

FOR INSTRUCTIONS, SEE BACK OF FORM

DISCLOSURE SUMMARY PAGE IA ETHICS & CAMPAIGN DISCLOSURE BOARD

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

Smith for State House

DISCLOSURE BOARD

JUL 19 2006

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: Roby Smith, Political Party: Republican, Office Sought: State Representative, District: 85

FORM DR-2 (Rev. 12/2005) DISCLOSURE REPORT. For Office Use Only: Comm. # 1647, Logged In [initials], Scanned, Computer, Audited. File with: Iowa Ethics and Campaign Disclosure Board, 510 E. 12th, Ste. 1A, Des Moines, Iowa 50319, Fax: 515-281-3701

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 OF PERSON FILING REPORT: [Signature]

TELEPHONE: 563-386-0179

DATE SIGNED: 07-19-06

I AM FILING A July 14, 2006 REPORT FOR (1) ELECTION ((2) NON-ELECTION YEAR.

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

Table with columns for description and amount. Rows include: CASH ON HAND at the beginning of the reporting period (\$2,616.22), ADD TOTAL MONEY TAKEN IN THIS PERIOD (Schedule A: 8,155.00, Schedule F: 1,700.00, Schedule H: Total Sales of Campaign Property), SUB-TOTAL (\$12,471.22), SUBTRACT TOTAL MONEY SPENT THIS PERIOD (Schedule B: 24.00, Schedule F: Loan Repayments total), CASH ON HAND at the end of this reporting period (\$12,447.22).

Table with columns for description and amount. Rows include: UNPAID BILLS (\$1,400.00), IN KIND CONTRIBUTIONS (\$1,542.10), OUTSTANDING LOANS (\$500.00).

CONSULTANT BREAKDOWN (Schedule G Attached?) YES [checked] 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

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

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

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

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
06/01/06	ID# CK#	Kim Mester 4724 Ripley St Davenport, IA 52806		\$25.00	<input type="checkbox"/>
06/01/06	ID# CK#	Tom Persinger 118 Colony Dr Davenport, IA 52806		\$25.00	<input type="checkbox"/>
06/01/06	ID# CK#	Pat Parker 1 Peppermill Ridge Ct Wildwood, MO 63005		\$100.00	<input type="checkbox"/>
06/02/06	ID# CK#	Betsy Helmich 2415 Fulton Ave Davenport, IA 52803		\$50.00	<input type="checkbox"/>
06/02/06	ID# CK#	Larry Radetzki 3872 Prairie Ln Bettendorf, IA 52722		\$35.00	<input type="checkbox"/>
06/02/06	ID# CK#	Richard Bittner 201 W 2nd Street Davenport, IA 52801		\$250.00	<input type="checkbox"/>
06/02/06	ID# CK#	Peter Pohlmann 235 Fernwood Ave Davenport, IA 52803		\$250.00	<input type="checkbox"/>
06/04/06	ID# CK#	Calvin Wright 2222 Fairhaven Rd Davenport, IA 52803		\$20.00	<input type="checkbox"/>
06/15/06	ID# CK#	Dave Larson 1218 J Mesa Verde Dr Manchester, MO 63021	Brother-in-law	\$50.00	<input type="checkbox"/>
06/08/06	ID# CK#	Diane Darr 919 Southern Hills Ct Eureka, MO 63025		\$100.00	<input type="checkbox"/>
SUB-TOTAL				\$ 905.00	
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.

For Instructions, See Back of Form



SCHEDULE	
A	MONETARY RECEIPTS
(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)
Smith for State House

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06/19/06	ID# CK#	Daniel Zehnder 3785 S Cari Adam Drive New Berlin, WI 53146		\$200.00	<input type="checkbox"/>
06/20/06	ID# CK#	Matthew Miller 4 Pinhurst Ct Coal Valley, IL 61240		\$500.00	<input type="checkbox"/>
06/21/06	ID# CK#	Harry Cockrell 4439 Tahoe Rd Bettendorf, IA 52722		\$4000.00	<input type="checkbox"/>
06/23/06	ID# CK#	Barbara Malluc 1760 63rd Ave N St Petersburg, FL 33702		\$25.00	<input type="checkbox"/>
06/25/06	ID# CK#	John Bush 5401 Victoria Ave Davenport, IA 52807		\$250.00	<input type="checkbox"/>
06/28/06	ID# CK#	Tarikere Kumar 3 Deer Run Moline, IL 61265		\$500.00	<input type="checkbox"/>
07/07/06	ID# CK#	Dennis Britt 321 Citizens Federal Bldg Davenport, IA 52801		\$500.00	<input type="checkbox"/>
07/07/06	ID# CK#	Joshua Lederman 1 Summer Pl Bettendorf, IA 52722		\$100.00	<input type="checkbox"/>
07/11/06	ID# CK#	David Hawkins 15723 Callender Ct Chesterfield, MO 63017		\$50.00	<input type="checkbox"/>
07/13/06	ID# CK#	Tracy Nims 2368 W 62nd Street Davenport, IA 52806		\$25.00	<input type="checkbox"/>
SUB-TOTAL				\$ 6150.00	
TOTAL (if last page of this schedule)				\$	

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For Instructions, See Back of 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)

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.

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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
07/12/06	ID# 9705 CK# 2285	Common Wealth Pac 45 School Street 2nd Floor Boston, MA 02108		\$500.00	<input type="checkbox"/>
07/13/06	ID# CK#	Randall and Cynthia Smith 1566 86th Street N St. Petersburg, FL 33702	Parents	\$500.00	<input type="checkbox"/>
07/13/06	ID# CK#	Meredith Rossow 3029 W 34th Street Davenport, IA 52806		\$100.00	<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"/>
SUB-TOTAL				\$ 1100.00	
TOTAL (if last page of this schedule)				\$ 8155.00	

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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)
Smith for State House

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
06/09/06	ID# CK#	USPS 4018 Marquette St Davenport, IA 52806	Stamps	\$ 24.00
	ID# CK#			
SUB-TOTAL				\$ 24.00
TOTAL (if last page of this schedule)				\$ 24.00

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)(f).)

FOR INSTRUCTIONS, SEE BACK OF FORM

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

Smith for State House

SCHEDULE D (Rev. 08/98)	INCURRED INDEBTEDNESS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

NOTE: Debts previously reported that remain unpaid must be included on this Schedule, as well as any new obligations incurred in this period.



An "incurred debt" is a debt for goods or services ordered or received, but not paid for by the end of the reporting period, regardless of whether an invoice has been received.

DEBTS/OBLIGATIONS REMAINING THIS REPORTING PERIOD
(DO NOT INCLUDE LOANS - SHOW LOANS ON SCHEDULE F)

DATE INCURRED (MM/DD/YR)	NAME AND ADDRESS OF PERSON TO WHOM DEBT OR OBLIGATION IS OWED	DESCRIPTION OF GOODS OR SERVICES PROVIDED OR PURCHASED	BALANCE OWED AT CLOSE OF REPORTING PERIOD*
07/01/06	Victory Enterprises 5200 SW 30th Street Davenport, IA 52802	Campaign Literature	\$ 1,400.00
SUB-TOTAL			\$ 1,400.00
TOTAL DEBTS OWED BY COMMITTEE AT THE END OF THIS REPORTING PERIOD			\$ 1,400.00

*If actual figure is unknown, show "estimated" beside the figure.

CANDIDATE COMMITTEES NOTE:
 "Incurred indebtedness also includes each person/entity with whom the candidate's committee has entered into a contract during the reporting period for future or continuing performance. Enter the name of the consultant who provides or procures services for items such as advertising, fund-raising, polling, managing, or organizing services. Report on Schedule G the nature of performance and the estimated performance reasonably expected of the consultant.

FOR INSTRUCTIONS, SEE BACK OF FORM

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

Smith for State House

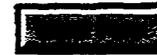
SCHEDULE E (Rev. 06/97)	IN-KIND CONTRIBUTIONS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

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
06/22/06	Heidi Brandt 1315 W 46th St Davenport, IA 52806		Graphic Design	\$ 150.00	<input type="checkbox"/>
06/22/06	Roby Smith 2903 W 35th Street Davenport, IA 52806		Photo Shoot	40.00	<input type="checkbox"/>
06/30/06	Dave Steil 5320 Glen Eagles Dr Bettendorf, IA 52722		Printing	1,352.10	<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)				\$	1,542.10

*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)
 Smith for State House



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

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

TOTAL UNPAID LOANS FROM LAST REPORTING PERIOD \$ 500.00

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/YR)	NAME AND ADDRESS OF LENDER (Include Endorser's Name, If Applicable)	RELATIONSHIP TO CANDIDATE (If Applicable)	AMOUNT OF LOAN
07/13/06	Randall and Cynthia Smith 1566 86th Street St Petersburg, FL 33702	Parents	\$ 750.00
07/14/06	Roby Smith 2903 W 35th Street Davenport, IA 52806	Self	950.00

TOTAL (PART I) \$ 1700.00

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

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

TOTAL CASH REPAYMENTS (PART II) \$ _____
 From Schedule E - TOTAL LOANS FORGIVEN \$ _____
TOTAL OUTSTANDING LOANS END OF REPORT PERIOD \$ 1700.00

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