

FOR INSTRUCTIONS, SEE BACK OF FORM

DISCLOSURE SUMMARY PAGE

Reset Form

FORM DR-2 (Rev. 07/2004)	DISCLOSURE REPORT
For Office Use Only	
Comm. # <u>1520</u>	
Logged In <u>e g</u>	
Scanned _____	
Computer _____	
Audited _____	

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

IMPORTANT: Indicate by # type of committee you are reporting for: 1
 (1)Statewide/Legislative/Judge Standing for Retention Candidate (2)State PAC (3)State Party
 (4)County Central Committee (5)County Candidate (6)City Candidate (7)School Board or Other
 Political Subdivision Candidate (8)County PAC (9)City PAC (10)School Board or Other Political
 Subdivision PAC (11) Local Ballot Issue

CANDIDATE COMMITTEES ONLY:

Candidate Name <u>Ronald C. Miller</u>	Political Party (if applicable) <u>Democrat</u>
Office Sought <u>House Representative</u>	District (if Senate or House) <u>23</u>

JAA
fax 3 2005

Late reports are subject to possible civil and criminal penalties.

Cothy Link 319-283-3202 1-3-05
 SIGNATURE OF PERSON FILING REPORT TELEPHONE DATE SIGNED

I AM FILING A January 19 Disclosure 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 _____
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. (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.) \$ 5,053.71

ADD TOTAL MONEY TAKEN IN THIS PERIOD

Schedule A: Cash Contributions total (Attach Schedule A) (*also see in-kind below) 176.00

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 \$ 5,229.71

SUBTRACT TOTAL MONEY SPENT THIS PERIOD

Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below).... 1,645.77

Schedule F: Loan Repayments total (Attach Schedule F) 2,000.00

CASH ON HAND at the end of this reporting period (If final report balance must be zero) (Attach DR-3) \$ 1,583.94

**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) \$ _____

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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
10-16-04	ID# 2004 CK# 0013797	CWA- COPE PPC 501 3rd St NW Washington DC 20001		\$ 100 ⁻	<input type="checkbox"/>
10-23-04	ID# CK# 007872	Independence Telecommunications 700 7th Ave NE Independence, IA 50644 Refund		21.00	<input type="checkbox"/>
10-23-04	ID# CK# 5281	Patricia Kayser Box 53 Fairbank, IA 50629		50.00	<input type="checkbox"/>
10-23-04	ID# CK# Cash	Unitemized cash		5.00	<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				\$ 176	
TOTAL (if last page of this schedule)				\$ 176	

* 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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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
10-18-04	ID# CK# 1035	KQMG Box 221 Independence, IA 50644	Radio Ads	\$160.56
10-27-04	ID# CK# 1037	Ron Miller Box 34 Fairbank, IA 50629	Mileage 3274 x .37 1/2 per mile	1227.75
11-4-04	ID# CK# 1038	Fareway 203 2nd St SE Oelwein, IA 50162	Cheese, crackers, chips etc. for election night Get together	24.69
11-7-04	ID# CK# 1039	Pizza Ranch 125 1st Ave SE Oelwein, IA 50662	pizza for campaign helpers	62.04
11-8-04	ID# CK# 1040	Ron Miller Box 34 Fairbank, IA 50629	Reimbursement - business cards, Absentee List, Sign print, Buns, picture develop, voter registration list, Black Hawk Co	125.73
11-18-04	ID# CK# 1041	Lamont Leader Box 260 Lamont, IA 50650	10-14 10-21 10-28 } Ads voter registration list Buchanan Co	45.00
	ID# CK#			
	ID# CK#			
SUB-TOTAL				\$1645.72
TOTAL (if last page of this schedule)				1645.77

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).)

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

Miller for Iowa House

Rec'd Form

SCHEDULE E (Rev. 06/97)	IN KIND CONTRIBUTIONS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

DATE RECEIVED (MM/DD/YR)	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE * (if applicable)	DESCRIPTION OF IN KIND CONTRIBUTION	ESTIMATED FAIR MARKET VALUE	✓ IF FOR FUND-RAISER CONTRIBUTION
10-18-04	Buchanan County Central Committee		Newspaper Ad	\$ 100.00	<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>

SUB-TOTAL	\$ 100.00
TOTAL (if last page of this schedule)	\$ 100.00

*Disclosure law requires candidates to disclose the relationship of any relative making an in kind 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.

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

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

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

TOTAL UNPAID LOANS FROM LAST REPORTING PERIOD \$ 2,000⁰⁰

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
			\$

DATE PAID (MM/DD/YR)	NAME AND ADDRESS OF LENDER (Include Endorser's Name, If Applicable)	RELATIONSHIP TO CANDIDATE* (If Applicable)	AMOUNT REPAID
10-28-04	Joan Miller Box 34 Fairbank, IA 50629	wife	\$ 2000

TOTAL (PART I) \$ _____

TOTAL CASH REPAYMENTS (PART II) \$ 2000

From Schedule E - TOTAL LOANS FORGIVEN \$ _____

TOTAL OUTSTANDING LOANS END OF REPORT PERIOD \$ 0

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