

FOR INSTRUCTIONS, SEE BACK OF FORM

DISCLOSURE SUMMARY PAGE



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

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

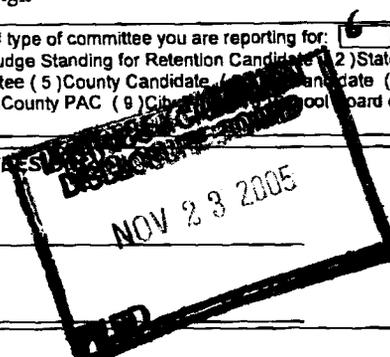
Martha Miller Campaign

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) School Board or Other Political Subdivision Candidate (7) School Board or Other Political Subdivision PAC (8) County PAC (9) City School Board or Other Political Subdivision PAC (10) City School Board or Other Political Subdivision PAC (11) Local Ballot Issue

CANDIDATE COMMITTEES

Candidate Name: Martha L. Miller Political Party (if applicable): _____

Office Sought: City Council District (if Senate or House): _____



Late reports are subject to possible civil and criminal penalties.

SIGNATURE OF PERSON FILING REPORT: Sue Bush TELEPHONE: 515-266-2261 DATE SIGNED: 11-23-05

I AM FILING A 11-23-05 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>11/8/05</u> |
| County & Local Committees, enter County in which Election is held <u>Polk</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.) | \$ 32.71 |
| ADD TOTAL MONEY TAKEN IN THIS PERIOD | |
| Schedule A: Cash Contributions total (Attach Schedule A) (*also see in-kind below) | 51.29 |
| Schedule F: Loans Received total (Attach Schedule F) | _____ |
| Schedule H: Total Sales of Campaign Property (Attach Schedule H) | _____ |
| <i>(Schedule H applies to Candidates' Committees Only)</i> | |
| SUB-TOTAL | \$ 84.00 |
| SUBTRACT TOTAL MONEY SPENT THIS PERIOD | |
| Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below) | 84.00 |
| 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) | \$ 0.00 |
| **UNPAID BILLS (From Schedule D - Attach Schedule D) | \$ 0.00 |
| *IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E) | \$ 0.00 |
| **OUTSTANDING LOANS (From Schedule F - Attach Schedule F) | \$ 0.00 |
| CONSULTANT BREAKDOWN (Schedule G Attached?) | YES <input checked="" type="checkbox"/> NO |
| CANDIDATE COMMITTEES ONLY: | |
| VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H) | \$ 0.00 |

STATE COMMITTEES: Submit a reconciled campaign account bank statement in January of each year.

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)

Martha Miller Campaign

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 |
|--|--|--|--|-----------------|-----------------------------|
| 11/4/05 | ID# CK# | Robert DeCook 1535 Springs Drive Pleasant Hill, IA 50327 | | \$25.00 | <input type="checkbox"/> |
| 11/4/05 | ID# CK# | Martha Miller 5230 E Oakwood Dr Pleasant Hill, IA 50327 | Candidate | 26.24 | <input type="checkbox"/> |
| 11/7/05 | ID# CK# | Horizon Federal Savings Bank 1290 Copper Creek Dr, Pleasant Hill IA 50327 INTEREST RECEIVED ON CHECKING ACCT | | .05 | <input type="checkbox"/> |
| | ID# CK# | | | | <input type="checkbox"/> |
| | ID# CK# | | | | <input type="checkbox"/> |
| | ID# CK# | | | | <input type="checkbox"/> |
| | ID# CK# | | | | <input type="checkbox"/> |
| | ID# CK# | | | | <input type="checkbox"/> |
| | ID# CK# | | | | <input type="checkbox"/> |
| | ID# CK# | | | | <input type="checkbox"/> |
| SUB-TOTAL | | | | \$ 51.29 | |
| TOTAL (if last page of this schedule) | | | | \$ 51.29 | |

* 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



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)
Martha Miller Campaign

| 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 |
|--|--|---|---|-----------------|
| 11/10/05 | ID# CK# | Bidwell Riverside Center 1203 Hartford Ave Des Moines, IA 50315 | Charitable Donation to close committee bank account | \$ 84.00 |
| | ID# CK# | | | |
| SUB-TOTAL | | | | \$ 84.00 |
| TOTAL (if last page of this schedule) | | | | \$ 84.00 |

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).)