

STATEMENT OF ORGANIZATION

(See reverse side for instructions)

RECEIVED
FEDERAL ELECTION
COMMISSION
PUBLIC DISCLOSURE
DIVISION

Dec 9 12 36 PM '00

1. (a) NAME OF COMMITTEE IN FULL <input type="checkbox"/> (Check if name is changed) <i>Donna Smith Congress Committee</i>	2. DATE <i>12-5-00</i>
(b) Number and Street Address <input type="checkbox"/> (Check if address is changed) <i>P.O. Box 384</i>	3. FEC Identification Number <i>C00355966</i>
(c) City, State and ZIP Code <i>Epworth, Iowa 52045</i>	4. Is This Report An Amendment? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO

5. TYPE OF COMMITTEE (Check one)

- (a) This committee is a principal campaign committee. (Complete the candidate information below.)
 - (b) This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)
- | | | | |
|--|--|------------------------------------|-----------------------------------|
| Name of Candidate
<i>Donna L. Smith</i> | Candidate Party Affiliation
<i>Democrat</i> | Office Sought
<i>U.S. House</i> | State/District
<i>Iowa-2nd</i> |
|--|--|------------------------------------|-----------------------------------|
- (c) This committee supports/opposes only one candidate, _____ and is NOT an authorized committee.
(name of candidate)
 - (d) This committee is a _____ committee of the _____ Party.
(National, State or subordinate) (Democratic, Republican, etc.)
 - (e) This committee is a separate segregated fund.
 - (f) This committee supports/opposes more than one Federal candidate and is NOT a separate segregated fund or a party committee.

6. Name of Any Connected Organization or Affiliated Committee	Mailing Address and ZIP Code	Relationship

Type of Connected Organization
 Corporation Corporation w/o Capital Stock Labor Organization Membership Organization Trade Association Cooperative

7. Custodian of Records: Identify by name, address (phone number -- optional) and position of the person in possession of committee books and records.

Full Name	Mailing Address	Title or Position
<i>C. Patrick Smith</i>	<i>1827 Keyway Dubuque Iowa 52002</i>	<i>Treasurer</i>

8. Treasurer: List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name	Mailing Address	Title or Position
<i>C. Patrick Smith</i>	<i>1827 Keyway Dubuque Iowa 52002</i>	<i>Treasurer</i>

9. Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.	Mailing Address and ZIP Code
<i>DBT Kennedy Natl.</i>	<i>Dubuque Iowa 52002</i>

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.

TYPE OR PRINT NAME OF TREASURER <i>C. Patrick Smith</i>	SIGNATURE OF TREASURER 	DATE <i>12-5-00</i>
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NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

For further information contact:
 Federal Election Commission
 Toll-free 800-424-9530
 Local 202-219-3420

FE6AN053

FEC FORM 1
(revised 4/87)

December 4, 2000

Federal Election Commission
999 E Street N.W.
Washington DC 20463

RE: TREASURER for
Donna Smith Congress Committee
#C00355966
Election Year: 2000

Dear Representative,

I have served as Treasurer for the above named campaign from March 23, 2000 to present.

Effective December 7, 2000, I respectfully resign my position as Treasurer.

Sincerely,

Margaret Gansen

Margaret Gansen
104 Corbett Ln
Epworth IA 52045


c. Donna Smith
1827 Keyway Dr
Dubuque IA 52002

Iowa Ethics Campaign Com.
514 E. Locust St - Suite 104
Des Moines IA 50320

Federal Election Commission

**ENVELOPE REPLACEMENT PAGE
FOR INCOMING DOCUMENTS**

The Commission has added this page to the end of this filing to indicate how it was received.

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input type="checkbox"/> First Class Mail	POSTMARKED
<input checked="" type="checkbox"/> Registered/Certified Mail	POSTMARKED (R/C) 12-5-00
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> Received from the House office of Records and Registration	Date of Receipt
<input type="checkbox"/> Received from the Senate Office of Public Records	Date of Receipt
<input type="checkbox"/> Other (Specify):	Postmarked and/or Date of Receipt
<input type="checkbox"/> Electronic Filing	
 PREPARER	12-9-00 DATE PREPARED