milligan, 7200 Aurora Ave, Urbandale, IA 50322	Grandmother	Postage	300.00	<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>

See amended schedule

SUB-TOTAL \$ 3,380
TOTAL (if last page of this schedule) \$ 3,380

*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.