

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 | <u>DM</u> |
| Scanned | |
| Computer | <u>DM</u> |
| Audited | |

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

Miller for Supervisor

IMPORTANT: Indicate by # type of committee you are reporting for:

(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) School PAC (10) School Board or Other Political Subdivision PAC (11) Local Ballot Issue

CANDIDATE COMMITTEES ONLY:

Candidate Name

David A. Miller

Office Sought

County Supervisor

RETIRES CAMPAIGN DISCLOSURE BOARD
FILED
JAN 21 2005
Nominated by Petition

Late reports are subject to possible civil and criminal penalties.

Jan Bell

SIGNATURE OF PERSON FILING REPORT

TELEPHONE

(319) 937-6705

DATE SIGNED

10-18-05

I AM FILING A

January 19th

(report date)

REPORT FOR (1) ELECTION / (2) NON-ELECTION YEAR.

Indicate by # 2

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

11-02-04

County & Local Committees, enter County in which Election is held

Des Moines County

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.)

\$ 207.57

ADD TOTAL MONEY TAKEN IN THIS PERIOD

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

1511.18

Schedule F: Loans Received total (Attach Schedule F)

-0-

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

-0-

(Schedule H applies to Candidates' Committees Only)

SUB-TOTAL

\$ 1718.75

SUBTRACT TOTAL MONEY SPENT THIS PERIOD

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

1588.75

Schedule F: Loan Repayments total (Attach Schedule F)

130.00

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

\$ -0-

**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)

\$ -0-

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 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 |
|---------------------------------------|--|--|--|-----------------|-----------------------------|
| 10.15.04 | ID# CK# 5549 | Timothy D. Roberts 11152 60th St Burlington, IA 52601 | | \$ 50.00 | <input type="checkbox"/> |
| 10.15.04 | ID# CK# 7717 | Richard Logan 402 Ramsey West Burlington, IA 52655 | | 50.00 | <input type="checkbox"/> |
| 10.15.04 | ID# CK# 8700 | Sally Parrott 14384 Danville Rd Danville, IA 52623 | | 20.00 | <input type="checkbox"/> |
| 10.15.04 | ID# CK# 1002 | DM Co. Job Opportunities & Business PAC 610 N 4th St - Suite 200 Burlington, IA 52601-5069 | | 250.00 | <input type="checkbox"/> |
| 10.16.04 | ID# CK# 1755 | Lynn Glaser 2525 Sunnyclyff Est Burlington, IA 52601-2450 | | 20.00 | <input type="checkbox"/> |
| 10.19.04 | ID# CK# | Unitemized | | 200.00 | <input type="checkbox"/> |
| 10.25.04 | ID# CK# | Unitemized | | 20.00 | <input type="checkbox"/> |
| 10.25.04 | ID# CK# 5826 | Robert P. Ritson 12295 Celestix Dr Burlington, IA 52601 | | 100.00 | <input type="checkbox"/> |
| 10.25.04 | ID# CK# 2702 | Jim H. Olson 829 Easy St Burlington, IA 52601 | | 100.00 | <input type="checkbox"/> |
| 10.27.04 | ID# CK# 6434 | Lisa Jennison 3110 Sunnyside Ave Burlington, IA 52601 | | 25.00 | <input type="checkbox"/> |
| SUB-TOTAL | | | | \$ 835.00 | |
| 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

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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 |
|--------------------------|--|---|--|-----------------------|-----------------------------|
| 11.30.04 | ID# CK# 10054 | David A. Miller 6339 Madison Ave Burlington, IA 52601 | Candidate | \$ 676. ¹⁸ | <input type="checkbox"/> |
| | ID# CK# | | | | <input type="checkbox"/> |
| | ID# CK# | | | | <input type="checkbox"/> |
| | ID# CK# | | | | <input type="checkbox"/> |
| | ID# CK# | | | | <input type="checkbox"/> |
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| | ID# CK# | | | | <input type="checkbox"/> |
| | ID# CK# | | | | <input type="checkbox"/> |
| | ID# CK# | | | | <input type="checkbox"/> |

SUB-TOTAL

\$ 676.¹⁸

TOTAL (if last page of this schedule)

\$ 1511.¹⁸

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FOR INSTRUCTIONS, SEE BACK OF FORM

Reset Form

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 |
|--|--|---|---|------------------------------|
| 10-20-04 | ID# CK# 13 | Mediapolis News PO Box 548 Mediapolis, IA 52637 | 1 Box Ad 1 Thank You Box Ad | \$ 87. ¹² |
| 10-27-04 | ID# CK# 14 | The Hawk Eye PO Box 10 Burlington, IA 52601 | 1- Box Ad (Sunday) 150.75 2- Box Ads (Wed-Fri) 220.28 1- Thank You Box Ad 61.80 | 432. ⁸³ |
| 11-04-04 | ID# CK# 15 | Des Moines County News PO Box 177 West Burlington, IA 52655 | 1- Box Ad | 41. ⁶⁰ |
| 11-30-04 | ID# CK# 16 | Riverview Designs 722 Jefferson St Burlington, IA 52601 | Vinyl (4) one-sided 4x6 ea 96. ⁰⁰ 384. ⁰⁰ (4) Two-sided 4x6 ea 114. ⁰⁰ 576. ⁰⁰ Tax 67.20 | 1027. ²⁰ |
| | ID# CK# | | | |
| SUB-TOTAL | | | | \$ |
| TOTAL (if last page of this schedule) | | | | \$ 1588.⁷⁵ |

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

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

Miller for Supervisor

Reset Form

| | |
|---|--------------------------|
| SCHEDULE E (Rev. 06/97) | IN KIND CONTRIBUTIONS |
| <input type="checkbox"/> CHECK THIS BOX IF AMENDING 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 |
|--------------------------|---|---|-------------------------------------|--|-----------------------------------|
| 01-18-05 | David A. Miller 6339 Madison Ave Burlington, IA 52601 | Candidate | Loan Forgiven | \$ | <input 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"/> |
| | | | | | <input type="checkbox"/> |
| | | | | SUB-TOTAL \$ | |
| | | | | TOTAL (if last page of this schedule) \$ | |
| | | | | | 270.00 |

*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.

FOR INSTRUCTIONS, SEE BACK OF FORM

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 \$ 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 |
|--------------------------|---|--|----------------|
| | | | \$ |
| | | | |
| | | | |
| | | | |

TOTAL (PART I) \$ _____

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 |
|----------------------|--|--|----------------|
| 01-18-04 | David A. Miller 6339 Madison Ave Burlington, IA 52601 Miller for Supervisor, Jan Bell, Treas. | | \$ 130.00 |
| | | | |
| | | | |
| | | | |

TOTAL CASH REPAYMENTS (PART II) \$ 130.00
From Schedule E - TOTAL LOANS FORGIVEN \$ 270.00
TOTAL OUTSTANDING LOANS END OF REPORT PERIOD \$ -0-

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