

**DISCLOSURE SUMMARY PAGE**

IAE DISCLOSURE BOARD	CAMPAIGN FORM DR-2 (Rev. 12/2005)	DISCLOSURE REPORT
SEP 25 2006 FILED	For Office Use Only Comm. # <u>1611</u>	
	Logged In	
	Scanned <u>WRS</u>	
	Computer	
	Audited <u>10-11-06</u>	
File with: Iowa Ethics and Campaign Disclosure Board 510 E. 12 <sup>th</sup> , Ste. 1A Des Moines, Iowa 50319 Fax: 515-281-3701		

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

Concerned Citizens for M. Miller

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>Linda Miller</u>	Political Party (if applicable) <u>Republican</u>
Office Sought <u>State Representative</u>	District (if Senate or House) <u>82</u>

Late reports are subject to possible civil and criminal penalties. Pursuant to Iowa Code section 68B.32A(7) the candidate, for a candidate's committee, and the chairperson, for any other type of committee, is the individual responsible for filing timely and accurate reports.

Chad WRS  
SIGNATURE OF PERSON FILING REPORT

563 940 1584  
TELEPHONE

5-31-06  
~~\_\_\_\_\_~~  
DATE SIGNED

I AM FILING A June 2, 2006 REPORT FOR (1) ELECTION //(2) NON-ELECTION YEAR.  
 (report date) Indicate by #  1

CHECK IF AMENDMENT TO REPORT DATED 6/2/06

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 <b>MUST</b> 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.)	\$	<u>10,677.97</u>
<b>ADD TOTAL MONEY TAKEN IN THIS PERIOD</b>		
Schedule A: Cash Contributions total (Attach Schedule A) (*also see in-kind below)		<u>18,175.00</u>
Schedule F: Loans Received total (Attach Schedule F)		
Schedule H: Total Sales of Campaign Property (Attach Schedule H)		
<b>(Schedule H applies to Candidates' Committees Only)</b>		
SUB-TOTAL	\$	<u>28,852.97</u>
<b>SUBTRACT TOTAL MONEY SPENT THIS PERIOD</b>		
Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below)		<u>18,351.30</u>
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)	\$	<u>10,501.67</u>

\*\*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) .....\$ \_\_\_\_\_

CONSULTANT BREAKDOWN (Schedule G Attached?)  YES  NO

**CANDIDATE COMMITTEES ONLY:**

VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H) \$ \_\_\_\_\_

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

For Instructions, See Back of Form



SCHEDULE <b>A</b> (Rev. 07/03)	MONETARY RECEIPTS
<input checked="" 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)  
*Concerned Citizens For Miller*

**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.

NOTE: ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.

**CAUTION:** Section 68B.32A(6), 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
5-17-06	ID# CK#	Curtis Benson 220 N. Main Street Suite 600 Davenport		\$ 250	<input type="checkbox"/>
5-20-06	ID# CK#	Joleen Zuckuhr 6132 Valley Drive Bettendorf		75	<input type="checkbox"/>
5-24-06	ID# CK#	Macy Lantzky 3418 18th St Bettendorf		50	<input type="checkbox"/>
5-17-06	ID# 6004 CK# 4352	Associated General Contractors of Iowa PAC 701 E. Court Ave Des Moines		2500	<input type="checkbox"/>
5-18-06	ID# 6155 CK# 004422	Tax Payers United PO Box 209 Muscatine		15,000	<input type="checkbox"/>
X 5-30-06	ID# 1671 6145 CK# 342	Uniserve Great River Uniserve 1005 E. High Davenport IA 52803	PAC	300	<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

\$  
\$ 18,175

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.

FOR INSTRUCTIONS, SEE BACK OF FORM



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

SCHEDULE <b>B</b> (Rev. 07/03)	MONETARY EXPENDITURES
<input checked="" 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)  
*Concerned Citizens for Miller*

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
X 5-16-06	ID# CK# 1011	Greg Adamson Winston Drive Bettendorf IA 52722	Exp. Reimbursement Sign supplies	\$ 57.07
Y 5-16-06	ID# CK# 1012	Linda Miller 6766 Ridges Court Bettendorf IA 52722	Stamps for Thank you Notes Postage Expenses	97.40
Y 5-19-06	ID# CK# 1013	Victory Enterprises 5200 SW 30th Street Davenport IA 52802	see schedule G Media buys	10,250-
X 5-25-06	ID# CK# 1014	Victory Enterprises 5200 SW 30th Street Davenport IA 52802	Media buys see schedule G	5,950-
X 5-31-06	ID# CK# 1015	Linda Miller 6766 Ridges Court Bettendorf IA 52722	Expense reimbursement Catholic Messenger ads + QC Times Ad + Postage Reim	996.83
X 5-31-06	ID# CK# 1016	Victory Enterprises 5200 SW 30th Street Davenport IA 52802	Mailing expenses	1,000-
	ID# CK#			
	ID# CK#			
SUB-TOTAL				\$
<b>TOTAL (if last page of this schedule)</b>				\$ 18,351.30

**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).)

Reset Form

SCHEDULE <b>G</b> (Rev. 02/96)	BREAKDOWN OF MONETARY EXPENDITURES BY CONSULTANT
<input checked="" type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

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

**PART II- ITEMIZED BREAKDOWN OF UNREIMBURSED EXPENSES PAID BY CONSULTANT TO OTHERS IN PERFORMING SERVICES OF CONTRACT (These expenses should NOT be reported on Schedule B, as they are direct payment from the consultant.)**

**PART I - NAME AND ADDRESS OF CONSULTANT**

Name of Consultant <i>Victory Enterprises - Steve Grubbs</i>		
Mailing Address		
<i>Davenport</i>	<i>Iowa</i>	<i>52801</i>
City	State	Zip Code

DATE EXPENDED (MM/DD/YR)	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE	AMOUNT EXPENDED
<i>5/6/2005</i>	<i>KWQC-TV6</i>	<i>Ad</i>	<i>\$5950.00</i>
<i>5/6/2005</i>	<i>On media</i>	<i>Ad</i>	<i>5300.00</i>
<i>5/2005</i>	<i>KCQQ Fm WOC - Am</i>	<i>Ad</i>	<i>4950.00</i>

CONTRACT PERIOD (MM/DD/YR)	TOTAL ANTICIPATED COMPENSATION FOR PERFORMANCE
From <i>JANUARY 2006</i> To <i>present June 2006</i>	<i>\$15,000 (itemized expenses on Schedule B)</i> <i>16,200</i>

ESTIMATES OF PERFORMANCE

*media buy, direct mail, advertising*

SUB-TOTAL	<i>\$16,200.00</i>
TOTAL (If last page of this schedule)	<i>\$16,200.00</i>

FOR INSTRUCTIONS, SEE BACK OF FORM

DISCLOSURE SUMMARY PAGE



FORM <b>DR-2</b> (Rev. 12/2005)	DISCLOSURE REPORT
<b>For Office Use Only</b>	
Comm. #	1411
Logged In	SW e
Scanned	
Computer	
Audited	
File with: Iowa Ethics and Campaign Disclosure Board 510 E. 12 <sup>th</sup> Ste. 1A Des Moines, Iowa 50319 Fax: 515-281-3701	

**COMMITTEE NAME** (Must be same as on Statement of Organization)  
Concerned Citizens for Miller

IMPORTANT: Indicate by # type of committee you are reporting for 1  
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 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 Linda Miller Political Party (if applicable) Republican  
 Office Sought State Representative District (if Senate or House) 82

IOWA ETHICS & CAMPAIGN  
 DISCLOSURE BOARD  
 MAY 31 2006  
 FILED  
 PAY

Late reports are subject to possible civil and criminal penalties. Pursuant to Iowa Code section 68B.32A(7) the candidate, for a candidate's committee, and the chairperson, for any other type of committee, is the individual responsible for filing timely and accurate reports.

[Signature] 563 940 1584 5-31-06  
 SIGNATURE OF PERSON FILING REPORT TELEPHONE DATE SIGNED

I AM FILING A June 2, 2006 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.)

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 County & Local Committees, enter County in which Election is held \_\_\_\_\_

STATEMENT OF CASH ON HAND

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Schedule F: Loans Received total (Attach Schedule F)	\$	_____
Schedule H: Total Sales of Campaign Property (Attach Schedule H)	\$	_____
<u>(Schedule H applies to Candidates' Committees Only)</u>		
<b>SUB-TOTAL</b>	\$	<u>28,852.97</u>
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Schedule F: Loan Repayments total (Attach Schedule F)	\$	_____
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\*\*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) .....\$ \_\_\_\_\_

CONSULTANT BREAKDOWN (Schedule G Attached?) \_\_\_\_\_ YES \_\_\_\_\_ NO

**CANDIDATE COMMITTEES ONLY:**

VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H) \$ \_\_\_\_\_

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

For Instructions, See Back of Form



<b>SCHEDULE</b> <b>A</b> (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)

*Concerned Citizens for Miller*

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5-24-06	ID# CK#	Mary Lantzky 3418 18th St Bethesda		50	<input type="checkbox"/>
5-17-06	ID# CK# 4352	Associated General Contractors of Iowa PAC 701 E. Court Ave Des Moines		2500	<input type="checkbox"/>
5-18-06	ID# 6155 CK# 004422	Tax Payers United PO Box 209 Muscatine		15,000	<input type="checkbox"/>
	ID# CK#	Uniserve		300	<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				\$	
<b>TOTAL (if last page of this schedule)</b>				\$ 18,175	

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FOR INSTRUCTIONS, SEE BACK OF FORM



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

SCHEDULE  
**B**  
(Rev. 07/03) MONETARY EXPENDITURES

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

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*Concerned Citizens for Miller*

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5-19-06	ID# CK# 1013	Victory Enterprises	Media buys	10,250-
5-25-06	ID# CK# 1014	Victory Enterprises	Media buys	3950-
5-31-06	ID# CK# 1015	Linda Miller	Expense reimbursement	996.83
5-31-06	ID# CK# 1016	Victory Enterprises	Marketing expenses	1,000-
	ID# CK#			
	ID# CK#			
SUB-TOTAL				\$
TOTAL (if last page of this schedule)				\$ 18,351.30

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