Image# 202110139467244070				10/13/2021 19:03
FEC FORM 1	STATEMEI ORGANIZ			PAGE 1 / 9 —
			c	Office Use Only
1. NAME OF COMMITTEE (in full)	(Check if name is changed)	Example: If typing, type over the lines.	12FE4M5	
	S FOR CONGRE	SS		
ADDRESS (number and street)	PO Box 33			
(Check if address				
is changed)	Ottumwa		IA 52	2501
			STATE ▲	
COMMITTEE'S E-MAIL ADD	RESS			
(Check if address	ltcdatwyler@gmail.com			
is changed)				
	Optional Second E-Mail Ad			
(Check if address is changed)	drmillermeeks.com			
2. DATE 09	19 / Y Y Y Y 2021			
3. FEC IDENTIFICATION	NUMBER ► C c	00558825		
4. IS THIS STATEMENT	NEW (N) OR	× AMENDED (A)		
I certify that I have examined	I this Statement and to the best	of my knowledge and belief	it is true, correct an	d complete.
Type or Print Name of Treasu	Irer Datwyler, Thomas, , ,			
			MM	
Signature of Treasurer	utwyler, Thomas, , ,	[Electronically Filed]	Date	13 2021
NOTE: Submission of false, err	oneous, or incomplete information ANY CHANGE IN INFORMATI	may subject the person signing ON SHOULD BE REPORTED		e penalties of 2 U.S.C. §437g.
Office Use Only		For further information Federal Election Commiss Toll Free 800-424-9530 Local 202-694-1100		FEC FORM 1 (Revised 06/2012)

10/13/2021 19 : 03

<ul> <li>FEC Form 1 (Revised 02/2009)</li> <li>5. TYPE OF COMMITTEE <ul> <li>Candidate Committee:</li> <li>(a) This committee is a principal campaign committee. (Complete the candidate information below.)</li> </ul> </li> </ul>	Page 2
Candidate Committee:	e the candidate
	e the candidate
(a) This committee is a principal campaign committee. (Complete the candidate information below.)	e the candidate
	e the candidate
(b) This committee is an authorized committee, and is NOT a principal campaign committee. (Complet information below.)	
Name of MILLER-MEEKS, MARIANNETTE JANE, , , Candidate	
Candidate REP Office Sought: X House Senate President	State IA District 02
(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name of         Candidate         I	
Party Committee:	
	mocratic, publican, etc.) Party.
Political Action Committee (PAC):	
(e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connect	ted organization is a
Corporation Corporation w/o Capital Stock	abor Organization
Membership Organization Trade Association	ooperative
In addition, this committee is a Lobbyist/Registrant PAC.	
(f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segrement committee. (i.e., nonconnected committee)	gated fund or party
In addition, this committee is a Lobbyist/Registrant PAC.	
In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
Joint Fundraising Representative:	
(g) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two o committees/organizations, at least one of which is an authorized committee of a federal candidate.	r more political
(h) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or committees/organizations, none of which is an authorized committee of a federal candidate.	r more political
Committees Participating in Joint Fundraiser	
1. FEC ID number C	
2. FEC ID number C	
3. FEC ID number	
4 FEC ID number C	

FEC Form 1 (Revised 02/2009)

Write or Type Committee Name

## MILLER-MEEKS FOR CONGRESS

6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor

T	ake Back The House	2022		
L				
	Mailing Address	PO Box 30844		
		Bethesda	MD 20824	-0844
		СІТҮ	STATE	ZIP CODE
7.		Organization Affiliated Committee Joint Fundr		Leadership PAC Sponsor
	Datwyler, 1	homas, , ,		
	Full Name			
	Mailing Address	PO Box 183		
		[		
		Hudson	WI 54016	; 
	Title or Position	CITY	STATE	ZIP CODE
	l Treasurer		715	338 8544

8. Treasurer: List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Telephone number

Full Name of Treasurer	Datwyler, Thomas, , ,																			
Mailing Address	PO Box 183																			
	Hudson									L	ΨI		540	16			-[			
		С	ITY							ST	ΑTE				ZIF	РС	ODE	Ξ		
Title or Position			<u>   </u>			Те	leph	one	num	ıber		715		- L	33	8	-[	8	8544	↓ 

FEC Form 1 (Revised 02/2009)

Full Name of Designated Agent				1	I															I							1				
Mailing Address																															
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									CI	ΓY									ST	ATE	-				ZII	ΡC		ЭE			
Title or Position																															
									1					Tele	eph	ione	e n	uml	ber		L					1					

9. Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

EagleE	Bank		
Mailing Address	7815 Woodmont Avenue		
	Bethesda	MD 20814	
	CITY	STATE ZIP CODE	
Name of Bank, Depository,			
	800 Nicollet Mall		_
Mailing Address			
	Minneapolis	MN 55402	
	CITY	STATE ZIP CODE	

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FEC Form 1S (Revised 02/2017)

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

5(g) or (h).	Joint	Fundraising	Participant:
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1	FEC ID number	С
2.	FEC ID number	С
3.	FEC ID number	С
4.	FEC ID number	С

6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor MILLER-MEEKS VICTORY FUND

Mailing Address	PO BOX 183				]
				WI 540	)16
Relationship:		CITY 🔺		STATE A	ZIP CODE
Connected	Organization Affi	iated Committee	× Joint Fundraising	Representative	Leadership PAC Sponsor

8. Designated Agent: Identify by name, address (phone number - optional)

Full Name																									J
Mailing Address	L																								
	L																								
	L																	L					- [		
TITLE OR POSITION	▼				(	CIT	Y 🔺							S	TAT	E				ZIF	C	DC	E		
										Te	lep	hor	ne I	Nur	nbe	ər			 - L				- [		]

Name of Bank, Chain E Depository, etc.	Bridge Bank		
Mailing Address	1445A Laughlin Avenue		
	McLean		
	CITY A	STATE A	ZIP CODE 🔺

FFC	Form	1S	(Revised	02/2017)
	1 01111	10	(11001300	02/2017

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

5(g) or (h).	Joint	Fundraising	Participant:
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1	FEC ID number	С
2.	FEC ID number	C
3	FEC ID number	C
4	FEC ID number	С

6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor GOP WINNING WOMEN

Mailing Address	228 S. Washington Street		
	Suite 115		
	Alexandria		22314
Relationship:		STATE A	ZIP CODE
Connected C	Drganization	X Joint Fundraising Representative	Leadership PAC Sponsor

8. Designated Agent: Identify by name, address (phone number - optional)

Full Name																										
Mailing Address	l																									
	l																									
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TITLE OR POSITION	▼					C	۲I	( 🔺							S	TAT	Έ				ZIP	C	DD	E 4		
											Te	lep	hor	ne I	Nur	nbe	ər			 - L				- [_		

Name of Bank, <b>Truist</b> Depository, etc.				
Mailing Address	1909 K Street NW			
	Washington			20006
	CIT	Y 🔺	STATE A	ZIP CODE

FFC	Form	<b>1S</b>	(Revised	02/2017)
			(11001000	02/2017

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

5(g) or (h).	Joint	Fundraising	Participant:
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1	FEC ID number
2.	FEC ID number
3.	FEC ID number
4.	FEC ID number C

## 6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor 2022 PHASE 1 PATRIOT DAY JFC

		<u>                                      </u>	
Mailing Address	228 S. WASHINGTON STREET		
	SUITE 115		
			22314
Relationship:		STATE 🔺	ZIP CODE
Connected	Organization	× Joint Fundraising Representative	Leadership PAC Sponsor

## 8. Designated Agent: Identify by name, address (phone number - optional)

Full Name																																
Mailing Address	L						1																							1		
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TITLE OR POSITION	▼						C	ידוכ	Y									S	TAT	Έ						ZIF	o c	OD	E			
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Name of Bank, Depository, etc.																									
Mailing Address	L																								
	L																								
	L																	L							
					C	ITY	∕▲							S	TAT	Έ				ZIP	, C(	DD	E 🔺	•	

FEC Form 1S (Revised 02/20	Optional Supplemental17)for Lines 5(g) or (h), 6,		Page <u>8</u> of 9
5(g)or(h). Joint Fundraising	Participant:		
1.		FEC ID number	С
2.		FEC ID number	С
3.		FEC ID number	С
4.		FEC ID number	С
-	rganization, Affiliated Committee, Joint Fu URBAN AND RURAL AMERICA		e, or Leadership PAC Sponsor
Mailing Address	228 S. WASHINGTON ST.		
	STE. 115		
			22314
Relationship:	CITY 🔺	STATE 🔺	ZIP CODE
Connected (	Drganization Affiliated Committee	oint Fundraising Representa	tive Leadership PAC Sponsor
3. Designated Agent: Identify b	by name, address (phone number - optional)	)	
Full Name			
Mailing Address			
TITLE OR POSITION ▼	CITY A	STATE A	
		Telephone Number	-   -

Name of Bank, Depository, etc.																						
Mailing Address																						
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					С	ITY	′ <b>▲</b>					S	ΓAT	Έ			ZIP	С	DD	E 🔺	•	1

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Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

5(g) or (h).	Joint	Fundraising	Participant:
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1	FEC ID number	С
2.	FEC ID number	C
3	FEC ID number	C
4	FEC ID number	С

6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor VAN DUYNE MILLER-MEEKS PAC

I					
Mailing Address	PO BOX 341027				
				TX 787	734
Relationship:	C			STATE A	ZIP CODE
Connected	Organization Affiliated	Committee	Joint Fundraising	Representative	Leadership PAC Sponsor

8. Designated Agent: Identify by name, address (phone number - optional)

Full Name			
Mailing Address			
TITLE OR POSITION	CITY A	STATE A	ZIP CODE
		Telephone Number	

Name of Bank, Depository, etc.	<u> </u>																					
Mailing Address																						
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