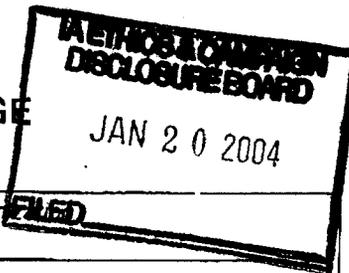


FOR INSTRUCTIONS, SEE BACK OF FORM

DISCLOSURE SUMMARY PAGE



Black Hawk

S

FORM DR-2 (Rev. 01/98)	DISCLOSURE REPORT
For Office Use Only	
Comm. #	<u>13334</u>
Indexed	_____
Audited	_____
Computer	_____

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

IMPORTANT: Indicate type of committee you are reporting for: 4

(1) Statewide/Legislative Candidate (2) Statewide PAC (3) State Party (4) County/Local Candidate
(5) County PAC (6) Ballot Issue/Franchise Committee (7) County/City Central Committee
(8) Support State of Candidates

Miller SIGNATURE OF TREASURER (or person filing this report) (319)236-2064 TELEPHONE 1/20/04 DATE SIGNED

Routine Penalties Due For Late Filed Reports Range from \$20 to \$800

SEE INSTRUCTIONS ON BACK AND COMPLETE THE FOLLOWING SENTENCE:

I AM FILING A 1/19/04 REPORT FOR AN A (1) ELECTION / (2) NON-ELECTION YEAR.
(report date) Indicate one 2 *for local office*

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 Notice of Dissolution 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. (This is the total of all monies 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>7,179⁹⁸</u>
ADD TOTAL MONEY TAKEN IN THIS PERIOD		
Schedule A: Cash Contributions total (Attach Schedule A)		<u>11,058⁰⁰</u>
Schedule F: Loans Received total (Attach Schedule F)		_____
Schedule H: Total Sales of Campaign Property (Attach Schedule H)		_____
<u>(Schedule H applies to Candidates' Committees Only)</u>		
SUB-TOTAL	\$	<u>18,237⁹⁸</u>
SUBTRACT TOTAL MONEY SPENT THIS PERIOD		
Schedule B: Expenditures total (Attach Schedule B)		<u>16,004⁶⁶</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) (Attach DR-3)	\$	<u>2,233³²</u>

UNPAID BILLS (From Schedule D - Attach Schedule D) \$ 6,000⁻

IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E) \$ _____

OUTSTANDING LOANS (From Schedule F - Attach Schedule F) \$ _____

CANDIDATE COMMITTEES ONLY:

CONSULTANT BREAKDOWN (Schedule G Attached?) Y YES NO

VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H) \$ _____

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)

Miller for Mayor

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
12/1/03	ID# CK#	Eric Johnson P.O. Box 178 Wilcox, IA 50764		\$ 50 ⁰⁰	<input type="checkbox"/>
12/1/03	ID# CK#	Murtis Smith 117 Elston Wilcox, IA 50701		35 ⁰⁰	<input type="checkbox"/>
12/1/03	ID# CK#	Ed Gallagher 800 Prospect Blvd Wilcox, IA 50701		100 ⁰⁰	<input type="checkbox"/>
12/1/03	ID# CK#	Randy Howe 2116 Ashland Ave. Cedar Falls, IA 50613		100 ⁰⁰	<input type="checkbox"/>
12/1/03	ID# CK#	John Kimball 11678 Kimball Wilcox, IA 50701		150 ⁰⁰	<input type="checkbox"/>
12/1/03	ID# CK#	Brad Blough 865 Fox Ridge Rd Dike, IA 50624		200 ⁰⁰	<input type="checkbox"/>
12/1/03	ID# CK#	M. J. Rakovich P.O. Box 2670 Wilcox, IA 50704		200 ⁰⁰	<input type="checkbox"/>
12/1/03	ID# CK#	DeWayne Wassels, Jr. 574 Sheridan Wilcox, IA 50701		100 ⁰⁰	<input checked="" type="checkbox"/>
12/1/03	ID# CK#	Mark Higley 2408 W. 4th Wilcox, IA 50701		100 ⁰⁰	<input checked="" type="checkbox"/>
12/1/03	ID# CK#	David Juske Wilcox, IA 50701		100 ⁰⁰	<input checked="" type="checkbox"/>

SUB-TOTAL

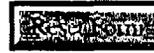
\$ 1135⁰⁰

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 (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)

Miller for Mayor

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
12/1/03	ID# CK#	Van Miller 1111 San Marzano Wilcox, IA 50701	Brother	\$ 200 ⁻	<input checked="" type="checkbox"/>
12/1/03	ID# CK#	Frank Seng 2747 W. 4th Wilcox, IA 50701		200 ⁻	<input checked="" type="checkbox"/>
12/1/03	ID# CK#	Dennis Hagan 549 Sunset Wilcox, IA 50701		100 ⁻	<input checked="" type="checkbox"/>
12/1/03	ID# CK#	Dennis Clark 1846 Westchester Wilcox, IA 50701		250 ⁻	<input checked="" type="checkbox"/>
12/1/03	ID# CK#	John Beecher 190 Pershing Wilcox, IA 50701		100 ⁻	<input checked="" type="checkbox"/>
12/1/03	ID# CK#	Scott Jordan P.O. Box 1257 Wilcox, IA 50704		250 ⁻	<input checked="" type="checkbox"/>
12/1/03	ID# CK#	Robert Smith 4240 W. 34th St. Cedar Falls, IA 50617		250 ⁻	<input type="checkbox"/>
12/1/03	ID# CK#	John Eveland 320 Byrnes Dr. Wilcox, IA 50702		100 ⁻	<input checked="" type="checkbox"/>
12/1/03	ID# CK#	Steve Schmitt 953 Colby Wilcox, IA 50701		300 ⁻	<input type="checkbox"/>
12/1/03	ID# CK#	Miscellaneous Contributions		267 ⁻	<input checked="" type="checkbox"/>

SUB-TOTAL

\$ 2017⁻

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)
Miller for Mayor

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/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
12/1/03	ID# CK#	John Pedersen 3431 Doris Wilcox, IA 50701		\$ 125 -	<input type="checkbox"/>
12/1/03	ID# CK#	Kaye Huff 1832 Gipping Pl. Wilcox, IA 50701		100 -	<input type="checkbox"/>
12/2/03	ID# CK#	Bryan Nichols 501 Sycamore Wilcox, IA 50703		100 -	<input type="checkbox"/>
12/2/03	ID# CK#	Wanda Hodges Waterloo, IA		20 -	<input type="checkbox"/>
12/2/03	ID# CK#	Tim Kneeland 2938 N. Elk Run Wilcox, IA 50703		100 -	<input type="checkbox"/>
12/2/03	ID# CK#	Dale Lee 2217 Grand Blvd Wilcox, IA 50701		50 -	<input type="checkbox"/>
12/2/03	ID# CK#	Mark Weidner 3474 Doris Dr. Wilcox, IA 50701		100 -	<input type="checkbox"/>
12/2/03	ID# CK#	Rick Morris 802 Slap Tail Tr. Cedar Falls, IA 50613		25 -	<input type="checkbox"/>
12/2/03	ID# CK#	Hugh Field 561 Sunset Wilcox, IA 50701		1,000 -	<input type="checkbox"/>
12/2/03	ID# CK#	George Coakley 805 Sunrise Wilcox, IA		200 -	<input type="checkbox"/>
SUB-TOTAL				\$ 1,820	
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)

Miller for Mayor

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 IDENTIFICATION 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
12/2/03	ID# CK#	Miscellaneous		\$ 60 ⁻	<input type="checkbox"/>
12/9/03	ID# CK#	Jon Hapgood 230 Hawley Jesse, IA 50648	Brother	25 ⁻	<input type="checkbox"/>
12/9/03	ID# CK#	John Miller 145 Blaine Wilcox, IA 50701	Brother	300 ⁻	<input type="checkbox"/>
12/9/03	ID# CK#	Bob Melinero 1545 Augusta Cir. Wilcox, IA 50701		1,500 ⁻	<input type="checkbox"/>
12/9/03	ID# CK#	Bill Roberts		100 ⁻	<input type="checkbox"/>
12/9/03	ID# CK#	Lynn Dickinson 423 Chateau Ct. Cedar Falls, IA 50673		50 ⁻	<input type="checkbox"/>
12/11/03	ID# CK#	Chris Harkburger 3614 Beaver Ridge Cir Cedar Falls, IA		1,500 ⁻	<input type="checkbox"/>
12/11/03	ID# CK#	Harold Andrews 3246 Dorc Wilcox, IA 50701		350 ⁻	<input type="checkbox"/>
12/11/03	ID# CK#	Roger Dease 3011 Knoke Cedar Falls, IA 50617		51 ⁻	<input type="checkbox"/>
12/22	ID# CK#	Tom Lind 230 East Midway Wilcox, IA 50701		500 ⁻	<input type="checkbox"/>

SUB-TOTAL

\$ 4,436

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)

Miller for Mayor

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
12/22/03	ID# CK#	John Warren 504 Russell Blvd Wilcox, IA 50701		\$ 350 -	<input type="checkbox"/>
12/22/03	ID# CK#	Howard Peterson 120 Ivanhoe Rd Wilcox, IA		370 -	<input type="checkbox"/>
12/22/03	ID# CK#	Bob Molinaro 3545 Augusta C. Wilcox, IA		500 -	<input type="checkbox"/>
1/7/04	ID# CK#	Jeffery Rost 1414 Round Horn Waverly, IA 50677		100 -	<input type="checkbox"/>
7/7/04	ID# CK#	William Calderwood 5753 - 73 rd Ave. Vinton, IA 52349		100 -	<input type="checkbox"/>
7/7/04	ID# CK#	Stephen Jackson 907 Sunrise Blvd Wilcox, IA 50701		100 -	<input type="checkbox"/>
1/7/04	ID# CK#	Scott Jordan P.O. Box 1257 Wilcox IA 50704		150 -	<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>

SUB-TOTAL

\$ 1,650

TOTAL (if last page of this schedule)

\$ 11,058

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FOR INSTRUCTIONS, SEE BACK OF FORM

EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEG SLATIVE 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. 09/97)	MONETARY EXPENDITURES
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

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

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
12/2/07	ID# CK# 1015	Ad - Fax W'lor, IA	Campaign expenses, media	\$ 8,000 ⁰⁰
12/10/07	ID# CK# 1016	Black Hawk County Election Office Waterloo, IA	Voter/Election results	51 ⁻
12/11/07	ID# CK# 1017	Ad - Fax W'lor, IA	Campaign expenses, media	5,000 ⁻
12/23/07	ID# CK# 1018	Ad - Fax W'lor, IA	Campaign expenses, media	2,939 ³³
	ID# CK#	Bank Fees } US Bank Nov. 1 Dec. 2007 } W'lor IA	Taxes - Analysis fees	14 ⁴³
	ID# CK#			
	ID# CK#			
	ID# CK#			
SUB-TOTAL				\$ 16,004 ⁶⁶
TOTAL (if last page of this schedule)				\$ 16,004 ⁶⁶

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 56.6(3)(i).)

THIS FORM IS USED BY CANDIDATES' COMMITTEES ONLY

SCHEDULE G (Rev. 02/96)	BREAKDOWN OF MONETARY EXPENDITURES BY CONSULTANT
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

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

Miller for Mayor

PART I - NAME AND ADDRESS OF CONSULTANT

Name of Consultant <i>Ad-Fax</i>		
Mailing Address <i>P.O. Box 561</i>		
City <i>W'lor</i>	State <i>IA</i>	Zip Code <i>50704</i>

TOTAL ANTICIPATED
COMPENSATION FOR
PERFORMANCE

CONTRACT PERIOD (MM/DD/YR)

From *Day to Day*

To _____ \$ _____

ESTIMATES OF PERFORMANCE

*Consultant places media buys - receives
Commission*

PART II - ITEMIZED BREAKDOWN OF UNREIMBURSED EXPENSES PAID BY CONSULTANT TO OTHERS IN PERFORMING SERVICES OF CONTRACT (These expenses should NOT be reported on Schedule B, as they are direct payment from the consultant.)

DATE EXPENDED (MM/DD/YR)	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE	AMOUNT EXPENDED
<i>12/10/07</i>	<i>KUAL - W'lor IA</i>	<i>TV</i>	<i>\$ 465⁰⁰</i>
<i>11/27/07 - 12/11/07</i>	<i>Waterloo Courier W'lor, IA</i>	<i>Print Ads</i>	<i>2,190⁰⁰</i>

SUB-TOTAL

\$ 2655⁰⁰

TOTAL (if last page of this schedule)

\$ 2655⁰⁰