

# 48-HOUR NOTICE OF CONTRIBUTIONS/LOANS RECEIVED

(See Reverse Side for Instructions)

To be used to report all contributions (including loans) of \$1000 or more, received within 20 days of the election.

<b>1. NAME OF COMMITTEE IN FULL</b> MILLER-MEEKS FOR CONGRESS			
ADDRESS (number and street) PO BOX 33			
CITY OTTUMWA		STATE IA	ZIP CODE 52501-0033
<b>2. NAME OF CANDIDATE</b> MILLER-MEEKS, MARIANNETTE JANE, , ,		<b>3. OFFICE SOUGHT</b> (State and District) House IA 02	
<b>4. FEC IDENTIFICATION NUMBER</b> C00558825			
<b>5. IS THIS AN AMENDMENT?</b> <input checked="" type="checkbox"/> NO, THIS IS A NEW FILING <input type="checkbox"/> YES, IT AMENDS THE NOTICE FILED ON _____ / _____ / _____			
<b>A. FULL NAME</b> ADELSON, SHELDON, , ,			
MAILING ADDRESS 410 S RAMPART BLVD STE 440		Name of Employer LAS VEGAS SANDS CORPORATION	
CITY LAS VEGAS		STATE NV	ZIP CODE 89145-5749
		Occupation CHAIRMAN AND CEO	
		Transaction ID : 6898F8A752EBD4B5	
		Date (month, day, year) 10/23/2020	Amount 2800.00
<b>B. FULL NAME</b> WATFORD, MICHAEL, , ,			
MAILING ADDRESS 2 VILLEROY WAY		Name of Employer ULTRA PETROLEUM	
CITY SPRING		STATE TX	ZIP CODE 77382-2711
		Occupation CEO	
		Transaction ID : 6635D512F7CFE49C	
		Date (month, day, year) 10/23/2020	Amount 1000.00
<b>C. FULL NAME</b> LEININGER, JAMES, , ,			
MAILING ADDRESS 115 N LOOP 1604 E STE 2207		Name of Employer SELF EMPLOYED	
CITY SAN ANTONIO		STATE TX	ZIP CODE 78232-1399
		Occupation ENTREPRENUER	
		Transaction ID : 67CB89AF67F144864	
		Date (month, day, year) 10/23/2020	Amount 1000.00
<b>D. FULL NAME</b> KENDRICK, RHONDA, , ,			
MAILING ADDRESS 103 E MAPLE ST PO BOX 457		Name of Employer HOMEMAKER	
CITY EDGEWOOD		STATE IA	ZIP CODE 52042-0457
		Occupation HOMEMAKER	
		Transaction ID : 61D2E0228EE2B4EF:	
		Date (month, day, year) 10/23/2020	Amount 1000.00
<b>E. FULL NAME</b> ADELSON, MIRIAM, , ,			
MAILING ADDRESS 410 S RAMPART BLVD STE 440		Name of Employer ADELSON DRUG CLINIC	
CITY LAS VEGAS		STATE NV	ZIP CODE 89145-5749
		Occupation PHYSICIAN	
		Transaction ID : 60FA5E0E86FB64924	
		Date (month, day, year) 10/23/2020	Amount 2800.00
<b>SIGNATURE (optional)</b> DATWYLER, THOMAS, , ,			<b>DATE</b> 10/25/2020
[Electronically Filed]			<b>For further information contact:</b> Federal Election Commission 999 E Street, NW, Washington, DC 20463 Toll Free 800-424-9530, Local 202-694-1100

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Any information copied from reports and statements filed under the Federal Election Campaign Act may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes other than using the name and address of any political committee to solicit contributions from such committee.

**FEC FORM 6**  
(Revised 03/2016)

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ADDRESS (number and street) PO BOX 33			
CITY, STATE, and ZIP CODE OTTUMWA IA 52501-0033			
<b>2. NAME OF CANDIDATE</b> MILLER-MEEKS, MARIANNETTE JANE, , ,	<b>3. OFFICE SOUGHT</b> (State and District) House IA 02	<b>4. FEC IDENTIFICATION NUMBER</b> C00558825	
<b>5. IS THIS AN AMENDMENT?</b> <input checked="" type="checkbox"/> NO, THIS IS A NEW FILING <input type="checkbox"/> YES, IT AMENDS THE NOTICE FILED ON _____ / _____ / _____			
<b>A. FULL NAME, MAILING ADDRESS AND ZIP CODE</b> DEFEND UPHOLD OUR NATION NOW  12176 CHANCERY STATION CIR  RESTON VA 20190-5803	Name of Employer  Transaction ID : 6628E86D6BA5E4A109FF Occupation	Date (month, day, year) 10/23/2020	Amount 1000.00
<b>B. FULL NAME, MAILING ADDRESS AND ZIP CODE</b> U.S. ISRAEL PAC (USI PAC)  6100 HOLLYWOOD BLVD  HOLLYWOOD FL 33024-7900	Name of Employer  Transaction ID : 6386A230D0A5C41C8972 Occupation	Date (month, day, year) 10/23/2020	Amount 1000.00
<b>C. FULL NAME, MAILING ADDRESS AND ZIP CODE</b> NATIONAL FEDERATION OF INDEPENDENT BUSINESS FEDERAL POLITICAL ACTION COMMITTEE (NFIB)  1201 F ST NW STE 200 WASHINGTON DC 20004-1221	Name of Employer  Transaction ID : 6F5A5316B31FE45E19D5 Occupation	Date (month, day, year) 10/23/2020	Amount 1500.00
<b>D. FULL NAME, MAILING ADDRESS AND ZIP CODE</b>	Name of Employer  Occupation	Date (month, day, year)	Amount
<b>E. FULL NAME, MAILING ADDRESS AND ZIP CODE</b>	Name of Employer  Occupation	Date (month, day, year)	Amount