

FOR INSTRUCTIONS, SEE BACK OF FORM

DISCLOSURE SUMMARY PAGE



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

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

Smith for State House

IMPORTANT: Indicate by # type of committee you are reporting for: 1

(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

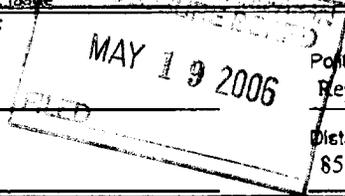
CANDIDATE COMMITTEES ONLY:

Candidate Name: Roby Smith

Office Sought: State Representative

Political Party (if applicable): Republican

District (if Senate or House): 85



Late reports are subject to possible civil and criminal penalties. Pursuant to Iowa Code section 88B.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: 05-18-06

I AM FILING A May 19, 2006 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 _____

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.)	\$ 0.00
ADD TOTAL MONEY TAKEN IN THIS PERIOD	
Schedule A: Cash Contributions total (Attach Schedule A) (**also see in-kind below)	2,385.00
Schedule F: Loans Received total (Attach Schedule F)	500.00
Schedule H: Total Sales of Campaign Property (Attach Schedule H)	_____
<u>(Schedule H applies to Candidates' Committees Only)</u>	
SUB-TOTAL	\$ 3,385.00
SUBTRACT TOTAL MONEY SPENT THIS PERIOD	
Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below)	1,160.27
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)	\$ 2,224.73
**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)	\$ 500.00
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.

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)
Smith for State House

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/YY)	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
03/04/06	ID# CK#	Sarah Pennekamp 1613 Timber Lane Dr Montgomery, IL 60538		\$25.00	<input type="checkbox"/>
03/04/06	ID# CK#	Tray Peet 1224 Charles Pampa, TX 79065	Cousin	\$50.00	<input type="checkbox"/>
03/04/06	ID# CK#	Micah Parker 3450 Scenic Vista Dr West Des Moines, IA 50365		\$10.00	<input type="checkbox"/>
03/05/06	ID# CK#	Neal Engwall 8507 Orient Way NE St Petersburg, FL 33702		\$100.00	<input type="checkbox"/>
03/05/06	ID# CK#	Tamara Smith 109 E Oscar Street Paola, KS 66071	Aunt	\$50.00	<input type="checkbox"/>
03/07/06	ID# CK#	Kimberly Kreager 1404 Autumn Dr Faribault, MN 55021	Sister-in-law	\$25.00	<input type="checkbox"/>
03/07/06	ID# CK#	Brian Friedrich 1933 Karol Kay Blvd Seward, NE 68434		\$10.00	<input type="checkbox"/>
03/07/08	ID# CK#	Junc Schultz 3175 San Matco St Clearwater, FL 33759		\$25.00	<input type="checkbox"/>
03/07/06	ID# CK#	John Suhr 3160 Davey Rd Staplehurst, NE 68439		\$25.00	<input type="checkbox"/>
03/08/06	ID# CK#	Edward Krauss 1982 75th Ave N St Petersburg, FL 33702		\$50.00	<input type="checkbox"/>

SUB-TOTAL

\$ 370.00
\$

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

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)
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03/08/2006	ID# CK#	Judy Neff 15058 Green Circle Dr Chesterfield, MO 63017		\$50.00	<input type="checkbox"/>
03/08/2006	ID# CK#	Francis Meyer 10527 Driver Ave St Louis, MO 63114		\$25.00	<input type="checkbox"/>
03/21/06	ID# CK#	Mark Kilmer 2345 Fairhaven Davenport, IA 52803		\$500.00	<input type="checkbox"/>
03/28/06	ID# CK#	Michael Popp 11668 Tanger Dr Jacksonville, FL 32225		\$25.00	<input type="checkbox"/>
04/27/06	ID# CK#	Harold Gehle 1315 Northlawn Rd Davenport, IA 52804		\$25.00	<input type="checkbox"/>
04/27/06	ID# CK#	Annette Black 1323 Hayes Ct Davenport, IA 52804		\$100.00	<input type="checkbox"/>
04/29/06	ID# CK#	Steven Abramowski 1967 West Crestview Circle Romeoville, IL 61201		\$25.00	<input type="checkbox"/>
04/21/06	ID# CK#	Andrea Sheridan 1710 Woodland Ridge Rd Wausau, WI 54403		\$10.00	<input type="checkbox"/>
04/29/06	ID# CK#	John Behrendt 4330 Belle Ave Davenport, IA 52807		\$25.00	<input type="checkbox"/>
04/29/06	ID# CK#	Randall Slussler II 2808 39th Ave Rock Island, IL 61201		\$30.00	<input type="checkbox"/>

SUB-TOTAL
\$ 815.00

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)
Smith for State House

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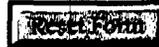
DATE RECEIVED (MM/DD/YY)	PAC ID NUMBER (If applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	IF FOR FUND-RAISER INCOME
04/29/06	ID# CK#	Jennifer Anderson 2498 Pond Circle E Mendota Heights, MN 55120		\$25.00	<input type="checkbox"/>
05/02/06	ID# CK#	Sharon Andringa 4483 34th St Ct Bettendorf, IA 52722		\$25.00	<input type="checkbox"/>
05/02/06	ID# CK#	Matthew Schmitzer 3063 Willowood Dr Bettendorf, IA 52722		\$25.00	<input type="checkbox"/>
05/02/06	ID# CK#	Susan Jensen 1350 W 49th St Ct Davenport, IA 52806		\$250.00	<input type="checkbox"/>
05/02/06	ID# CK#	Michael Gorsline 5689 Remington Rd Bettendorf, IA 52722		\$500.00	<input type="checkbox"/>
05/09/06	ID# CK#	Donna Tobin 8489 Parkwood Blvd Seminole, FL 33777		\$50.00	<input type="checkbox"/>
05/09/06	ID# CK#	Ruth Hedrick 806 S Concord St Davenport, IA 52802		\$50.00	<input type="checkbox"/>
05/09/06	ID# CK#	Selena DeGeeter 2872 Forest Rd Davenport, IA 52803		\$25.00	<input type="checkbox"/>
05/09/06	ID# CK#	Mike Peterson 24655 184th St Pl Pleasant Valley, IA 52767		\$200.00	<input type="checkbox"/>
05/09/06	ID# CK#	Lisa Lindholm 4741 Spring St Davenport, IA 52807		\$200.00	<input type="checkbox"/>

SUB-TOTAL
\$ 1350.00
\$

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)
Smith for State House

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
05/09/06	ID# CK#	David Staub 2133 Winding Hill Rd Davenport, IA 52807		\$100.00	<input type="checkbox"/>
05/09/06	ID# CK#	Gilbert Fugitt 855 Palo Alto Dr Arcadia, CA 91007		\$50.00	<input type="checkbox"/>
05/12/06	ID# CK#	Theresa Bushman 2113 East 13th Street Davenport, IA 52803		\$50.00	<input type="checkbox"/>
05/12/06	ID# CK#	Juli McPherson 2644 Pacific St Davenport, IA 52804		\$50.00	<input type="checkbox"/>
05/12/06	ID# CK#	Ryan Matthias 3244 W 65th St Ct 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"/>

SUB-TOTAL

\$ 350.00

TOTAL (if last page of this schedule)

\$ 2885.00

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

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

Smith for State House

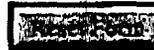
DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
01/26/06	ID# CK#	Roby Smith 2903 W 35th Street Davenport, IA 52806	Milcage Reimbursed trip to Des Moines and back, 330 miles at 48.5 cents.	\$ 160.05
01/30/06	ID# CK#	Office Max 320 W Kimberly Rd Davenport, IA 52806	Ink, Binders, Pens, Stationary	\$81.22
02/02/06	ID# CK#	Minute Man Press 902 W Kimberly Rd Davenport, IA 52806	Envelopes for Letters	\$112.78
02/04/06	ID# CK#	Office Max 320 W Kimberly Rd Davenport, IA 52806	Flip charts, Calendar, Markers	\$25.66
02/09/06	ID# CK#	USPS 4018 Marquette St Davenport, IA 52806	Stamps	\$78.00
03/23/06	ID# CK#	Hotel Fort Des Moines 1000 Walnut Street Des Moines, IA 50309	Hotel for Campaign School	\$105.68
03/23/06	ID# CK#	Roby Smith 2903 W 35th Street Davenport, IA 52806	Milcage Reimbursed trip to Des Moines and back, 330 miles at 48.5 cents.	\$160.05
03/26/06	ID# CK#	Republican Party of Iowa 621 East 9th Street Des Moines, IA 50309	Campaign School	\$50.00
SUB-TOTAL				\$ 773.44
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)(f).)

FOR INSTRUCTIONS, SEE BACK OF 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 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
04/24/06	ID# CK#	Office Max 320 W Kimberly Rd Davenport, IA 52806	Copies	\$ 45.36
04/24/06	ID# CK#	Sam's 3887 Elmore Ave Davenport, IA 52807	Stamps	\$156.00
04/28/06	ID# CK#	Minute Man Press 902 W Kimberly Rd Davenport, IA 52806	Envelopes	\$116.93
05/02/06	ID# CK#	Office Max 320 W Kimberly Rd Davenport, IA 52806	Copies	\$31.79
05/03/06	ID# CK#	USPS 4018 Marquette St Davenport, IA 52806	Stamps	\$24.00
05/08/06	ID# CK#	Sam's 3887 Elmore Ave Davenport, IA 52807	Food for Volunteers	\$12.75
	ID# CK#			
	ID# CK#			
SUB-TOTAL				\$ 386.83
TOTAL (if last page of this schedule)				\$ 1160.27

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

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

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

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

TOTAL UNPAID LOANS FROM LAST REPORTING PERIOD \$ 0

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
05/12/06	Roby Smith 2903 W 35th Street Davenport, IA 52806	Self	\$ \$500.00

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

TOTAL (PART I) \$ 500.00

TOTAL CASH REPAYMENTS (PART II) \$ _____

From Schedule E - TOTAL LOANS FORGIVEN \$ _____

TOTAL OUTSTANDING LOANS END OF REPORT PERIOD \$ 500.00

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