

DISCLOSURE SUMMARY PAGE

Reset Form

Des Moines

FORM DR-2 (Rev. 07/2004)	DISCLOSURE REPORT
For Office Use Only	
Comm. #	<u>17701</u>
Logged In	_____
Scanned	_____
Computer	_____
Audited	_____

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

David
MILLER FOR SUPERVISOR

IMPORTANT: Indicate by # type of committee you are reporting for: 5
(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 <u>David A. Miller</u>	Political Party (if applicable) <u>Democrat</u>
Office Sought <u>County Supervisor</u>	District (if Senate or House) _____

Late reports are subject to possible civil and criminal penalties.

Jan Bell
SIGNATURE OF PERSON FILING REPORT

(319)937-6705
TELEPHONE

07-19-04
DATE SIGNED

I AM FILING A July 19th 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 <u>06-08-04</u>
County & Local Committees, enter County in which Election is held <u>Des Moines County</u>

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-

ADD TOTAL MONEY TAKEN IN THIS PERIOD

Schedule A: Cash Contributions total (Attach Schedule A) (*also see in-kind below) 1665.00

Schedule F: Loans Received total (Attach Schedule F) 400.00

Schedule H: Total Sales of Campaign Property (Attach Schedule H) -0-

(Schedule H applies to Candidates' Committees Only)

SUB-TOTAL \$ 2065.00

SUBTRACT TOTAL MONEY SPENT THIS PERIOD

Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below).... 1743.18

Schedule F: Loan Repayments total (Attach Schedule F) -0-

CASH ON HAND at the end of this reporting period (if final report balance must be zero) (Attach DR-3) \$ 321.82

**UNPAID BILLS (From Schedule D - Attach Schedule D) \$ -0-

*IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E) \$ -0-

**OUTSTANDING LOANS (From Schedule F - Attach Schedule F) \$ 400.00

CANDIDATE COMMITTEES ONLY:

CONSULTANT BREAKDOWN (Schedule G Attached?) YES NO

VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H) \$ -0-

For Instructions, See Back of Form

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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 SUPERVISOR

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
05-21-04	ID# CK#	EVELYN FOUKE 2509 SURREY RD BURLINGTON, IA 52601		\$ 25. ⁰⁰	<input type="checkbox"/>
05-21-04	ID# CK#	UNITEMIZED		120. ⁰⁰	<input type="checkbox"/>
05-24-04	ID# CK# 1551	DR JAMES R. HUGG 700 N 3RD ST BURLINGTON, IA 52601		50. ⁰⁰	<input type="checkbox"/>
05-25-04	ID# CK# 1863	THOMAS L. RALSTON 3219 CRYSTAL DR. BURLINGTON, IA 52601		25. ⁰⁰	<input type="checkbox"/>
05-25-04	ID# CK# 3502	JOHNNY JOHNSON P.O. BOX 455 WEST BURLINGTON, IA 52655		100. ⁰⁰	<input type="checkbox"/>
05-25-04	ID# CK# 6731	LYNN M. RITTER 1837 SUNNYSIDE AVE BURLINGTON, IA 52601		35. ⁰⁰	<input type="checkbox"/>
05-25-04	ID# CK# 438	CLARA M BOYLE 2000 AGENCY ST BURLINGTON, IA 52601		10. ⁰⁰	<input type="checkbox"/>
05-26-04	ID# CK# 12044	CHARLES E. WALSH 1619 RIVER BURLINGTON, IA 52601		25. ⁰⁰	<input type="checkbox"/>
05-26-04	ID# CK# 8647	SALLY PARROTT 14384 DANVILLERD-PO. BOX 296 DANVILLE, IA 52623		25. ⁰⁰	<input type="checkbox"/>
05-26-04	ID# CK# 2685	GARY D. DOCKENDORFF 15675-205TH AVE DANVILLE, IA 52623		50. ⁰⁰	<input type="checkbox"/>
SUB-TOTAL				\$ 465. 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.

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SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
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CONTRIBUTIONS – MONEY TAKEN IN

(Including candidate's personal funds)

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

MILLER FOR SUPERVISOR

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05-26-04	ID# CK# 5767	ROBERT P. RITSON 12295 CELESTIA DR BURLINGTON, IA 52601		\$ 100. ⁰⁰	<input type="checkbox"/>
05-26-04	ID# CK# 2241	MARLO J. SCHULTE 2920 SUNNYSIDE AVE BURLINGTON, IA 52601		150. ⁰⁰	<input type="checkbox"/>
05-26-04	ID# CK# 8125	MYRANELL R. DOCKENDORFF 523 S. MAIN ST DANVILLE, IA 52623		25. ⁰⁰	<input type="checkbox"/>
05-26-04	ID# CK# 1791	GENE R. KREKEL 2720 LOCHMOOR LN BURLINGTON, IA 52601		25. ⁰⁰	<input type="checkbox"/>
05-27-04	ID# CK# 8158	ROBERT M. LUTTENEGGER 4643 SUMMER ST BURLINGTON, IA 52601		100. ⁰⁰	<input type="checkbox"/>
05-27-04	ID# CK# 4183	KATHRYN S. WATERHOUSE 17512 TEAL RD SPERRY, IA 52650		10. ⁰⁰	<input type="checkbox"/>
05-27-04	ID# CK# 2473	JIM H. OLSON 829 EASY ST BURLINGTON, IA 52601		100. ⁰⁰	<input type="checkbox"/>
05-28-04	ID# CK# 3446	JAN A. BELL 17684 70TH AVE SPERRY, IA 52650-9819		100. ⁰⁰	<input type="checkbox"/>
06-04-04	ID# CK# 1627	LUANN GLASOR 2525 SUNNYCLIFF EST. BURLINGTON, IA 52601-2450		20. ⁰⁰	<input type="checkbox"/>
06-04-04	ID# CK# 1138	STEVEN J. CROWLEY 10924 OAK RIDGE RD BURLINGTON, IA 52601		100. ⁰⁰	<input type="checkbox"/>
SUB-TOTAL				\$ 730. ⁰⁰	
TOTAL (if last page of this schedule)				\$	

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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 SUPERVISOR

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
06.04.04	ID# CK# 3349	DAN KEITZER 14942-240th St MEDIAPOLIS, IA 52637		\$ 25. ⁰⁰	<input type="checkbox"/>
06.04.04	ID# CK# 7642	RICHARD H. LOGAN 405 RAMSEY WEST BURLINGTON, IA 52655		50. ⁰⁰	<input type="checkbox"/>
06.04.04	ID# CK# 3130	MARCIA FRAISE 1002 W. MT. PLEASANT ST WEST BURLINGTON, IA 52655		25. ⁰⁰	<input type="checkbox"/>
06.04.04	ID# CK#	UNITEMIZED		20. ⁰⁰	<input type="checkbox"/>
06.08.04	ID# CK# 2749	P.R. GOUGHNOUR 1032 ERICKSON LN BURLINGTON, IA 52601		100. ⁰⁰	<input type="checkbox"/>
06.08.04	ID# CK# 39682	DES MOINES COUNTY JOB OPPORTUNITIES & BUSINESS POLITICAL ACTION COMMITTEE 610 N 4th St - Suite 200 BURLINGTON, IA 52601		200. ⁰⁰	<input type="checkbox"/>
06.08.04	ID# CK# 4141	ALICE HILLYER 2836 SUNNYSIDE AVE BURLINGTON, IA 52601		50. ⁰⁰	<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
SUB-TOTAL				\$ 470. ⁰⁰	
TOTAL (if last page of this schedule)				\$ 1665. 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)
MILLER FOR SUPERVISOR

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
06-04-04	ID# CK# 1	MEDIAPOLIS NEWS PO BOX 548 MEDIAPOLIS	Box Ad	\$29. ⁰⁴
06-04-04	ID# CK# 2	PRITCHARD BROADCASTING 2850 MT. PLEASANT ST BURLINGTON, IA 52601	Radio Announcements 42-KKMI 10-WQKQ 42-KDMG June 5-6-7-8	856. ¹⁴
06-04-04	ID# CK# 3	KBUR/KBKB PO BOX 70 BURLINGTON, IA 52601	Radio Announcements 34-KBUR 34-KBKB June 5-6-7-8	493. ⁰⁰
06-04-04	ID# CK# 4	THE HAWK EYE PO BOX 10 BURLINGTON	Box Ads 4 + 1 Thank You Ad	365. ⁰⁰
	ID# CK#			
SUB-TOTAL				\$
TOTAL (if last page of this schedule)				\$1743.¹⁸

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).)

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)
MILLER FOR SUPERVISOR

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.)

DATE RECEIVED (MM/DD/YR)	NAME AND ADDRESS OF LENDER (Include Endorser's Name, If Applicable)	RELATIONSHIP TO CANDIDATE (If Applicable*)	AMOUNT OF LOAN
06-04-04	David A. Miller 6339 Madison Ave PO Box 771 Burlington, IA 52601	Self	\$ 400.00

TOTAL (PART I) \$ 400.00

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 REPAYED
			\$

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

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