

DISCLOSURE SUMMARY PAGE

FORM DR-2 (Rev. 05/2002)	<i>Nardin</i> DISCLOSURE REPORT
For Office Use Only	
Comm. #	<u>17206</u>
Indexed	<input checked="" type="checkbox"/>
Audited	_____
Computer	<u> <i>pb</i> </u>

COMMITTEE NAME (Must be same as on Statement of Organization)
ERU MILLER FOR SUPERVISOR COMMITTEE

IMPORTANT: Indicate type of committee you are reporting for:

(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 Slate of Candidates

CANDIDATE COMMITTEES ONLY:

Candidate Name <u>ERU MILLER</u>	Political Party <u>REPUBLICAN</u>
Office Sought <u>BOARD OF SUPERVISORS</u>	District (if Senate or House) _____

JAN 10 2003

R.D. Peters
SIGNATURE OF TREASURER (or person filing this report)

641-648-4680
TELEPHONE

726-03
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 JANUARY 19, 2003 REPORT FOR AN/A (1) ELECTION / (2) NON-ELECTION YEAR.
(report date) Indicate one

CHECK IF AMENDMENT TO REPORT DATED _____

Local Committees, enter Date of Election _____
County & Local Committees, enter County in which Election is held _____

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.)

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.) \$ 143.73

ADD TOTAL MONEY TAKEN IN THIS PERIOD

Schedule A: Cash Contributions total (Attach Schedule A) (*also see in-kind below) 409.00

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 \$ 552.73

SUBTRACT TOTAL MONEY SPENT THIS PERIOD

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

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) \$ 552.73

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

****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?) _____ 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. 06/97)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)
ERU MILLER FOR SUPERVISOR COMMITTEE

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
10-15-02	ID# CK#	WILLIAM TRAMPE 27567 195TH ST. IOWA FALLS, IA 50126		\$ 50.00	
10-15-02	ID# CK#	CASH AND CHECKS UNDER 20.00 EACH		39.00	
10-15-02	ID# CK#	WILLIAM DILSAUER 19513 HWY D15 IOWA FALLS, IA 50126		25.00	
11-4-02	ID# CK#	JAMES GRANZOW 314 W. MAPLE ST. HUBBARD, IA. 50122		25.00	
11-4-02	ID# CK#	DON FETFAAR 2504 HACKBERRY DR. IOWA FALLS, IA 50126		25.00	
11-4-02	ID# CK#	LINN ADAMS 608 MAIN ST. IOWA FALLS, IA 50126		25.00	
11-4-02	ID# CK#	DARRELL ADAMS 10959 HWY 541 IOWA FALLS, IA 50126		25.00	
11-4-02	ID# CK#	ARDETH UEST 1700 SILDAM RD IOWA FALLS, IA 50126		50.00	
11-4-02	ID# CK#	RAYMOND STOCKDALE 26132 110TH ST. IOWA FALLS, IA		100.00	
10-16-02	ID# CK#	HELEN RICHTEMEIER 715 5TH AVE ACKLEY IA 50601		25.00	
SUB-TOTAL				\$389.00	
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). (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

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(Including candidate's personal funds)

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11-21-02	ID# CK#	SANDRA TRAMP P.O. BOX 475 STEAMBOAT ROCK, IA 50672		\$ 20.00	
	ID# CK#				

SUB-TOTAL \$ 20.

TOTAL (if last page of this schedule) \$ 409.00

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