

# DISCLOSURE SUMMARY PAGE

Reset Form

*Des Moines*

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

3

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

Miller for Supervisor

OCT 22 2004

IMPORTANT: Indicate by # type of committee you are reporting for: PM 10-19-04

(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>Nominated by Petition</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

10-19-04  
DATE SIGNED

I AM FILING A October 19<sup>th</sup> 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>11-02-04</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 <b>MUST</b> 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>321.<sup>82</sup></u>
<b>ADD TOTAL MONEY TAKEN IN THIS PERIOD</b>	
Schedule A: Cash Contributions total (Attach Schedule A) (*also see in-kind below) .....	<u>2275.<sup>00</sup></u>
Schedule F: Loans Received total (Attach Schedule F) .....	<u>-0-</u>
Schedule H: Total Sales of Campaign Property (Attach Schedule H) .....	<u>-0-</u>
<u>(Schedule H applies to Candidates' Committees Only)</u>	
<b>SUB-TOTAL .....</b>	<b>\$ <u>2596.<sup>82</sup></u></b>
<b>SUBTRACT TOTAL MONEY SPENT THIS PERIOD</b>	
Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below) .....	<u>2389.<sup>25</sup></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>207.<sup>57</sup></u>

**UNPAID BILLS (From Schedule D - Attach Schedule D) .....	\$ <u>-0-</u>
**IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E) .....	\$ <u>150.<sup>00</sup></u>
**OUTSTANDING LOANS (From Schedule F - Attach Schedule F) .....	\$ <u>400.<sup>00</sup></u>

**CANDIDATE COMMITTEES ONLY:**

CONSULTANT BREAKDOWN (Schedule G Attached?)  YES  NO

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

For Instructions, See Back of Form

Reset Form

SCHEDULE <b>A</b> (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
	ID# CK# 5608	Lennis D. Kelley 17984 135 <sup>th</sup> St Danville, IA 52623		\$ 50. <sup>00</sup>	<input type="checkbox"/>
9-14-04	ID# CK# 3506	Jan Bell 17684 70 <sup>th</sup> Ave Sperry, IA 52650		200. <sup>00</sup>	<input type="checkbox"/>
	ID# CK# 12166	Charles E. Walsh 1619 River Burlington, IA 52601		25. <sup>00</sup>	<input type="checkbox"/>
	ID# CK# 6706	Evelyn Fouke 2509 Surrey Rd Burlington, IA 52601		25. <sup>00</sup>	<input type="checkbox"/>
9-17-04	ID# CK#	Unitemized		40. <sup>00</sup>	<input type="checkbox"/>
10-07-04	ID# CK# 3518	Jan Bell 17684 70 <sup>th</sup> Ave Sperry, IA 52650		200. <sup>00</sup>	<input checked="" type="checkbox"/>
10-07-04	ID# CK# 9060	Barbara A. Bonnett 4324 148 <sup>th</sup> Ave Burlington, IA 52601		100. <sup>00</sup>	<input checked="" type="checkbox"/>
10-07-04	ID# CK# 8225	Jack R. Polson 149 <sup>th</sup> 165 <sup>th</sup> Ave West Burlington, IA 52655		100. <sup>00</sup>	<input checked="" type="checkbox"/>
10-07-04	ID# CK# 7326	Steve Lewis 3112 Crystal Dr Burlington, IA 52601		100. <sup>00</sup>	<input checked="" type="checkbox"/>
10-07-04	ID# CK# 6289	John E. Danielson 707 S Starr Ave Burlington, IA 52601		50. <sup>00</sup>	<input checked="" type="checkbox"/>
SUB-TOTAL				\$ 890. <sup>00</sup>	
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

Reset Form

SCHEDULE <b>A</b> (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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10-07-04	ID# CK# 7388	Ruth E. Oaks 13419 Beaverdale Rd West Burlington, IA 52655		\$ 50.00	<input checked="" type="checkbox"/>
10-07-04	ID# CK# 7829	Robert Wollam 3261 Hwy 61 Burlington, IA 52601		50.00	<input checked="" type="checkbox"/>
10-07-04	ID# CK# 16326	David G. Oleson 808 Melville Ave West Burlington, IA 52655		25.00	<input checked="" type="checkbox"/>
10-07-04	ID# CK# 4697	Bruce G. Roberts 2724 Bittersweet Pl Burlington, IA 52601		25.00	<input checked="" type="checkbox"/>
10-07-04	ID# CK# 6373	Mildred Thomas 19731 Hwy 79 Danville, IA 52623		25.00	<input checked="" type="checkbox"/>
10-07-04	ID# CK# 4314	Susan Pfaff Dickey 1720 S 4th St Burlington, IA 52601		25.00	<input checked="" type="checkbox"/>
10-07-04	ID# CK# 5828	Glorianne Eads 2012 S 4th St Burlington, IA 52601		25.00	<input checked="" type="checkbox"/>
10-07-04	ID# CK# 1193	Greg A. Koestner 501 Dunham St Burlington, IA 52601		20.00	<input checked="" type="checkbox"/>
10-07-04	ID# CK# 11036	Jeff S. Bergman 14659 Skunk River Rd Burlington, IA 52601		20.00	<input checked="" type="checkbox"/>
10-07-04	ID# CK# 6254	Edward L. Scott 2200 Seneca Dr Burlington, IA 52601		20.00	<input checked="" type="checkbox"/>
SUB-TOTAL				\$ 285.00	
<b>TOTAL (if last page of this schedule)</b>				\$	

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SCHEDULE <b>A</b> (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

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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
10.07.04	ID# CK# 1653	Kristin M. Rowley 1224 S Leebrick St Burlington, IA 52601		\$ 20.00	<input checked="" type="checkbox"/>
10.07.04	ID# CK# 3665	Phyllis Jean Shutt 20467 165th Ave Mediapolis, IA 52637		20.00	<input checked="" type="checkbox"/>
10.07.04	ID# CK# 1412	John D. Lundgren 1021 Messiah Dr. Burlington, IA 52601		15.00	<input checked="" type="checkbox"/>
10.07.04	ID# CK#	Unitemized		325.00	<input checked="" type="checkbox"/>
10.01.04	ID# CK# 2824	Gary D. Dockendorff 15675 205th Ave Danville, IA 52623		50.00	<input type="checkbox"/>
10.01.04	ID# CK# 3369	Dan Keitzer 14942 240th St Mediapolis, IA 52637		25.00	<input type="checkbox"/>
10.01.04	ID# CK# 5166	Keith Boyer 2949 Woodland Dr Burlington, IA 52601		100.00	<input type="checkbox"/>
10.01.04	ID# CK# 7812	David McMurray 10 Cascade Terrace Burlington, IA 52601		20.00	<input type="checkbox"/>
10.02.04	ID# CK# 1912	Thomas L. Ralston 3219 Crystal Dr Burlington, IA 52601		25.00	<input type="checkbox"/>
10.02.04	ID# CK# 8234	Robert M. Luttenegger 4643 Summer St Burlington, IA 52601		100.00	<input type="checkbox"/>
SUB-TOTAL				\$ 700.00	
TOTAL (if last page of this schedule)				\$	

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SCHEDULE <b>A</b> (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
10.2.04	ID# CK# 3294	Dennis Hinkle 11941 42nd St Burlington, IA 52601		\$ 50. <sup>00</sup>	<input type="checkbox"/>
10.3.04	ID# CK# 2172	Paul W. Wiemer 6064 Madison Ave Burlington, IA 52601		25. <sup>00</sup>	<input type="checkbox"/>
10.13.04	ID# CK# 11378	Janet McCannon 218 Jefferson St 4C Burlington, IA 52601		25. <sup>00</sup>	<input type="checkbox"/>
09.29.04	ID# CK# 2358	Michael Brower 422 Washington Rd West Burlington, IA 52655		100. <sup>00</sup>	<input type="checkbox"/>
09.30.04	ID# CK# 9035	Lorene C. Fichtenkort 6453 Madison Ave Burlington, IA 52601		25. <sup>00</sup>	<input type="checkbox"/>
09.26.04	ID# CK# 6192	D.H. Wiedemeier 11221 Starrs Cave Rd Burlington, IA 52601		35. <sup>00</sup>	<input type="checkbox"/>
09.25.04	ID# CK# 7330	J.D. Elmer 620 Iowa St Burlington, IA 52601		40. <sup>00</sup>	<input type="checkbox"/>
09.21.04	ID# CK# 5643	Alan L. Christensen 6 Cascade Terrace Burlington, IA 52601		50. <sup>00</sup>	<input type="checkbox"/>
09.29.04	ID# CK# 5815	Robert P. Ritson 12295 Celestia Dr Burlington, IA 52601		50. <sup>00</sup>	<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
SUB-TOTAL				\$ 400. <sup>00</sup>	
TOTAL (if last page of this schedule)				\$ 2275. <sup>00</sup>	

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Reset Form

**EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT**

SCHEDULE <b>B</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
09-29-04	ID# CK# 5	Postmaster N Main St Burlington IA 52601	Stamps	\$ 111. <sup>00</sup> ✓
10-04-04	ID# CK# 6	City of Burlington 400 Washington St Burlington, IA 52601	Port of Burlington Rental for Fundraiser 10-07-04	25. <sup>00</sup> ✓
10-08-04	ID# CK# 7	The Hawk Eye PO Box 10 Burlington, IA 52601	Box Ads (2)	504. <sup>80</sup> ✓
10-08-04	ID# CK# 8	Kathi Miller 1216 S Central Ave Burlington, IA 52601	Beverages for Fundraiser 10-07-04	64. <sup>92</sup>
10-14-04	ID# CK# 9	The Hawk Eye PO Box 10 Burlington, IA 52601	Box Ads (2)	220. <sup>28</sup>
10-14-04	ID# CK# 10	The Hawk Eye PO Box 10 Burlington, IA 52601	③ Announcements in Hawk Eye Happenings. Ran Oct 3-5-7th	33. <sup>07</sup> ✓
10-14-04	ID# CK# 11	Craftsman Press 203 N 3rd St PO Box 699 Burlington IA 52601	1500 Campaign Magnets 288.90 350 Wires 700 Yard Signs → 1134.74	1423. <sup>64</sup>
10-14-04	ID# CK# 12	Hope Haven Area Development Ctr 1819 Douglas Ave Burlington, IA 52601	1 Engraving	6. <sup>54</sup>
SUB-TOTAL				\$
TOTAL (if last page of this schedule)				\$ 2389. <sup>25</sup>

**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

SCHEDULE <b>E</b> (Rev. 06/97)	IN KIND CONTRIBUTIONS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

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

Miller for Supervisor

Reset Form

DATE RECEIVED (MM/DD/YR)	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE * (if applicable)	DESCRIPTION OF IN KIND CONTRIBUTION	ESTIMATED FAIR MARKET VALUE	✓ IF FOR FUND-RAISER CONTRIBUTION
10-07-04	David A. Miller 6339 Madison Ave PO Box 771 Burlington, IA 52601	Self	Brats - Hot Dogs Buns - Chips B. Beans - Plastic Plates - Napkin	\$ 135.00	<input checked="" type="checkbox"/>
10-07-04	Jan Bell 17684 70th Ave Sperry IA		Potato Salad 20lbs	15.00	<input checked="" type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
SUB-TOTAL				\$	
TOTAL (if last page of this schedule)				\$	150.00

Page 1 of 1  
(for Schedule E)

\*Disclosure law requires candidates to disclose the relationship of any relative making an in kind contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). (See Page 2 of forms packet.) If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Reset Form

SCHEDULE <b>F</b> (Rev. 07/03)	LOANS RECEIVED & REPAID
<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 \$ 400.00

**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 REPAID
			\$

TOTAL CASH REPAYMENTS (PART II) \$ \_\_\_\_\_

From Schedule E -- TOTAL LOANS FORGIVEN \$ \_\_\_\_\_

TOTAL OUTSTANDING LOANS END OF REPORT PERIOD \$ \_\_\_\_\_

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