

File with:
Iowa Ethics and Campaign
Disclosure Board
510 E. 12th, Ste. 1A
Des Moines, Iowa 50319
Fax: 515-281-4073

Reset Form

FOR INSTRUCTIONS, SEE BACK OF FORM
DISCLOSURE SUMMARY PAGE

IA ETHICS AND CAMPAIGN DISCLOSURE BOARD
2008 JUL 21 AM 11:50
pm ullog

COMMITTEE NAME (Must be same as on Statement of Organization)
Committee to Re-elect Helen 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: Helen Miller Political Party (if applicable): Democrat
Office Sought: Representative District (if Senate or House): 49th

FORM DR-2 (Rev. 07/2007)	DISCLOSURE REPORT
For Office Use Only	
Comm. #	1445
Logged In	S
Scanned	
Computer	
Audited	6 pages

Late reports are subject to possible civil and criminal penalties. Pursuant to Iowa Code sections 68B.32A(7) and 68A.401(3), the candidate, for a

Sandy Struecker
SIGNATURE OF PERSON FILING REPORT

515-955-8301
TELEPHONE

7-18-08
DATE SIGNED

I AM FILING A July 21, 2008 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.)	\$	4,526.91
ADD TOTAL MONEY TAKEN IN THIS PERIOD		
Schedule A: Cash Contributions total (Attach Schedule A) (*also see in-kind below)		2,450.00
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	\$	6,976.91
SUBTRACT TOTAL MONEY SPENT THIS PERIOD		
Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below)		1,569.20
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)	\$	5,407.71
**UNPAID BILLS (From Schedule D - Attach Schedule D)	\$	
*IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E)	\$	30.00
**OUTSTANDING LOANS (From Schedule F - Attach Schedule F)	\$	
CONSULTANT BREAKDOWN (Schedule G Attached?)	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
CANDIDATE COMMITTEES ONLY:		
VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H)	\$	500.00

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

For Instructions, See Back of Form

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CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

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

Committee to Re-elect Helen 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
6/10/08	ID# CK# 1028	Lec & Cindy Lundstrom 200 NE 72nd NE Place Ankeny, IA 50021		\$100	<input checked="" type="checkbox"/>
	ID# CK# 3771	Fred & Valeska Buie 4848 Oakwood Lane West Des Moines, IA 50265		100	<input checked="" type="checkbox"/>
	ID# CK# 4370	Irene G Alan Blair 2094 Iowa Avenue Humboldt, IA 50548		100	<input checked="" type="checkbox"/>
	ID# CK# 1698	John Calesisi 1945 14th Ave North Fort Dodge, IA 50501		25	<input checked="" type="checkbox"/>
	ID# CK# 1924	Alf Lee 700 South 17th St - Apt W305 Fort Dodge, IA 50501		25	<input checked="" type="checkbox"/>
	ID# CK# 1586	Alan Rodenborn 2714 N 28th St Fort Dodge, IA 50501		200	<input checked="" type="checkbox"/>
	ID# CK# 5182	Jane Gibb 1406 12th Ave No Fort Dodge, IA 50501		50	<input checked="" type="checkbox"/>
7/2/08	ID# 36096 CK# 2068	Manufacturing Housing PAC 1400 Dean Ave Des Moines, IA 50316-3938		250	<input checked="" type="checkbox"/>
	ID# CK# 5098	Andrew & Dorolyn Baumert 5068 Coachlight Dr West Des Moines, IA 50265		25	<input checked="" type="checkbox"/>
	ID# CK# 7462	Michael & Julie Blaser 5746 Coachlight Ct West Des Moines, IA 50265		100	<input checked="" type="checkbox"/>
SUB-TOTAL				\$ 975	
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



CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

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

Committee to Re-Elect Helen Miller

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7/2/08	ID# 6430 CK# 1584	Iowa Rural Water State PAC 4221 S 22nd Ave E Newton, IA 50208		\$150	<input checked="" type="checkbox"/>
	ID# CK# 14482	Maynard & Barbara Boatwright 2331 East 39th Court Des Moines, IA 50317		50	<input checked="" type="checkbox"/>
	ID# CK# 5456	Cindy Litwiller 107 N 32nd Street Fort Dodge, IA 50501		25	<input checked="" type="checkbox"/>
	ID# CK# 5112	Julie Smith 3917 Hillcrest Drive Des Moines, IA 50310		50	<input checked="" type="checkbox"/>
	ID# 6118 CK# 2546	Iowa Optometric Assoc PAC 1454 30th St - Suite 204 West Des Moines, IA 50266		250	<input checked="" type="checkbox"/>
	ID# 6046 CK# 4431	Justice for All PAC 218 6th Avenue, Suite 526 Des Moines, IA 50309		100	<input checked="" type="checkbox"/>
7/11/08	ID# CK# 0948	Richard & Brenda Anderson 1804 Buena Vista San Antonio, TX 78207		100	<input type="checkbox"/>
7/17/08	ID# 1445 CK# 2009	PrinPAC 711 High Street Des Moines, IA 50392		500	<input checked="" type="checkbox"/>
	ID# 1445 CK# 1718	WellPAC 636 Grand Avenue - Station 13 Des Moines, IA 50309		250	<input checked="" type="checkbox"/>
	ID# CK#				<input type="checkbox"/>

SUB-TOTAL

\$ 1475

TOTAL (if last page of this schedule)

\$ 2450

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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)
COMMITTEE TO RE-ELECT HELEN 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
5/28/08	ID# CK#3126	Women in Government 2600 Virginia Ave NW Washington, DC 20037	15th Annual Midwest Conference registration	\$ 100
5/29/08	ID# CK#3127	Helen Miller 1936 15th Ave No Fort Dodge, IA 50501	reimbursement for note cards, frame for certificate for constituent, Legislative Conference reception	\$113.70
6/10/08	ID# CK# 3128	Smoked Ribs & More 62 1st Street SE Badger, IA 50516	food for fundraiser	\$397.50
6/10/08	ID# CK#3129	Helen Miller 1936 15th Ave No Fort Dodge, IA 50501	candy & signs for parade; suplies for PAC fundraiser	\$230.88
7/15/08	ID# CK#3130	Cindy Jones State Capitol Des Moines, IA 50309	work at Legislative Conference	\$200
7/15/08	ID# CK#3131	Helen Miller 1936 15th Ave No Fort Dodge, IA 50501	reimbursed for purchase of Blackberry	\$151.40
7/15/08	ID# CK#3132	Bill Gibbs 2494 235th Street Fort Dodge, IA 50501	work on web site	\$356.77
	ID# CK#	First Federal Fort Dodge, IA 50501	check charges	\$ 18.95
SUB-TOTAL				\$ 1,569.20
TOTAL (if last page of this schedule)				\$ 1,569.20

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).)

FOR INSTRUCTIONS, SEE BACK OF FORM

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

Committee to Re-elect Helen Miller



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
6/23/08	Iowa House Truman Fund 5661 Fleur Drive Des Moines, IA 50321		invites & postage for PAC event	\$ 30.00	<input checked="" 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"/>
					<input type="checkbox"/>
SUB-TOTAL				\$ 30.00	
TOTAL (if last page of this schedule)				\$ 30.00	

*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.

RESET

THIS FORM IS USED BY CANDIDATES' COMMITTEES ONLY

SCHEDULE H (Rev. 02/08)	CAMPAIGN PROPERTY
ATTACH SCHEDULE H TO EACH REPORT, MAKING CHANGES AS REQUIRED.	
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)
 Committee to Re-elect Helen Miller

PART I - ONGOING INVENTORY OF CAMPAIGN PROPERTY

Date Purchased (Schedule B) or Date Received (Schedule E) (MM/DD/YR)	Description of Property	Purchase Price or Est. Value When Acquired*	Current Value at Fair Market This Report
4/27/05	computer	\$1,740.90	\$500

TOTAL VALUE CAMPAIGN PROPERTY THIS REPORT (TRANSFER TO SUMMARY PAGE) \$ 500

* If estimated, show *est.* beside figure.

PART II - SALES OR TRANSFERS OF CAMPAIGN PROPERTY **

Date (MM/DD/YR)	Name and Address of Purchaser/Donee	Description of Property	Sold? Y/N	Sale Price	Value of Donation

TOTALS \$ _____ \$ _____

** PROPERTY SALES & TRANSFERS TOTAL (TRANSFER TO SUMMARY PAGE) \$ _____

(Attach Additional Schedules if Needed)