

FOR INSTRUCTIONS, SEE BACK OF FORM

# DISCLOSURE SUMMARY PAGE

Reset Form

*Winnepago*

<b>FORM DR-2</b> (Rev. 01/2003)	<b>DISCLOSURE REPORT</b>
<b>For Office Use Only</b>	
Comm. # <u>17432</u>	
Indexed <u>SW</u>	
Audited _____	
Computer _____	

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

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 Clarence C. Miller Political Party Republican  
 Office Sought Supervisor, district 3, Winnepago Cty District (if Senate or House) \_\_\_\_\_

JAN 14 2003

SIGNATURE OF TREASURER (or person filing this report) [Signature]

TELEPHONE 641-561-2324

DATE SIGNED 1-11-03

Late filed reports are subject to possible civil and criminal penalties.

**SEE INSTRUCTIONS ON BACK AND COMPLETE THE FOLLOWING SENTENCE:**

I AM FILING A Final REPORT FOR AN/A (1) ELECTION / (2) NON-ELECTION YEAR.  
(report date) Indicate one

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 Notice of Dissolution is filed.)

Local Committees, enter Date of Election <u>11-05-02</u>
County & Local Committees, enter County in which Election is held <u>Winnepago</u>

## 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.) ..... \$ 126.61

**ADD TOTAL MONEY TAKEN IN THIS PERIOD**

Schedule A: Cash Contributions total (Attach Schedule A) (\*also see in-kind below) ..... 691.42

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 ..... \$ 818.03

**SUBTRACT TOTAL MONEY SPENT THIS PERIOD**

Schedule B: Expenditures total (Attach Schedule B) (\*\*also see debts and loans below).... 818.03

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-

\*\*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) ..... \$ -0-

**CONTRIBUTIONS -- MONEY TAKEN IN**

(Including candidate's personal funds)

**A** MONETARY RECEIPTS  
Form 6800

CHECK THIS BOX IF AMENDING FORM

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

*M. Nov 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
<del>10/26/02</del>	<del>ID# CK#</del>	<del>[REDACTED]</del>			
10/26/02	ID# CK#	John Laflor, 5784 Hwy 9, Buffalo Center, IA 50924		100.00	
10/26/02	ID# CK#	2720 Tipton Ave, Boone IA 50438 Lawrence & Donna Miller	Brother	50.00	
10/26/02	ID# CK#	Christian Miller, 5734 Hwy 9, Buffalo Center, IA 50424	Son	25.00	
10/26/02	ID# CK#	Russell Osnes, Forest City, 575 S. 6th St., IA 50436		25.00	
	ID# CK#	Eldon Hagen, 102 Hillcrest Ct., Forest City, IA 50436		25.00	
	ID# CK#	Cliff Braustad, 93772 140th Ave, Thompson IA 50478		25.00	
	ID# CK#	Richard Johnson, 306 S. Clark St., Forest City, IA 50436		25.00	
	ID# CK#	Stan Hatten, 146 Johnson Av, Forest City, IA 50436		25.00	
	ID# CK#	Jay Mersfeld, 1260 Brockman, Mason IA 53202		25.00	

SUB-TOTAL

\$ 385.00

TOTAL (if last page of this schedule)

\$ 325.00

\* 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

SCHEDULE  
**A** MONETARY RECEIPTS  
 (REV. 05/97)  
 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
10/29/02	ID# CK#	Christon Miller 5734 Hwy 9 Buffalo Center, IA, 50424	Son	\$ 200.00	
11/19/02	ID# CK#	John Kaplan 5789 Hwy 9 Buffalo Center, IA 50424		\$ 166.42	
	ID# CK#				

SUB-TOTAL \$ 366.42  
**TOTAL (if last page of this schedule)** \$ 691.42

\* 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.

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

SCHEDULE <b>B</b> (Rev. 09/97)	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)  
*M. Her for Suprv. 301*

DATE EXPENDED (MM/DD/YY)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
10/28/02	ID# CK#	K FOW 360th st 18643 Forest City IA 50430	Radio Ads	\$112.50
11/13/02	ID# CK#	Bison Graphic 124 N. Main, Bufile Bufile 50434	Tablet	83.00
11/18/02	ID# CK#	Bufile Trib 124 N main Bufile 50434	124 N. Main Newspaper Ads	133.41
11/13/02	ID# CK#	The Spokesman 606 8th st. Gundy Iota, IA 50678	Spokesman Ad	224.60
11/19/02	ID# CK#	Thompson Courier Cov Thompson 150 Jackson St, IA, 50478	Newspaper Ad	121.00
11/19/02	ID# CK#	North Iowa Media Co P.O. Box 221 Mason City, IA 50402-0221	News paper Ads	143.52
	ID# CK#			
	ID# CK#			

SUB-TOTAL \$ ~~813.52~~ 816.03  
 TOTAL (if last page of this schedule) \$ ~~813.52~~ 816.03

**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 56 6(3)(i).)

# Notice of Dissolution

Reset Form

JAN 14 2003

*Winnebago*

FORM	(Rev. 07/02)
<b>DR-3</b> <b>NOTICE OF DISSOLUTION</b>	
<b>For Office Use Only</b>	
Comm. #	<u>17432</u>
Indexed	<u>SI</u>
Audited	_____
Computer	_____
Certified Date of Dissolution	_____

### COMMITTEE NAME

<u>Miller for Supervisor</u>	
Official Name of Committee	
<u>5784 Hwy 9</u>	
Street	
<u>Buffalo Center IA 5042A</u>	
City, State, Zip Code	
<u>(691)</u>	<u>561-2729</u>
Area Code	Telephone

### WHEN TO FILE:

The Notice of Dissolution must be filed within thirty (30) days of completion of all the following:

1. All debts, loans and obligations have been paid or transferred;
2. All campaign funds have been spent;
3. All campaign property sold or transferred (candidates only); and
4. A final report disclosing all transactions closing the committee.

For state candidates and state PACs, a final bank statement must be filed with the Notice of Dissolution or as soon as possible if the bank statement is not available at the time the Notice of Dissolution is filed.

*John M. Laff*

Signature of Candidate or Treasurer (if candidate's committee)/Signature of Chair or Treasurer (if PAC)

1-11-03

Date Signed

**FOR INSTRUCTIONS, SEE BACK OF FORM**  
**This form is not applicable to statutory political committees.**