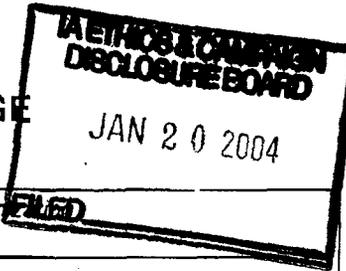


FOR INSTRUCTIONS. SEE BACK OF FORM

DISCLOSURE SUMMARY PAGE



Black Hawk

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

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

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.)\$ 7,179⁹⁸

ADD TOTAL MONEY TAKEN IN THIS PERIOD

Schedule A: Cash Contributions total (Attach Schedule A) 11,058⁰⁰

Schedule F: Loans Received total (Attach Schedule F)

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

(Schedule H applies to Candidates' Committees Only)

SUB-TOTAL.....\$ 18,237⁹⁸

SUBTRACT TOTAL MONEY SPENT THIS PERIOD

Schedule B: Expenditures total (Attach Schedule B) 16,004⁶⁶

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)\$ 2,233³²

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

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)

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 50704		\$ 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 Pike, IA 50624		200 ⁰⁰	<input type="checkbox"/>
12/1/03	ID# CK#	Milt Rakovich P.O. Box 2620 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				\$ 1135 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)

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#	Van Miller 1111 San Marcan Wilcox, IA 50701	Brother	\$ 200 ⁻	<input checked="" type="checkbox"/>
12/1/03	ID# CK#	Frank Sang 2747 W. 4th Wilcox, IA 50701		200 ⁻	<input checked="" type="checkbox"/>
12/1/03	ID# CK#	Dennis Hogan 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. 5th Aves 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/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#	John Pedersen 3471 Doris Wilcox, IA 50701		\$ 125 -	<input type="checkbox"/>
12/1/03	ID# CK#	Kaye Huff 1832 Garry St. 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 Hedges 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 Cooley 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 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
12/2/03	ID# CK#	Miscellaneous		\$ 60 ⁻	<input type="checkbox"/>
12/9/03	ID# CK#	Jon Haggard 330 Hawley Jesp. IA 50648	SI	25 ⁻	<input type="checkbox"/>
12/9/03	ID# CK#	John Miller 145 Blaine Wilco, IA 50701	Brother	300 ⁻	<input type="checkbox"/>
12/9/03	ID# CK#	Bob Molinaro 3545 Augusta Cir. Wilco, 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 Harkbarger 3614 Beaver Ridge Cir Cedar Falls, IA		1,500 ⁻	<input type="checkbox"/>
12/11/03	ID# CK#	Harold Andrews 3746 Dorset Wilco, IA 50701		350 ⁻	<input type="checkbox"/>
12/11/03	ID# CK#	Roger Pease 3011 Knoke Cedar Falls, IA 50617		51 ⁻	<input type="checkbox"/>
12/22	ID# CK#	Jim Lind 230 East Ridgeway Wilco, 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

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)

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 58B.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 Road Willow, IA 50701		\$ 350 -	<input type="checkbox"/>
12/22/03	ID# CK#	Howard Peterson 720 Ivanhoe Rd Willow, IA		370 -	<input type="checkbox"/>
12/22/03	ID# CK#	Bob Molinaro 3545 Augusta C.- Willow, IA		500 -	<input type="checkbox"/>
1/7/04	ID# CK#	Jeffery Host 1414 Round Horn Waverly, IA 50677		100 -	<input type="checkbox"/>
7/7/04	ID# CK#	William Calderwood 5753 - 73 rd Ave. Viator, IA 52349		100 -	<input type="checkbox"/>
7/7/04	ID# CK#	Stephen Jackson 907 Sunrise Blvd Willow, IA 50701		100 -	<input type="checkbox"/>
1/7/04	ID# CK#	Scott Jordan P.O. Box 1257 Willow 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 ²³
	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 \$ 16,004⁶⁶
 TOTAL (if last page of this schedule) \$ 16,004⁶⁶

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 56.8(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	State	Zip Code
<i>W'lor</i>	<i>IA</i>	<i>50704</i>

CONTRACT PERIOD (MM/DD/YR)	TOTAL ANTICIPATED COMPENSATION FOR PERFORMANCE
From <i>Day to Day</i>	\$ _____
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>KWAL - 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	\$ <i>2655⁰⁰</i>
TOTAL (if last page of this schedule)	\$ <i>2655⁰⁰</i>