

FOR INSTRUCTIONS, SEE BACK OF FORM

DISCLOSURE SUMMARY PAGE



FORM DR-2 (Rev. 07/2003)	DISCLOSURE REPORT
For Office Use Only	
Comm. #	1529
Logged In	SW-tracker
Scanned	
Computer	
Audited	

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

Miller for Iowa House

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

CANDIDATE COMMITTEES ONLY:

Candidate Name	Political Party
Ron C. Miller	Democrat
Office Sought	District (if Senate or House)
House Representative	23

MAY 17 2004
fax
5-17-04
DATE SIGNED

Cathy Link
SIGNATURE OF TREASURER (or person filing this report)

319-283-3202
TELEPHONE

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

SEE INSTRUCTIONS ON BACK AND COMPLETE THE FOLLOWING SENTENCE:

I AM FILING A May 19 Disclosure REPORT FOR AN/A (1) ELECTION /(2)NON-ELECTION YEAR.
(report date) Indicate one 1

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.)	\$	0
ADD TOTAL MONEY TAKEN IN THIS PERIOD		
Schedule A: Cash Contributions total (Attach Schedule A) (*also see in-kind below)		714.00
Schedule F: Loans Received total (Attach Schedule F)		2,000.00
Schedule H: Total Sales of Campaign Property (Attach Schedule H)		
(Schedule H applies to Candidates' Committees Only)		
SUB-TOTAL	\$	2,714.00
SUBTRACT TOTAL MONEY SPENT THIS PERIOD		
Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below)		1,744.91
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)	\$	969.09
**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)	\$	2,000.00
CANDIDATE COMMITTEES ONLY:		
CONSULTANT BREAKDOWN (Schedule G Attached?)		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H)	\$	

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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 Iowa House

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
4-19-04	ID# CK#	Unitemized cash donations Pass the hat		\$ 79	<input type="checkbox"/>
3-29-04	ID# CK# 1300	Arthur Kloos 501 Cottage St. Shellsburg, Iowa 52332		50	<input type="checkbox"/>
3-29-04	ID# CK#	Unitemized cash donations Pass the hat		20	<input type="checkbox"/>
4-28-04	ID# CK# 2824	Barbara Knebel Dunkerton, Iowa	sister-in-law	25	<input type="checkbox"/>
4-28-04	ID# CK# cash	Mary Miller Fairbank, Iowa 50629	mother	100	<input type="checkbox"/>
4-29-04	ID# CK#	Unitemized cash donations Pass the hat		100	<input type="checkbox"/>
4-29-04	ID# CK# 7403	Mary Klotzbach 401 3rd Ave NE Independence, Iowa 50644		25	<input type="checkbox"/>
4-29-04	ID# CK# 9675	Ed Zimmer 501 2nd Ave NE Independence, Iowa 50644		10	<input type="checkbox"/>
4-29-04	ID# CK# 6310	William Hickey 314 6th Ave SW Independence, Iowa 50644		50	<input type="checkbox"/>
4-29-04	ID# CK# 4901	Jeanette Randall 706 3rd Ave SW Independence, Iowa 50644		50	<input type="checkbox"/>
SUB-TOTAL				\$ 509	
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.

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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 Iowa House

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.

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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
4-29-04	ID# CK# 5377	Jean Burke 716 4th Ave NE Independence, Iowa 50644		\$ 20	<input type="checkbox"/>
4-29-04	ID# CK# 7724	Helen Hoefler Box 315 Fairbank, Iowa 50629		20	<input type="checkbox"/>
4-29-04	ID# CK# 5648	Ellen McGrath 410 2nd Ave NE Independence, Iowa 50644		5	<input type="checkbox"/>
4-29-04	ID# CK# 5610	Victoria Wilson 1051 175th St. Independence, Iowa 50644		30	<input type="checkbox"/>
4-29-04	ID# CK# 13274	Leo Donnelly 417 3rd Ac NE Independence, Iowa 50644		25	<input type="checkbox"/>
5-1-04	ID# CK# 8609	Dorothy Smith 600 4th Ave NE Independence, Iowa 50644		15	<input type="checkbox"/>
5-1-04	ID# CK# 2382	Monica Smith Box 302 Dunkerton, Iowa 50626		20	<input type="checkbox"/>
5-4-04	ID# CK# 2297	Mary Bukta 604 S. 32nd St Clinton, Iowa 52732		50	<input type="checkbox"/>
5-7-04	ID# CK# 6038	Lois E. Miller 117 1/2 E. Main Fairbank, Iowa 50629	cousin	20	<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
SUB-TOTAL				\$ 205	
TOTAL (if last page of this schedule)				\$ 714	

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Reset Form

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

SCHEDULE F (Rev. 07/03)	LOANS RECEIVED & REPAID
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

NOTE: This schedule reports money loaned to the committee which is deposited in the committee account.

TOTAL UNPAID LOANS FROM LAST REPORTING PERIOD \$ 0

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.)

PART II - MONETARY LOAN REPAYMENTS MADE THIS REPORTING PERIOD
 (Loans forgiven must be reported on Schedule E - In-kind Contributions.)

DATE RECEIVED (MM/DD/YR)	NAME AND ADDRESS OF LENDER (Include Endorser's Name, if Applicable)	RELATIONSHIP TO CANDIDATE (If Applicable)	AMOUNT OF LOAN
2-10-04	Joan Miller Box 34 Fairbank, Iowa 50629	wife	\$ 1,500
5-13-04	Joan Miller Box 34 Fairbank, Iowa 50629	wife	500

DATE PAID (MM/DD/YR)	NAME AND ADDRESS OF LENDER (Include Endorser's Name, if Applicable)	RELATIONSHIP TO CANDIDATE* (If Applicable)	AMOUNT REPAID
			\$

TOTAL (PART I) \$ 2,000

TOTAL CASH REPAYMENTS (PART II) \$ _____
 From Schedule E - TOTAL LOANS FORGIVEN \$ _____
 TOTAL OUTSTANDING LOANS END OF REPORT PERIOD \$ 2,000

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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 Iowa House

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
2-19-04	ID# CK#0901	Carter Printing 1739 E Grand Avenuc Des Moines, Iowa 50316	Letterhead, envelopes, campaign cards	\$ 601.02
2-26-04	ID# CK#0902	Kerns Co. 7 1st Ave NE Oelwein, Iowa 50662	buttons, etc..	799.34
3-18-04	ID# CK#1001	Kerns Co. 7 1st Ave NE Oelwein, Iowa 50662	Business cards	29.85
4-21-04	ID# CK#1002	U. S. Post Office	2 rolls of stamps	74.00
4-28-04	ID# CK#1003	Carter Printing 1739 E Grand Ave Des Moines, Iowa 50316	campaign cards	180.20
4-30-04	ID# CK#1004	Buchanan Co. Senior Center Independence, Iowa 50644	rental for introduction by Lt. Gov.	50.00
3-11-04	ID# CK#	John Deere Community Credit Union	automatic withdrawl - ordered checks	10.50
	ID# CK#			
SUB-TOTAL				\$
TOTAL (if last page of this schedule)				\$ 1,744.91

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).)