

FOR INSTRUCTIONS, SEE BACK OF FORM

DISCLOSURE SUMMARY PAGE

IAEIM CAMPAIGN DISCLOSURE BOARD
JAN 23 2003
FILED PM 1-21

FORM DR-2 (Rev. 01/98)	DISCLOSURE REPORT
For Office Use Only	
Comm. #	1386
Indexed	SW
Audited	
Computer	

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

IMPORTANT: Indicate type of committee you are reporting for: 1

(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

Mary Ella Miller 641-423-1193 1.20.03
 SIGNATURE OF TREASURER (or person filing this report) TELEPHONE 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 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 Notice of Dissolution is filed.)

Local Committees, enter Date of Election
November 5, 2002
 County & Local Committees, enter County in which Election is held

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.)\$ 3825.49

ADD TOTAL MONEY TAKEN IN THIS PERIOD

Schedule A: Cash Contributions total (Attach Schedule A)..... 220.00

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.....\$ 4045.49

SUBTRACT TOTAL MONEY SPENT THIS PERIOD

Schedule B: Expenditures total (Attach Schedule B)..... 4045.49

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)\$ 148.00

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)
M.E. Miller for Senate

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/YY)	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
10/30/02	ID# CK#	Lawrence Saltzman 2704 Ewing Avenue Jr. Minneapolis MN 55416		\$ 25.00	
"	ID# CK#	Marsha Myers 12450 Riverview Dr. Solida, CO 81201		25.00	
"	ID# CK#	Keith McKinley 515 State St Osage IA 50461		50.00	✓
"	ID# CK#	Shirley Drake 3996 Primrose Ave Osage IA 50461		50.00	✓
11/25/02	ID# CK#	Ann & David Dunlop 919 Main St Osage IA 50461		20.00	
"	ID# CK#	Cheryl Jahnke 3205 Shadow Ave Orchard, IA 50460		50.00	
	ID# CK#				

SUB-TOTAL

\$ 170.00

TOTAL (if last page of this schedule)

\$ 170.00

* 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

EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

SCHEDULE 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)
ME Miller for Senate

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
10/20/02	ID# CK#	Staples 3450 4th St SW Mason City IA 50401		\$150.47
10/20/02	ID# CK#	Qwest POB 2 x 9351 MPLS, MN 5510	phone calls	28.76
10/20/02	ID# CK#	MCI POB 2 x 4452 Bridgeton MO 63044	phone calls	36.13
10/26/02	ID# CK#	PS I 1414 4th St SW Mason City IA 50401	envelopes, copies	125.36
10/24/02	ID# CK#	Richard Decker 6562 1st St NE Mason City IA 50401	lit drop	25.00
10/27/02	ID# CK#	PS I 1414 4th St SW Mason City IA 50401	printing, stationery	73.60
10/29/02	ID# CK#	Postmaster Mason City P.O. Mason City IA 50401	postage	186.50
12/12/02	ID# CK#	Staples 3450 4th St SW Mason City IA 50401	storage boxes	160.10
SUB-TOTAL				\$785.92
TOTAL (if last page of this schedule)				\$

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).)

FOR INSTRUCTIONS, SEE BACK OF FORM

EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

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.

SCHEDULE B (Rev. 09/97)	MONETARY EXPENDITURES
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)
 ME Miller for Senate

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
12/16/02	ID# CK#	PST 1414 4th St W Mason City IA 50401	PRINTING envelopes	\$ 71.65
12/16/02	ID# CK#	One Hour Photo 2400 4th St SW Mason City, IA 50401	photos	111.30
12/17/02	ID# CK#	Postmaster M.C. Post office Mason City, IA 50401	postage	111.00
12/30/02	ID# CK#	ME Miller 803 E. State St Mason City, IA 50401	Mileage, campaign 8033 mi x .365	2,932.05
12/30/02	ID# CK#	ME Miller 803 E. State St Mason City, IA 50401	badges, photos, zip-ties paint brushes	33.57
	ID# CK#			
	ID# CK#			
	ID# CK#			

SUB-TOTAL \$ 3259.57
 TOTAL (if last page of this schedule) \$ 4045.49

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).)

FOR INSTRUCTIONS, SEE BACK OF FORM

SCHEDULE D (Rev. 08/98)	INCURRED INDEBTEDNESS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

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

NOTE: Debts previously reported that remain unpaid must be included on this Schedule, as well as any new obligations incurred in this period.

**DEBTS/OBLIGATIONS REMAINING THIS REPORTING PERIOD
(DO NOT INCLUDE LOANS -- SHOW LOANS ON SCHEDULE F)**

An "incurred debt" is a debt for goods or services ordered or received, but not paid for by the end of the reporting period., regardless of whether an invoice has been received.

DATE INCURRED (MM/DD/YR)	NAME AND ADDRESS OF PERSON TO WHOM DEBT OR OBLIGATION IS OWED	DESCRIPTION OF GOODS OR SERVICES PROVIDED OR PURCHASED	BALANCE OWED AT CLOSE OF REPORTING PERIOD*
3.2.02 - 10.31.02	Mary Ellen Miller 803 E. State Street Mason City IA 50401	church/organization suppers & admissions	\$ 148.00
SUB-TOTAL			\$ 148.00
TOTAL DEBTS OWED BY COMMITTEE AT THE END OF THIS REPORTING PERIOD			\$ 148.00

*If actual figure is unknown, show "estimated" beside the figure.

Page 1 of 1
(for Schedule D)

CANDIDATE COMMITTEES NOTE:
*Incurred indebtedness also includes each person/entity with whom the candidate's committee has entered into a contract during the reporting period for future or continuing performance. Enter the name of the consultant who provides or procures services for items such as advertising, fund-raising, polling, managing, or organizing services. Report on Schedule G the nature of performance and the estimated performance reasonably expected of the consultant.

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

FORM (Rev. 02/96)

DR-3
NOTICE OF
DISSOLUTION

For Office Use Only

Comm. # 1386

Indexed

Audited _____

Computer _____

Certified Date of Dissolution _____

Notice of Dissolution

Every Notice of Dissolution shall be accompanied by a completed Disclosure Report Form current to the date of dissolution.

FILED
JAN 23 2003
PM 1-21
DISCLOSURE BOARD

COMMITTEE NAME

Official Name of Committee

M. E. Miller Sr Senate
Street

803 E State St
City, State, Zip Code

Mason City, IA 50401
Area Code Telephone

646-423-1793

Effective date of dissolution:

20 January, 20 03

Mary Elb Miller
Signature of Treasurer

1.20.03
Date Signed

THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

I, the candidate, certify that my candidate committee's cash balance is zero, all debts, obligations and loans have been paid or satisfied in accordance with law as shown on my committee's final report and all campaign property and leftover funds have been distributed in accordance with my committee's last filed Statement of Organization.

Mary Elb Miller
Signature of Candidate - Required for Candidate's Committee

1.20.03
Date signed

WHEN TO FILE:

The Notice of Dissolution must be filed within thirty (30) days of the committee's dissolution, with a copy of the final bank statement attached.