

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS For An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT Example: If typing, type over the lines. 12FE4M5 Miller-Meeks for Congress

ADDRESS (number and street) P.O. Box 1570 Check if different than previously reported. (ACC) Ottumwa IA 52501

2. FEC IDENTIFICATION NUMBER C C00558825 3. IS THIS REPORT NEW (N) OR AMENDED (A) IA 02

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15 Quarterly Report (Q1) July 15 Quarterly Report (Q2) October 15 Quarterly Report (Q3) January 31 Year-End Report (YE) Termination Report (TER) (b) 12-Day PRE-Election Report for the: Primary (12P) General (12G) Runoff (12R) Convention (12C) Special (12S) Election on MM/DD/YYYY in the State of (c) 30-Day POST-Election Report for the: General (30G) Runoff (30R) Special (30S) Election on MM/DD/YYYY in the State of

5. Covering Period MM/DD/YYYY through MM/DD/YYYY 05/15/2014 through 06/30/2014

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Charles Seberg

Signature of Treasurer Charles Seberg [Electronically Filed] Date MM/DD/YYYY 09/04/2014

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office Use Only grid and FEC FORM 3 (Revised 02/2003)

SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name
Miller-Meeks for Congress

Report Covering the Period: From: / / To: / /

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))....	166136.66	375968.10
(b) Total Contribution Refunds (from Line 20(d))	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	166136.66	375968.10
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	53072.76	102490.09
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	53072.76	102490.09
8. Cash on Hand at Close of Reporting Period (from Line 27).....	273478.01	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	10605.55	

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3 (Revised 12/2003)

Write or Type Committee Name

Miller-Meeks for Congress

Report Covering the Period: From: / / To: / /

I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
11. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	129010.00	303370.80
(ii) Unitemized.....	11845.00	28558.81
(iii) TOTAL of contributions from individuals ▶	140855.00	331929.61
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	21500.00	39000.00
(d) The Candidate.....	3781.66	5038.49
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	166136.66	375968.10
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate.....	0.00	0.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0.00	0.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)	0.00	0.00
15. OTHER RECEIPTS (Dividends, Interest, etc.).....	0.00	0.00
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶	166136.66	375968.10

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	53072.76	102490.09
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	0.00
21. OTHER DISBURSEMENTS	0.00	0.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	53072.76	102490.09

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	160414.11
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	166136.66
25. SUBTOTAL (add Line 23 and Line 24).....	326550.77
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	53072.76
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	273478.01

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 5 OF 95
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

Any information copied from such Reports and Statements 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.

NAME OF COMMITTEE (In Full)
Miller-Meeks for Congress

Full Name (Last, First, Middle Initial) Dr. Harold Adams		Date of Receipt M M / D D / Y Y Y Y 06 / 06 / 2014
Mailing Address 1020 Teg Dr		Transaction ID : SA11AI.7215
City Iowa City	State IA	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer University of Iowa Health	Occupation physician	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 750.00	

Full Name (Last, First, Middle Initial) Dale Andringa		Date of Receipt M M / D D / Y Y Y Y 06 / 29 / 2014
Mailing Address 10682 NE 46th Ave		Transaction ID : SA11AI.7299
City Mitchellville	State IA	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2600.00
Name of Employer Vermeer Corp.	Occupation executive	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2600.00	

Full Name (Last, First, Middle Initial) Mary Andringa		Date of Receipt M M / D D / Y Y Y Y 06 / 29 / 2014
Mailing Address 10682 NE 46th Ave		Transaction ID : SA11AI.7298
City Mitchellville	State IA	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2600.00
Name of Employer Vermeer Manufacturing	Occupation executive	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 4600.00	

SUBTOTAL of Receipts This Page (optional).....	5700.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 95
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Miller-Meeks for Congress

A. Full Name (Last, First, Middle Initial)
Edwin Barker

Mailing Address 6 Lime Kiln Lane NE

City Iowa City State IA Zip Code 52240

FEC ID number of contributing federal political committee. **C**

Name of Employer none Occupation retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 03 / 2014

Transaction ID : SA11AI.7058

Amount of Each Receipt this Period
 1000.00

B. Full Name (Last, First, Middle Initial)
Mark Bawden

Mailing Address 6250 Crow Valley Dr

City Bettendorf State IA Zip Code 52722

FEC ID number of contributing federal political committee. **C**

Name of Employer retired Occupation reitred

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 06 / 2014

Transaction ID : SA11AI.7204

Amount of Each Receipt this Period
 1000.00

C. Full Name (Last, First, Middle Initial)
William Bernau

Mailing Address 10 Oakridge Ave

City Iowa City State IA Zip Code 52246

FEC ID number of contributing federal political committee. **C**

Name of Employer Peoples Savings Bank Occupation Executive

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 29 / 2014

Transaction ID : SA11AI.7730

Amount of Each Receipt this Period
 1000.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

3000.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 95
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Miller-Meeks for Congress

A. Full Name (Last, First, Middle Initial)
Kerry Beyer

Mailing Address 2725 E 65th St

City Davenport State IA Zip Code 52807

FEC ID number of contributing federal political committee. **C**

Name of Employer Beyer & Rock Investments Occupation executive

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 12 / 2014

Transaction ID : SA11AI.7350

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Jeanie Bieri

Mailing Address P.O. Box 808

City Oskaloosa State IA Zip Code 52577

FEC ID number of contributing federal political committee. **C**

Name of Employer Musco Lighting Occupation VP Marketing

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2600.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 21 / 2014

Transaction ID : SA11AI.6925

Amount of Each Receipt this Period
2600.00

C. Full Name (Last, First, Middle Initial)
Jeanie Bieri

Mailing Address P.O. Box 808

City Oskaloosa State IA Zip Code 52577

FEC ID number of contributing federal political committee. **C**

Name of Employer Musco Lighting Occupation VP Marketing

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
5200.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 30 / 2014

Transaction ID : SA11AI.7291

Amount of Each Receipt this Period
2600.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

5450.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 95
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Miller-Meeks for Congress

A. Full Name (Last, First, Middle Initial)
Jack Blackwell

Mailing Address 2645 Meadowdale St

City Ottumwa State IA Zip Code 52501

FEC ID number of contributing federal political committee. **C**

Name of Employer Jack Blackwell Tire Co. Occupation Owner

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 11 / 2014

Transaction ID : SA11AI.7230

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
C Edward Brown

Mailing Address 805 59th St

City West Des Moines State IA Zip Code 50266

FEC ID number of contributing federal political committee. **C**

Name of Employer The Iowa Clinic Occupation executive

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 24 / 2014

Transaction ID : SA11AI.7332

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
Frank Brownell

Mailing Address 200 S Front St

City Montezuma State IA Zip Code 50171

FEC ID number of contributing federal political committee. **C**

Name of Employer retired Occupation retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2600.00

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 27 / 2014

Transaction ID : SA11AI.6897

Amount of Each Receipt this Period
2600.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

4600.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 95
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Miller-Meeks for Congress

A. Full Name (Last, First, Middle Initial)
Peter Brownell

Mailing Address 200 S Front Sgt

City Montezuma State IA Zip Code 50171

FEC ID number of contributing federal political committee. **C**

Name of Employer Brownells Inc Occupation executive

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 27 / 2014

Transaction ID : SA11AI.7770

Amount of Each Receipt this Period
 2600.00

B. Full Name (Last, First, Middle Initial)
Brian Burnam

Mailing Address P.O. Box 17

City Bloomfield State IA Zip Code 52537

FEC ID number of contributing federal political committee. **C**

Name of Employer self Occupation grocer

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 23 / 2014

Transaction ID : SA11AI.7179

Amount of Each Receipt this Period
 2000.00

C. Full Name (Last, First, Middle Initial)
Willis Bywater

Mailing Address 621 S Summit St

City Iowa City State IA Zip Code 52240

FEC ID number of contributing federal political committee. **C**

Name of Employer Economy Advertising Co. Occupation executive

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 31 / 2014

Transaction ID : SA11AI.7059

Amount of Each Receipt this Period
 1000.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

5600.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 95
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Miller-Meeks for Congress

A. Full Name (Last, First, Middle Initial)
Gary Carlson

Mailing Address 104 Deerpath Ln

City Muscatine State IA Zip Code 52761

FEC ID number of contributing federal political committee. **C**

Name of Employer HNI Corporation Occupation executive

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 28 / 2014

Transaction ID : SA11AI.7370

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Anonymous Contributor

Mailing Address --

City -- State IA Zip Code 00001

FEC ID number of contributing federal political committee. **C**

Name of Employer -- Occupation --

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
350.40

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 16 / 2014

Transaction ID : SA11AI.6970

Amount of Each Receipt this Period
35.00

C. Full Name (Last, First, Middle Initial)
Anonymous Contributor

Mailing Address --

City -- State IA Zip Code 00001

FEC ID number of contributing federal political committee. **C**

Name of Employer -- Occupation --

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
370.40

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 17 / 2014

Transaction ID : SA11AI.6971

Amount of Each Receipt this Period
20.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

305.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 95
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Miller-Meeks for Congress

A. Full Name (Last, First, Middle Initial)
Anonymous Contributor

Mailing Address --

City -- State IA Zip Code 00001

FEC ID number of contributing federal political committee. **C**

Name of Employer -- Occupation --

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
390.40

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 19 / 2014

Transaction ID : SA11AI.6973

Amount of Each Receipt this Period
20.00

B. Full Name (Last, First, Middle Initial)
Anonymous Contributor

Mailing Address --

City -- State IA Zip Code 00001

FEC ID number of contributing federal political committee. **C**

Name of Employer -- Occupation --

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
395.40

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 19 / 2014

Transaction ID : SA11AI.7004

Amount of Each Receipt this Period
5.00

C. Full Name (Last, First, Middle Initial)
Anonymous Contributor

Mailing Address --

City -- State IA Zip Code 00001

FEC ID number of contributing federal political committee. **C**

Name of Employer -- Occupation --

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
415.40

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 19 / 2014

Transaction ID : SA11AI.7005

Amount of Each Receipt this Period
20.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

45.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 95
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Miller-Meeks for Congress

A. Anonymous Contributor

Full Name (Last, First, Middle Initial)
Anonymous Contributor

Mailing Address --

City -- State IA Zip Code 00001

FEC ID number of contributing federal political committee. C

Name of Employer -- Occupation --

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date 420.40

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 20 / 2014

Transaction ID : SA11AI.6974

Amount of Each Receipt this Period
 5.00

B. B.D. Cooper

Full Name (Last, First, Middle Initial)
B.D. Cooper

Mailing Address 575 Aspen Lane

City Robins State IA Zip Code 52328

FEC ID number of contributing federal political committee. C

Name of Employer Acterra Group Occupation chairman

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date 250.00

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 23 / 2014

Transaction ID : SA11AI.7474

Amount of Each Receipt this Period
 250.00

C. Carol Crain

Full Name (Last, First, Middle Initial)
Carol Crain

Mailing Address 313 E Central Park Ave

City Davenport State IA Zip Code 52803

FEC ID number of contributing federal political committee. C

Name of Employer retired Occupation retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date 250.00

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 26 / 2014

Transaction ID : SA11AI.7334

Amount of Each Receipt this Period
 250.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

505.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 95
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Miller-Meeks for Congress

A. Full Name (Last, First, Middle Initial)
Carol Crain

Mailing Address 313 E Central Park Ave

City Davenport State IA Zip Code 52803

FEC ID number of contributing federal political committee. **C**

Name of Employer retired Occupation retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **350.00**

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 30 / 2014

Transaction ID : SA11AI.7071

Amount of Each Receipt this Period
100.00

B. Full Name (Last, First, Middle Initial)
Joe Crookham

Mailing Address P.O. Box 808

City Oskaloosa State IA Zip Code 52577

FEC ID number of contributing federal political committee. **C**

Name of Employer Musco Lighting Occupation President

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **2600.00**

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 21 / 2014

Transaction ID : SA11AI.6923

Amount of Each Receipt this Period
2600.00

C. Full Name (Last, First, Middle Initial)
Joe Crookham

Mailing Address P.O. Box 808

City Oskaloosa State IA Zip Code 52577

FEC ID number of contributing federal political committee. **C**

Name of Employer Musco Lighting Occupation President

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **5200.00**

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 30 / 2014

Transaction ID : SA11AI.7290

Amount of Each Receipt this Period
2600.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

5300.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 95
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Miller-Meeks for Congress

A. Full Name (Last, First, Middle Initial)
Carl Dallmeyer

Mailing Address 1205 E Washington St #252

City Washington State IA Zip Code 52353

FEC ID number of contributing federal political committee. **C**

Name of Employer retired Occupation retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
4700.00

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 25 / 2014

Transaction ID : SA11AI.7327

Amount of Each Receipt this Period
1700.00

B. Full Name (Last, First, Middle Initial)
Helen Dallmeyer

Mailing Address 1205 E Washington St #252

City Washington State IA Zip Code 52353

FEC ID number of contributing federal political committee. **C**

Name of Employer retired Occupation retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
4700.00

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 25 / 2014

Transaction ID : SA11AI.7328

Amount of Each Receipt this Period
1700.00

C. Full Name (Last, First, Middle Initial)
Burtwin Day

Mailing Address 1033 16th Ave

City Grinnell State IA Zip Code 50112

FEC ID number of contributing federal political committee. **C**

Name of Employer retired Occupation retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 17 / 2014

Transaction ID : SA11AI.7248

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

4400.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 95
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Miller-Meeks for Congress

A. Full Name (Last, First, Middle Initial)
Larry DeVries

Mailing Address 1703 W Third St

City Pella State IA Zip Code 50219

FEC ID number of contributing federal political committee. **C**

Name of Employer DeVries Electric Inc. Occupation Contractor

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 19 / 2014

Transaction ID : SA11AI.7344

Amount of Each Receipt this Period
 1000.00

B. Full Name (Last, First, Middle Initial)
David Dickey

Mailing Address 407 E 4th St

City Packwood State IA Zip Code 52580

FEC ID number of contributing federal political committee. **C**

Name of Employer Harold Dickey Transport Occupation executive

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 28 / 2014

Transaction ID : SA11AI.7502

Amount of Each Receipt this Period
 500.00

C. Full Name (Last, First, Middle Initial)
Larry Dlouhy

Mailing Address 19825 - 244th Ave

City Bettendorf State IA Zip Code 52722

FEC ID number of contributing federal political committee. **C**

Name of Employer Superior Tube Products Occupation Executive

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 17 / 2014

Transaction ID : SA11AI.6950

Amount of Each Receipt this Period
 500.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

2000.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 OF 95
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Miller-Meeks for Congress

A. Full Name (Last, First, Middle Initial)
Daniel Dolan

Mailing Address 1717 Pleasant Prairie Rd

City Muscatine	State IA	Zip Code 52761
-------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Dan Dolan Homes	Occupation owner
-------------------------------------	---------------------

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
5000.00

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 26 / 2014

Transaction ID : SA11AI.7329

Amount of Each Receipt this Period
2500.00

B. Full Name (Last, First, Middle Initial)
Frederick Drexler

Mailing Address P.O. Box 446

City Clarence	State IA	Zip Code 52216
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer self	Occupation dentist
--------------------------	-----------------------

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 24 / 2014

Transaction ID : SA11AI.7490

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Michael Duffy

Mailing Address P.O. Box 4511

City Davenport	State IA	Zip Code 52808
-------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Per Mar Securities	Occupation executive
--	-------------------------

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2600.00

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 10 / 2014

Transaction ID : SA11AI.7358

Amount of Each Receipt this Period
2600.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

5350.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 17 OF 95
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Miller-Meeks for Congress

A. Full Name (Last, First, Middle Initial)
Michael Durkee

Mailing Address 3686 Forestgate Dr NE

City Iowa City State IA Zip Code 52240

FEC ID number of contributing federal political committee. **C**

Name of Employer Steindler Orthopedic Clinic Occupation physician

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **300.00**

Date of Receipt
 M M / D D / Y Y Y Y
05 / 29 / 2014

Transaction ID : SA11AI.7190

Amount of Each Receipt this Period
100.00

B. Full Name (Last, First, Middle Initial)
Nile Dusdieker

Mailing Address 1968 Elm Ridge Rd NE

City North Liberty State IA Zip Code 52317

FEC ID number of contributing federal political committee. **C**

Name of Employer Internists P.C. Occupation physician

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **1500.00**

Date of Receipt
 M M / D D / Y Y Y Y
06 / 26 / 2014

Transaction ID : SA11AI.7317

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
Kirk Ferentz

Mailing Address 2886 Saddle Club Rd NE

City Iowa City State IA Zip Code 52240

FEC ID number of contributing federal political committee. **C**

Name of Employer University of Iowa Occupation coach

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **2600.00**

Date of Receipt
 M M / D D / Y Y Y Y
06 / 30 / 2014

Transaction ID : SA11AI.7315

Amount of Each Receipt this Period
2600.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

3700.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 95
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Miller-Meeks for Congress

A. Full Name (Last, First, Middle Initial)
Mary Ferentz

Mailing Address 2886 Saddle Club Rd NE

City Iowa City State IA Zip Code 52240

FEC ID number of contributing federal political committee. **C**

Name of Employer self Occupation homemaker

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
5100.00

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 30 / 2014

Transaction ID : SA11AI.7314

Amount of Each Receipt this Period
2600.00

B. Full Name (Last, First, Middle Initial)
Aphrodite Forsyth

Mailing Address 2433 Jordan Trl

City West Des Moines State IA Zip Code 50265

FEC ID number of contributing federal political committee. **C**

Name of Employer retired Occupation retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2600.00

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 02 / 2014

Transaction ID : SA11AI.7738

Amount of Each Receipt this Period
2600.00

C. Full Name (Last, First, Middle Initial)
John Forsyth

Mailing Address 2433 Jordan Trail

City West Des Moines State IA Zip Code 50265

FEC ID number of contributing federal political committee. **C**

Name of Employer Welmark Occupation executive

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2600.00

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 02 / 2014

Transaction ID : SA11AI.7708

Amount of Each Receipt this Period
2600.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

7800.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 19 OF 95
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Miller-Meeks for Congress

A. Full Name (Last, First, Middle Initial)
Thomas Fullenkamp

Mailing Address 9106 Old Agency Rd

City State Zip Code
Agency IA 52530

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
retired retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
600.00

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 02 / 2014

Transaction ID : SA11AI.7710

Amount of Each Receipt this Period
600.00

B. Full Name (Last, First, Middle Initial)
Sharon Ginty

Mailing Address 807 Timber Ct

City State Zip Code
Coralville IA 52241

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Mercy Hospital pharmacist

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 20 / 2014

Transaction ID : SA11AI.7030

Amount of Each Receipt this Period
300.00

C. Full Name (Last, First, Middle Initial)
Kenneth Glattfelder

Mailing Address 410 Osceola St

City State Zip Code
Ottumwa IA 52501

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Ottumwa Printing Co. executive

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 28 / 2014

Transaction ID : SA11AI.7321

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1150.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 OF 95
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Miller-Meeks for Congress

A. Full Name (Last, First, Middle Initial)
Connie Gordin

Mailing Address P.O. Box 335

City State Zip Code
Oskaloosa IA 52577

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
retired retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2500.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 30 / 2014

Transaction ID : SA11AI.7296

Amount of Each Receipt this Period
2500.00

B. Full Name (Last, First, Middle Initial)
Myron Gordin

Mailing Address P.O. Box 335

City State Zip Code
Oskaloosa IA 52577

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Musco Lighting executive

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2500.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 30 / 2014

Transaction ID : SA11AI.7294

Amount of Each Receipt this Period
2500.00

C. Full Name (Last, First, Middle Initial)
Diana Gradert

Mailing Address 101 W Mississippi Dr #501

City State Zip Code
Muscatine IA 52761

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
WTC Communications Chairman

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 18 / 2014

Transaction ID : SA11AI.7124

Amount of Each Receipt this Period
50.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

5050.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 OF 95
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Miller-Meeks for Congress

Full Name (Last, First, Middle Initial) Kurt Haller		Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 27 / 2014
Mailing Address 2906 Larry Ln		Transaction ID : SA11AI.7307
City Kalamazoo	State MI	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer self	Occupation physician	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00	

Full Name (Last, First, Middle Initial) Curt Hames		Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 14 / 2014
Mailing Address 4001 Tama St		Transaction ID : SA11AI.7346
City Marion	State IA	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Hames Homes Sales	Occupation executive	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2000.00	

Full Name (Last, First, Middle Initial) Martin Helgerson		Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 18 / 2014
Mailing Address 4338 180th Ave		Transaction ID : SA11AI.7335
City Ottumwa	State IA	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer none	Occupation retired	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1250.00	

SUBTOTAL of Receipts This Page (optional).....	1750.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 OF 95
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Miller-Meeks for Congress

A. Full Name (Last, First, Middle Initial)
Douglas Henrich

Mailing Address 5625 Clubhouse Dr

City Burlington State IA Zip Code 52601

FEC ID number of contributing federal political committee. **C**

Name of Employer Burlington ENT Occupation physician

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 30 / 2014

Transaction ID : SA11AI.7069

Amount of Each Receipt this Period
2000.00

B. Full Name (Last, First, Middle Initial)
Dr. John Hines

Mailing Address 4103 - 138th St

City Urbandale State IA Zip Code 50323

FEC ID number of contributing federal political committee. **C**

Name of Employer The Iowa Clinic Occupation physician

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 24 / 2014

Transaction ID : SA11AI.7441

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
William Hofmann

Mailing Address 18192 - 243rd St

City Pleasant Valley State IA Zip Code 52767

FEC ID number of contributing federal political committee. **C**

Name of Employer retired Occupation physician

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
300.00

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 14 / 2014

Transaction ID : SA11AI.7348

Amount of Each Receipt this Period
100.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

2350.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 OF 95
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Miller-Meeks for Congress

A. Full Name (Last, First, Middle Initial)
Brenda Hostetler

Mailing Address 13323 Eagle Dr

City State Zip Code
Douds IA 52551

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Pennsylvania Place President

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 30 / 2014

Transaction ID : SA11AI.7318

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
N.R. Hutchison

Mailing Address 6 Birchwood Dr

City State Zip Code
Ottumwa IA 52501

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
retired retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 05 / 2014

Transaction ID : SA11AI.7021

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
Peter Jochimsen

Mailing Address 1010 Woodlawn Ave

City State Zip Code
Iowa City IA 52245

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
retired retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
700.00

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 15 / 2014

Transaction ID : SA11AI.7029

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1500.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 OF 95
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Miller-Meeks for Congress

Full Name (Last, First, Middle Initial) Peter Jochimsen		Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 24 / 2014
Mailing Address 1010 Woodlawn Ave		Transaction ID : SA11AI.7440
City Iowa City	State IA	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer retired	Occupation retired	Election Cycle-to-Date 800.00
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		

Full Name (Last, First, Middle Initial) Peter Jochimsen		Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 27 / 2014
Mailing Address 1010 Woodlawn Ave		Transaction ID : SA11AI.7101
City Iowa City	State IA	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00
Name of Employer retired	Occupation retired	Election Cycle-to-Date 825.00
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		

Full Name (Last, First, Middle Initial) Greg Johnston		Date of Receipt M M / D D / Y Y Y Y Y Y 05 / 15 / 2014
Mailing Address 3266 Midway Rd		Transaction ID : SA11AI.6952
City Marion	State IA	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer none	Occupation retired	Election Cycle-to-Date 250.00
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

SUBTOTAL of Receipts This Page (optional).....	175.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 OF 95
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Miller-Meeks for Congress

A. Full Name (Last, First, Middle Initial)
Richard Jurgens

Mailing Address 3008 Jordan Grv

City State Zip Code
West Des Moines IA 52065

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
retired retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 30 / 2014

Transaction ID : SA11AI.6921

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
John Kammermeyer

Mailing Address 116 Ferson Ave

City State Zip Code
Iowa City IA 52246

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Iowa City Allergy Clinic physician

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 30 / 2014

Transaction ID : SA11AI.6990

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
James Kimball

Mailing Address 1015 Lakeshore Dr

City State Zip Code
Osceola IA 50213

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
retired retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 30 / 2014

Transaction ID : SA11AI.6919

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

2500.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 OF 95
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Miller-Meeks for Congress

Full Name (Last, First, Middle Initial) A. Frank Kintzle		Date of Receipt M M / D D / Y Y Y Y 06 / 26 / 2014	
Mailing Address 4851 Lakewood Dr		Transaction ID : SA11AI.7109	
City Cedar Rapids	State IA	Amount of Each Receipt this Period 30.00	
Zip Code 52411		Amount of Each Receipt this Period 280.00	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 30.00	
Name of Employer Principal Financial Group	Occupation financial planner	Amount of Each Receipt this Period 30.00	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 280.00	Amount of Each Receipt this Period 30.00	

Full Name (Last, First, Middle Initial) B. Jerome Kjer		Date of Receipt M M / D D / Y Y Y Y 06 / 05 / 2014	
Mailing Address 11 Bear Creek Estates Dr		Transaction ID : SA11AI.7133	
City Ottumwa	State IA	Amount of Each Receipt this Period 100.00	
Zip Code 52501		Amount of Each Receipt this Period 350.00	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00	
Name of Employer Southern Iowa Transit	Occupation Manager	Amount of Each Receipt this Period 100.00	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 350.00	Amount of Each Receipt this Period 100.00	

Full Name (Last, First, Middle Initial) C. Robert Kuntz		Date of Receipt M M / D D / Y Y Y Y 06 / 30 / 2014	
Mailing Address 904 Huron St		Transaction ID : SA11AI.7364	
City Mediapolis	State IA	Amount of Each Receipt this Period 100.00	
Zip Code 52637		Amount of Each Receipt this Period 300.00	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00	
Name of Employer self	Occupation farmer	Amount of Each Receipt this Period 100.00	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 300.00	Amount of Each Receipt this Period 100.00	

SUBTOTAL of Receipts This Page (optional).....	230.00
TOTAL This Period (last page this line number only).....	230.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 OF 95
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Miller-Meeks for Congress

A. Full Name (Last, First, Middle Initial)
Donald Lamberti

Mailing Address 3602 SW Golfview Cir

City Ankeny State IA Zip Code 50023

FEC ID number of contributing federal political committee. **C**

Name of Employer retired Occupation retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 25 / 2014

Transaction ID : SA11AI.7114

Amount of Each Receipt this Period
 1000.00

B. Full Name (Last, First, Middle Initial)
Garry Land

Mailing Address 4727 135th St

City Clinton State IA Zip Code 52732

FEC ID number of contributing federal political committee. **C**

Name of Employer retired Occupation retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 19 / 2014

Transaction ID : SA11AI.7010

Amount of Each Receipt this Period
 250.00

C. Full Name (Last, First, Middle Initial)
Robert Latham

Mailing Address 356 Park Terrace SE

City Cedar Rapids State IA Zip Code 52403

FEC ID number of contributing federal political committee. **C**

Name of Employer Latham & Associates Occupation economist

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 22 / 2014

Transaction ID : SA11AI.7362

Amount of Each Receipt this Period
 2600.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

3850.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 OF 95
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Miller-Meeks for Congress

A. Full Name (Last, First, Middle Initial)
Sue Latham

Mailing Address 356 Park Terrace SE

City Cedar Rapids State IA Zip Code 52403

FEC ID number of contributing federal political committee. **C**

Name of Employer none Occupation homemaker

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 22 / 2014

Transaction ID : SA11AI.7363

Amount of Each Receipt this Period
 2600.00

B. Full Name (Last, First, Middle Initial)
Dr. George Lederhaas

Mailing Address 2155 NW 137th St

City Clive State IA Zip Code 50325

FEC ID number of contributing federal political committee. **C**

Name of Employer Iowa Methodist Health Center Occupation physician

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 25 / 2014

Transaction ID : SA11AI.7352

Amount of Each Receipt this Period
 500.00

C. Full Name (Last, First, Middle Initial)
John Lind

Mailing Address 27 Lakeview Dr NE

City Iowa City State IA Zip Code 52240

FEC ID number of contributing federal political committee. **C**

Name of Employer none Occupation retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 20 / 2014

Transaction ID : SA11AI.7172

Amount of Each Receipt this Period
 250.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

3350.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 OF 95
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Miller-Meeks for Congress

A. Full Name (Last, First, Middle Initial)
Bradford Manatt

Mailing Address 1319 S 12th Ave W

City State Zip Code
Newton IA 50208

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Manatt's Inc executive

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2850.00

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 01 / 2014

Transaction ID : SA11AI.7038

Amount of Each Receipt this Period
2600.00

B. Full Name (Last, First, Middle Initial)
Bradford Manatt

Mailing Address 1319 S 12th Ave W

City State Zip Code
Newton IA 50208

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Manatt's Inc executive

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 01 / 2014

Transaction ID : SA11AI.7704

Amount of Each Receipt this Period
-250.00

Redesignate:
[MEMO ITEM]

C. Full Name (Last, First, Middle Initial)
Bradford Manatt

Mailing Address 1319 S 12th Ave W

City State Zip Code
Newton IA 50208

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Manatt's Inc executive

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 02 / 2014

Transaction ID : SA11AI.7705

Amount of Each Receipt this Period
250.00

Redesignate: Manatt, Bradford 6/1/2014
[MEMO ITEM]

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

2600.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 OF 95
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Miller-Meeks for Congress

A. Full Name (Last, First, Middle Initial)
Mary Manatt

Mailing Address 1319 S 12th Ave W

City State Zip Code
Newton IA 50208

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Terrace Hill Foundation, Inc. executive

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2600.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 01 / 2014

Transaction ID : SA11AI.7701

Amount of Each Receipt this Period
2600.00

B. Full Name (Last, First, Middle Initial)
Mari Eleanor Martino

Mailing Address 23 Apple Tree Trail

City State Zip Code
Westport CT 06880

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
self attorney

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2600.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 01 / 2014

Transaction ID : SA11AI.7188

Amount of Each Receipt this Period
300.00

C. Full Name (Last, First, Middle Initial)
Clarissa McMahon

Mailing Address 1104 Loudon Dr

City State Zip Code
Fairfield IA 52556

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
self civic organizer

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2500.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 30 / 2014

Transaction ID : SA11AI.7084

Amount of Each Receipt this Period
2500.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

5400.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 OF 95
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Miller-Meeks for Congress

A. Full Name (Last, First, Middle Initial)
Thomas McMahon

Mailing Address 1104 Louden Dr

City State Zip Code
Fairfield IA 52556

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
retired retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2500.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 30 / 2014

Transaction ID : SA11AI.7083

Amount of Each Receipt this Period
2500.00

B. Full Name (Last, First, Middle Initial)
James B McWethy

Mailing Address 8701 Washington St

City State Zip Code
Downers Grove IL 60516

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
none retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
750.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 27 / 2014

Transaction ID : SA11AI.7365

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
Curt Meeks

Mailing Address 11674 90th St

City State Zip Code
Ottumwa IA 52501

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Ottumwa Regional Health Center Compliance Officer

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
350.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 30 / 2014

Transaction ID : SA11AI.7719

Amount of Each Receipt this Period
350.00
In-kind - specialty rental

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

3350.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 OF 95
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Miller-Meeks for Congress

A. Full Name (Last, First, Middle Initial)
Brady Meldrem

Mailing Address 11801 Rutledge Rd

City Ottumwa	State IA	Zip Code 52501
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Norris Asphalt	Occupation executive
------------------------------------	-------------------------

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 30 / 2014

Transaction ID : SA11AI.6917

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
Annette Miller

Mailing Address P.O. Box 336A

City Sasakwa	State OK	Zip Code 74867
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer None	Occupation Retired
--------------------------	-----------------------

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
3700.00

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 01 / 2014

Transaction ID : SA11AI.7020

Amount of Each Receipt this Period
2700.00

C. Full Name (Last, First, Middle Initial)
Annette Miller

Mailing Address P.O. Box 336A

City Sasakwa	State OK	Zip Code 74867
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer None	Occupation Retired
--------------------------	-----------------------

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 01 / 2014

Transaction ID : SA11AI.7695

Amount of Each Receipt this Period
-1100.00

Redesignate: Miller, Annette 6/1/2014

[MEMO ITEM]

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

3700.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 OF 95
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Miller-Meeks for Congress

A. Full Name (Last, First, Middle Initial)
Annette Miller

Mailing Address P.O. Box 336A

City Sasakwa State OK Zip Code 74867

FEC ID number of contributing federal political committee. **C**

Name of Employer None Occupation Retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 02 / 2014

Transaction ID : SA11AI.7696

Amount of Each Receipt this Period
 1100.00

Redesignate: Miller, Annette 6/1/2014

[MEMO ITEM]

B. Full Name (Last, First, Middle Initial)
Harold Miller

Mailing Address 6766 Ridge Ct

City Bettendorf State IA Zip Code 52722

FEC ID number of contributing federal political committee. **C**

Name of Employer Genesis Health Systems Occupation physician

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
 1000.00

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 20 / 2014

Transaction ID : SA11AI.7360

Amount of Each Receipt this Period
 1000.00

C. Full Name (Last, First, Middle Initial)
Jonathon Miller-Meeks

Mailing Address 11674 - 90th St

City Ottumwa State IA Zip Code 52501

FEC ID number of contributing federal political committee. **C**

Name of Employer Healthy Mom LLC Occupation sales associate

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
 1000.00

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 30 / 2014

Transaction ID : SA11AI.7517

Amount of Each Receipt this Period
 500.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1500.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 OF 95
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Miller-Meeks for Congress

A. Full Name (Last, First, Middle Initial)
Taylor Miller-Meeks

Mailing Address 11674 - 90th St

City Ottumwa	State IA	Zip Code 52501
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer CreateThe Group	Occupation account manager
-------------------------------------	-------------------------------

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 30 / 2014

Transaction ID : SA11AI.7518

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
Edwin Mulholland

Mailing Address 2880 Silver Oak Trail

City Marion	State IA	Zip Code 52302
----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer none	Occupation retired
--------------------------	-----------------------

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 19 / 2014

Transaction ID : SA11AI.7447

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
David Murphy

Mailing Address P.O. Box 10490

City Russellville	State AR	Zip Code 72812
----------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Russellville Eye Clinic	Occupation physician
---	-------------------------

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 28 / 2014

Transaction ID : SA11AI.7289

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

2500.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 35 OF 95
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Miller-Meeks for Congress

Full Name (Last, First, Middle Initial) Kevin O'Brien		Date of Receipt M M / D D / Y Y Y Y 06 / 29 / 2014	
Mailing Address 105 - 5th St		Transaction ID : SA11AI.7091	
City Coralville	State IA	Zip Code 52241	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2700.00	
Name of Employer McDonalds Inc.	Occupation Owner/Operator		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 5200.00		

Full Name (Last, First, Middle Initial) Kevin O'Brien		Date of Receipt M M / D D / Y Y Y Y 06 / 29 / 2014	
Mailing Address 105 - 5th St		Transaction ID : SA11AI.7763	
City Coralville	State IA	Zip Code 52241	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period -100.00	
Name of Employer McDonalds Inc.	Occupation Owner/Operator		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date		
Redesignate: O'Brien, Kevin 6/30/14 [MEMO ITEM]			

Full Name (Last, First, Middle Initial) Kevin O'Brien		Date of Receipt M M / D D / Y Y Y Y 06 / 30 / 2014	
Mailing Address 105 - 5th St		Transaction ID : SA11AI.7764	
City Coralville	State IA	Zip Code 52241	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00	
Name of Employer McDonalds Inc.	Occupation Owner/Operator		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date		
Redesignate: 2014 Primary Debt - Bailey Office Equipment [MEMO ITEM]			

SUBTOTAL of Receipts This Page (optional).....	2700.00
TOTAL This Period (last page this line number only).....	[Empty Box]

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 36 OF 95
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Miller-Meeks for Congress

A. Full Name (Last, First, Middle Initial)
Alan Ostergren

Mailing Address 1533 - 245th St

City State Zip Code
Letts IA 52754

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
County of Muscatine attorney

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 14 / 2014

Transaction ID : SA11AI.7347

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
Theo Pacha

Mailing Address P.O. Box 1405

City State Zip Code
Iowa City IA 52244

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Theo Resources executive

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 30 / 2014

Transaction ID : SA11AI.7308

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
John Parks II

Mailing Address 1749 Arbor Oaks Dr

City State Zip Code
Muscatine IA 52761

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
none retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2500.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 03 / 2014

Transaction ID : SA11AI.7691

Amount of Each Receipt this Period
2500.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

4000.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 37 OF 95
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
Miller-Meeks for Congress

A. Full Name (Last, First, Middle Initial)
Ruth Parks

Mailing Address 1749 Arbor Oaks Dr

City Muscatine State IA Zip Code 52761

FEC ID number of contributing federal political committee. **C**

Name of Employer none Occupation homemaker

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 03 / 2014

Transaction ID : SA11AI.7690

Amount of Each Receipt this Period
 2500.00

B. Full Name (Last, First, Middle Initial)
William Parks

Mailing Address 1749 Arbor Oaks Dr

City Muscatine State IA Zip Code 52761

FEC ID number of contributing federal political committee. **C**

Name of Employer self Occupation investor

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 03 / 2014

Transaction ID : SA11AI.7037

Amount of Each Receipt this Period
 2500.00

C. Full Name (Last, First, Middle Initial)
Mike Richards

Mailing Address 5465 Mills Civic Pkwy #400

City West Des Moines State IA Zip Code 50266

FEC ID number of contributing federal political committee. **C**

Name of Employer self Occupation physician

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 25 / 2014

Transaction ID : SA11AI.7330

Amount of Each Receipt this Period
 500.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

5500.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 38 OF 95
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
Miller-Meeks for Congress

A. Full Name (Last, First, Middle Initial)
Caroline Ruhl

Mailing Address 233 Fernwood Ave

City Davenport State IA Zip Code 52803

FEC ID number of contributing federal political committee. **C**

Name of Employer Ruhl & Ruhl Realtors Occupation realtor

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 27 / 2014

Transaction ID : SA11AI.7306

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
Anna Ryan

Mailing Address 2760 US Hwy 52

City Decorah State IA Zip Code 52101

FEC ID number of contributing federal political committee. **C**

Name of Employer Winneshiek Medical Center Occupation physician

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 02 / 2014

Transaction ID : SA11AI.7141

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
Victoria Sharp

Mailing Address 5124 American Legion Rd

City Iowa City State IA Zip Code 52240

FEC ID number of contributing federal political committee. **C**

Name of Employer University of Iowa Hospital & Occupation physician

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 26 / 2014

Transaction ID : SA11AI.7323

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

2500.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 39 OF 95
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Miller-Meeks for Congress

A. Full Name (Last, First, Middle Initial)
Helen Sinclair

Mailing Address 2208 560th Ave

City Melrose State IA Zip Code 52569

FEC ID number of contributing federal political committee. **C**

Name of Employer retired Occupation retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 25 / 2014

Transaction ID : SA11AI.7472

Amount of Each Receipt this Period
 1000.00

B. Full Name (Last, First, Middle Initial)
Lee D Staak

Mailing Address 3677 Forest Gate Dr NE

City Iowa City State IA Zip Code 52240

FEC ID number of contributing federal political committee. **C**

Name of Employer Marshalltown Management System Occupation executive

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 04 / 2014

Transaction ID : SA11AI.7707

Amount of Each Receipt this Period
 2600.00

C. Full Name (Last, First, Middle Initial)
Robin Staak

Mailing Address 3677 Forest Gate Dr NE

City Iowa City State IA Zip Code 52240

FEC ID number of contributing federal political committee. **C**

Name of Employer Marshalltown Management Occupation executive

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 27 / 2014

Transaction ID : SA11AI.6905

Amount of Each Receipt this Period
 2600.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

6200.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 40 OF 95
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Miller-Meeks for Congress

A. Full Name (Last, First, Middle Initial)
Robin Staak

Mailing Address 3677 Forest Gate Dr NE

City Iowa City State IA Zip Code 52240

FEC ID number of contributing federal political committee. **C**

Name of Employer Marshalltown Management Occupation executive

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
5200.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 06 / 04 / 2014

Transaction ID : SA11AI.7706

Amount of Each Receipt this Period
2600.00

B. Full Name (Last, First, Middle Initial)
Marilyn Stempel

Mailing Address 15938 Blackhawk Rd

City Ottumwa State IA Zip Code 52501

FEC ID number of contributing federal political committee. **C**

Name of Employer retired Occupation retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 06 / 05 / 2014

Transaction ID : SA11AI.7713

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
Matthew Strawn

Mailing Address 702 SW Coventry Cir

City Ankeny State IA Zip Code 50023

FEC ID number of contributing federal political committee. **C**

Name of Employer Next Generation Public Affairs Occupation executive

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 06 / 13 / 2014

Transaction ID : SA11AI.7127

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

3350.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 41 OF 95
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Miller-Meeks for Congress

A. Full Name (Last, First, Middle Initial)
William Talsma

Mailing Address 913 W 18th St S

City State Zip Code
Newton IA 50208

FEC ID number of contributing federal political committee. **C**

Name of Employer self Occupation farmer

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 17 / 2014

Transaction ID : SA11AI.7252

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
Ferial Tewfik

Mailing Address 47 Arbury Dr

City State Zip Code
Iowa City IA 52246

FEC ID number of contributing federal political committee. **C**

Name of Employer Mercy Iowa City Occupation physician

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
4000.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 01 / 2014

Transaction ID : SA11AI.7712

Amount of Each Receipt this Period
2500.00

C. Full Name (Last, First, Middle Initial)
Ferial Tewfik

Mailing Address 47 Arbury Dr

City State Zip Code
Iowa City IA 52246

FEC ID number of contributing federal political committee. **C**

Name of Employer Mercy Iowa City Occupation physician

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2500.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 02 / 2014

Transaction ID : SA11AI.7746

Amount of Each Receipt this Period
-1500.00

Reattribute: Tewfik, Ferial 6/1/2014

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

2000.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 42 OF 95
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Miller-Meeks for Congress

A. Full Name (Last, First, Middle Initial)
Hamed Tewfik

Mailing Address 47 Arbury Dr

City Iowa City State IA Zip Code 52246

FEC ID number of contributing federal political committee. **C**

Name of Employer Iowa City Cancer Treatment Cen Occupation physician

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2500.00

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 02 / 2014

Transaction ID : SA11AI.7747

Amount of Each Receipt this Period
1500.00

Reattribute: Tewfik, Ferial 6/1/2014

B. Full Name (Last, First, Middle Initial)
Deborah Thornton

Mailing Address 631 Scott Park DR

City Iowa City State IA Zip Code 52245

FEC ID number of contributing federal political committee. **C**

Name of Employer Public Interest Institute Occupation Research Analyst

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
400.00

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 20 / 2014

Transaction ID : SA11AI.7177

Amount of Each Receipt this Period
100.00

C. Full Name (Last, First, Middle Initial)
Deborah Thornton

Mailing Address 631 Scott Park DR

City Iowa City State IA Zip Code 52245

FEC ID number of contributing federal political committee. **C**

Name of Employer Public Interest Institute Occupation Research Analyst

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 27 / 2014

Transaction ID : SA11AI.7060

Amount of Each Receipt this Period
100.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1700.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 43 OF 95
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Miller-Meeks for Congress

A. Full Name (Last, First, Middle Initial)
Deborah Thornton

Mailing Address 631 Scott Park DR

City Iowa City State IA Zip Code 52245

FEC ID number of contributing federal political committee. **C**

Name of Employer Public Interest Institute Occupation Research Analyst

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **600.00**

Date of Receipt
 M M / D D / Y Y Y Y
06 / 03 / 2014

Transaction ID : SA11AI.7356

Amount of Each Receipt this Period
100.00

B. Full Name (Last, First, Middle Initial)
Deborah Thornton

Mailing Address 631 Scott Park DR

City Iowa City State IA Zip Code 52245

FEC ID number of contributing federal political committee. **C**

Name of Employer Public Interest Institute Occupation Research Analyst

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **700.00**

Date of Receipt
 M M / D D / Y Y Y Y
06 / 10 / 2014

Transaction ID : SA11AI.7639

Amount of Each Receipt this Period
100.00

C. Full Name (Last, First, Middle Initial)
Deborah Thornton

Mailing Address 631 Scott Park DR

City Iowa City State IA Zip Code 52245

FEC ID number of contributing federal political committee. **C**

Name of Employer Public Interest Institute Occupation Research Analyst

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **800.00**

Date of Receipt
 M M / D D / Y Y Y Y
06 / 17 / 2014

Transaction ID : SA11AI.7640

Amount of Each Receipt this Period
100.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

300.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 44 OF 95
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Miller-Meeks for Congress

Full Name (Last, First, Middle Initial) Deborah Thornton		Date of Receipt M M / D D / Y Y Y Y 06 / 29 / 2014
Mailing Address 631 Scott Park DR		Transaction ID : SA11AI.7641
City Iowa City	State IA	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer Public Interest Institute	Occupation Research Analyst	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 900.00	

Full Name (Last, First, Middle Initial) Susan Van Maur		Date of Receipt M M / D D / Y Y Y Y 06 / 03 / 2014
Mailing Address 2930 Crestline Dr		Transaction ID : SA11AI.7353
City Davenport	State IA	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer self	Occupation investor	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00	

Full Name (Last, First, Middle Initial) Bill Vernon		Date of Receipt M M / D D / Y Y Y Y 06 / 14 / 2014
Mailing Address 500 W 14th St S		Transaction ID : SA11AI.7277
City Newton	State IA	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Vernon Company	Occupation executive	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00	

SUBTOTAL of Receipts This Page (optional).....	1600.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 45 OF 95
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
Miller-Meeks for Congress

A. Full Name (Last, First, Middle Initial)
Joyce Vista-Wayne

Mailing Address 14301 Elmcrest Ct

City Clive State IA Zip Code 50325

FEC ID number of contributing federal political committee. **C**

Name of Employer Mercy Medical Center Occupation physician

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
 _____ 450.00

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 14 / 2014

Transaction ID : SA11AI.7434

Amount of Each Receipt this Period
 _____ 100.00

B. Full Name (Last, First, Middle Initial)
James Wachendorf

Mailing Address 801 Timber Ct

City Coralville State IA Zip Code 52241

FEC ID number of contributing federal political committee. **C**

Name of Employer Mid-American Securities Occupation Investment Advisor

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
 _____ 600.00

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 20 / 2014

Transaction ID : SA11AI.7171

Amount of Each Receipt this Period
 _____ 500.00

C. Full Name (Last, First, Middle Initial)
James Wachendorf

Mailing Address 801 Timber Ct

City Coralville State IA Zip Code 52241

FEC ID number of contributing federal political committee. **C**

Name of Employer Mid-American Securities Occupation Investment Advisor

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
 _____ 700.00

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 30 / 2014

Transaction ID : SA11AI.7076

Amount of Each Receipt this Period
 _____ 100.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

_____ 700.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 46 OF 95
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Miller-Meeks for Congress

A. Full Name (Last, First, Middle Initial)
Ann Weber

Mailing Address 2157 Terra Lane

City State Zip Code
Coralville IA 52241

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
University of Iowa secretary/biostatistics

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
M M / D D / Y Y Y Y
05 / 20 / 2014

Transaction ID : SA11AI.7032

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Kirk Whalen

Mailing Address 1727 Westminster Cir

City State Zip Code
Davenport IA 52807

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Heart of American Management executive

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 27 / 2014

Transaction ID : SA11AI.7096

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Michael Whalen

Mailing Address 2140 St. Andrews Circle

City State Zip Code
Bettendorf IA 52722

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Heart of America executive

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 26 / 2014

Transaction ID : SA11AI.7766

Amount of Each Receipt this Period
2000.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

2500.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 47 OF 95
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Miller-Meeks for Congress

A. Full Name (Last, First, Middle Initial)
Herbert Wilson

Mailing Address 1 Oaknoll Ct

City Iowa City State IA Zip Code 52246

FEC ID number of contributing federal political committee. **C**

Name of Employer retired Occupation retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 15 / 2014

Transaction ID : SA11AI.7027

Amount of Each Receipt this Period
 500.00

B. Full Name (Last, First, Middle Initial)
Mark Wilson

Mailing Address 972 Tamarack Trail

City Iowa City State IA Zip Code 52245

FEC ID number of contributing federal political committee. **C**

Name of Employer none Occupation retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 20 / 2014

Transaction ID : SA11AI.7031

Amount of Each Receipt this Period
 250.00

C. Full Name (Last, First, Middle Initial)
Hans Wilz

Mailing Address 1549 N Van Buren St

City Ottumwa State IA Zip Code 52501

FEC ID number of contributing federal political committee. **C**

Name of Employer Great Ideas Occupation executive

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 05 / 2014

Transaction ID : SA11AI.7025

Amount of Each Receipt this Period
 250.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1000.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 48 OF 95
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Miller-Meeks for Congress

A. Full Name (Last, First, Middle Initial)
Jeffrey Young

Mailing Address 20078 - 205th Ave

City Centerville State IA Zip Code 52544

FEC ID number of contributing federal political committee. **C**

Name of Employer Iowa Trust & Savings Bank Occupation executive

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 19 / 2014

Transaction ID : SA11AI.7000

Amount of Each Receipt this Period
 250.00

B. Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

C. Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

250.00

129010.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 49 OF 95
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Miller-Meeks for Congress

A. Full Name (Last, First, Middle Initial)
AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

Mailing Address 1061 AMERICAN LANE

City State Zip Code
SCHAUMBURG IL 60173

FEC ID number of contributing federal political committee. **C C00255752**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
5000.00

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 28 / 2014

Transaction ID : SA11C.7769

Amount of Each Receipt this Period
5000.00

B. Full Name (Last, First, Middle Initial)
ANN PAC

Mailing Address P.O. BOX 3535

City State Zip Code
BALLWIN MO 63022

FEC ID number of contributing federal political committee. **C C00531764**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2500.00

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 25 / 2014

Transaction ID : SA11C.7505

Amount of Each Receipt this Period
1500.00

C. Full Name (Last, First, Middle Initial)
CMR POLITICAL ACTION COMMITTEE

Mailing Address PO BOX 2485

City State Zip Code
SPRINGFIELD VA 22152

FEC ID number of contributing federal political committee. **C C00469429**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 03 / 2014

Transaction ID : SA11C.7199

Amount of Each Receipt this Period
2000.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

8500.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 50 OF 95
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Miller-Meeks for Congress

A. Full Name (Last, First, Middle Initial)
CONSERVATIVES RESTORING EXCELLENCE (CRE-PAC)

Mailing Address PO BOX 98629

City State Zip Code
RALEIGH NC 27624

FEC ID number of contributing federal political committee. **C** C00502187

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 17 / 2014

Transaction ID : SA11C.7516

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
VIRGINIA ANN FOXX

Mailing Address 11468 NC HWY 105

City State Zip Code
BANNER ELK NC 28604

FEC ID number of contributing federal political committee. **C** H4NC05146

Name of Employer Occupation
Congress Representative

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 10 / 2014

Transaction ID : SA11C.7743

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
HAWKEYE PAC, THE

Mailing Address PO Box 192

City State Zip Code
Des Moines IA 50301

FEC ID number of contributing federal political committee. **C** C00379479

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
5000.00

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 27 / 2014

Transaction ID : SA11C.7515

Amount of Each Receipt this Period
5000.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

7000.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 51 OF 95
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Miller-Meeks for Congress

A. Full Name (Last, First, Middle Initial)
IOWANS FOR LATHAM

Mailing Address **675 N WASHINGTON STREET**
SUITE 410

City **ALEXANDRIA** State **VA** Zip Code **22314**

FEC ID number of contributing federal political committee. **C C00287045**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

Date of Receipt
 M M / D D / Y Y Y Y
06 / 16 / 2014

Transaction ID : SA11C.7513

Amount of Each Receipt this Period
2000.00

B. Full Name (Last, First, Middle Initial)
KEEPING REPUBLICAN IDEAS STRONG TIMELY AND INVENTIVE (KRISTI PAC)

Mailing Address **PO BOX 312**

City **SIOUX FALLS** State **SD** Zip Code **57101**

FEC ID number of contributing federal political committee. **C C00493809**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y
05 / 28 / 2014

Transaction ID : SA11C.6913

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
LEAD YOUR NATION NOW PAC (LYNN PAC)

Mailing Address **P.O. BOX 1872**

City **TOPEKA** State **KS** Zip Code **66601**

FEC ID number of contributing federal political committee. **C C00491043**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y
06 / 12 / 2014

Transaction ID : SA11C.7510

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

3500.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 52 OF 95
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Miller-Meeks for Congress

A. VALUE IN ELECTING WOMEN POLITICAL ACTION COMMITTEE
 Full Name (Last, First, Middle Initial)
 Mailing Address 701 8th Street, NW
 Suite 500
 City Washington State DC Zip Code 20001
 FEC ID number of contributing federal political committee. **C** C00327189
 Name of Employer Occupation
 Receipt For: 2014
 Primary General
 Other (specify)
 Election Cycle-to-Date
 5000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 02 / 2014
Transaction ID : SA11C.7202
 Amount of Each Receipt this Period
 2500.00

B.
 Full Name (Last, First, Middle Initial)
 Mailing Address
 City State Zip Code
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For:
 Primary General
 Other (specify)
 Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 Amount of Each Receipt this Period

C.
 Full Name (Last, First, Middle Initial)
 Mailing Address
 City State Zip Code
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For:
 Primary General
 Other (specify)
 Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....
TOTAL This Period (last page this line number only).....

2500.00
 21500.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 53 OF 95
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input checked="" type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Miller-Meeks for Congress

A. Full Name (Last, First, Middle Initial)
Mariannette Miller-Meeks

Mailing Address 11674 90th St

City Ottumwa State IA Zip Code 52501

FEC ID number of contributing federal political committee. **C H8IA02043**

Name of Employer Self Occupation Physician

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
4110.83

Date of Receipt
 M M / D D / Y Y Y Y
05 / 15 / 2014

Transaction ID : SA11D.7528

Amount of Each Receipt this Period
68.60

In-kind - fundraising

B. Full Name (Last, First, Middle Initial)
Mariannette Miller-Meeks

Mailing Address 11674 90th St

City Ottumwa State IA Zip Code 52501

FEC ID number of contributing federal political committee. **C H8IA02043**

Name of Employer Self Occupation Physician

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
4189.83

Date of Receipt
 M M / D D / Y Y Y Y
05 / 16 / 2014

Transaction ID : SA11D.7578

Amount of Each Receipt this Period
79.00

In-kind - postage

C. Full Name (Last, First, Middle Initial)
Mariannette Miller-Meeks

Mailing Address 11674 90th St

City Ottumwa State IA Zip Code 52501

FEC ID number of contributing federal political committee. **C H8IA02043**

Name of Employer Self Occupation Physician

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
4798.83

Date of Receipt
 M M / D D / Y Y Y Y
05 / 17 / 2014

Transaction ID : SA11D.7533

Amount of Each Receipt this Period
609.00

In-kind - travel

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

756.60

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 54 OF 95
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input checked="" type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Miller-Meeks for Congress

A. Full Name (Last, First, Middle Initial)
Mariannette Miller-Meeks

Mailing Address 11674 90th St

City Ottumwa State IA Zip Code 52501

FEC ID number of contributing federal political committee. **C H8IA02043**

Name of Employer Self Occupation Physician

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 18 / 2014

Transaction ID : SA11D.7538

Amount of Each Receipt this Period

 In-kind - travel

B. Full Name (Last, First, Middle Initial)
Mariannette Miller-Meeks

Mailing Address 11674 90th St

City Ottumwa State IA Zip Code 52501

FEC ID number of contributing federal political committee. **C H8IA02043**

Name of Employer Self Occupation Physician

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 18 / 2014

Transaction ID : SA11D.7573

Amount of Each Receipt this Period

 In-kind - travel

C. Full Name (Last, First, Middle Initial)
Mariannette Miller-Meeks

Mailing Address 11674 90th St

City Ottumwa State IA Zip Code 52501

FEC ID number of contributing federal political committee. **C H8IA02043**

Name of Employer Self Occupation Physician

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 18 / 2014

Transaction ID : SA11D.7576

Amount of Each Receipt this Period

 In-kind - supplies

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 55 OF 95
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input checked="" type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Miller-Meeks for Congress

A. Full Name (Last, First, Middle Initial)
Mariannette Miller-Meeks

Mailing Address 11674 90th St

City Ottumwa State IA Zip Code 52501

FEC ID number of contributing federal political committee. **C H8IA02043**

Name of Employer Self Occupation Physician

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
5164.11

Date of Receipt
 M M / D D / Y Y Y Y Y Y
05 / 20 / 2014

Transaction ID : SA11D.7580

Amount of Each Receipt this Period
56.23

In-kind - travel

B. Full Name (Last, First, Middle Initial)
Mariannette Miller-Meeks

Mailing Address 11674 90th St

City Ottumwa State IA Zip Code 52501

FEC ID number of contributing federal political committee. **C H8IA02043**

Name of Employer Self Occupation Physician

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
5247.57

Date of Receipt
 M M / D D / Y Y Y Y Y Y
05 / 21 / 2014

Transaction ID : SA11D.7541

Amount of Each Receipt this Period
83.46

In-kind - travel

C. Full Name (Last, First, Middle Initial)
Mariannette Miller-Meeks

Mailing Address 11674 90th St

City Ottumwa State IA Zip Code 52501

FEC ID number of contributing federal political committee. **C H8IA02043**

Name of Employer Self Occupation Physician

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
5277.52

Date of Receipt
 M M / D D / Y Y Y Y Y Y
05 / 22 / 2014

Transaction ID : SA11D.7543

Amount of Each Receipt this Period
29.95

In-kind - travel

SUBTOTAL of Receipts This Page (optional).....	169.64
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 56 OF 95
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input checked="" type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Miller-Meeks for Congress

A. Full Name (Last, First, Middle Initial)
Mariannette Miller-Meeks

Mailing Address 11674 90th St

City Ottumwa State IA Zip Code 52501

FEC ID number of contributing federal political committee. **C H8IA02043**

Name of Employer Self Occupation Physician

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
5383.34

Date of Receipt
 M M / D D / Y Y Y Y
05 / 23 / 2014

Transaction ID : SA11D.7582

Amount of Each Receipt this Period
105.82
 In-kind - travel

B. Full Name (Last, First, Middle Initial)
Mariannette Miller-Meeks

Mailing Address 11674 90th St

City Ottumwa State IA Zip Code 52501

FEC ID number of contributing federal political committee. **C H8IA02043**

Name of Employer Self Occupation Physician

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
5409.38

Date of Receipt
 M M / D D / Y Y Y Y
05 / 24 / 2014

Transaction ID : SA11D.7545

Amount of Each Receipt this Period
26.04
 In-kind - travel

C. Full Name (Last, First, Middle Initial)
Mariannette Miller-Meeks

Mailing Address 11674 90th St

City Ottumwa State IA Zip Code 52501

FEC ID number of contributing federal political committee. **C H8IA02043**

Name of Employer Self Occupation Physician

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
5496.14

Date of Receipt
 M M / D D / Y Y Y Y
05 / 26 / 2014

Transaction ID : SA11D.7584

Amount of Each Receipt this Period
86.76
 In-kind - travel

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

218.62

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 57 OF 95
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input checked="" type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Miller-Meeks for Congress

A. Full Name (Last, First, Middle Initial)
Mariannette Miller-Meeks

Mailing Address 11674 90th St

City Ottumwa State IA Zip Code 52501

FEC ID number of contributing federal political committee. **C H8IA02043**

Name of Employer Self Occupation Physician

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
 _____ 5550.31

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 27 / 2014

Transaction ID : SA11D.7586

Amount of Each Receipt this Period
 _____ 54.17

In-kind - travel

B. Full Name (Last, First, Middle Initial)
Mariannette Miller-Meeks

Mailing Address 11674 90th St

City Ottumwa State IA Zip Code 52501

FEC ID number of contributing federal political committee. **C H8IA02043**

Name of Employer Self Occupation Physician

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
 _____ 5577.46

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 28 / 2014

Transaction ID : SA11D.7550

Amount of Each Receipt this Period
 _____ 27.15

In-kind - travel

C. Full Name (Last, First, Middle Initial)
Mariannette Miller-Meeks

Mailing Address 11674 90th St

City Ottumwa State IA Zip Code 52501

FEC ID number of contributing federal political committee. **C H8IA02043**

Name of Employer Self Occupation Physician

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
 _____ 5644.24

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 28 / 2014

Transaction ID : SA11D.7588

Amount of Each Receipt this Period
 _____ 66.78

In-kind - travel

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

_____ 148.10

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 58 OF 95
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input checked="" type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Miller-Meeks for Congress

A. Full Name (Last, First, Middle Initial)
Mariannette Miller-Meeks

Mailing Address 11674 90th St

City Ottumwa State IA Zip Code 52501

FEC ID number of contributing federal political committee. **C H8IA02043**

Name of Employer Self Occupation Physician

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
5678.59

Date of Receipt
 M M / D D / Y Y Y Y
05 / 29 / 2014

Transaction ID : SA11D.7553

Amount of Each Receipt this Period
34.35
 In-kind - travel

B. Full Name (Last, First, Middle Initial)
Mariannette Miller-Meeks

Mailing Address 11674 90th St

City Ottumwa State IA Zip Code 52501

FEC ID number of contributing federal political committee. **C H8IA02043**

Name of Employer Self Occupation Physician

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
5761.14

Date of Receipt
 M M / D D / Y Y Y Y
05 / 30 / 2014

Transaction ID : SA11D.7555

Amount of Each Receipt this Period
82.55
 In-kind - travel

C. Full Name (Last, First, Middle Initial)
Mariannette Miller-Meeks

Mailing Address 11674 90th St

City Ottumwa State IA Zip Code 52501

FEC ID number of contributing federal political committee. **C H8IA02043**

Name of Employer Self Occupation Physician

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
5790.94

Date of Receipt
 M M / D D / Y Y Y Y
05 / 30 / 2014

Transaction ID : SA11D.7591

Amount of Each Receipt this Period
29.80
 In-kind - travel

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

146.70

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 59 OF 95
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input checked="" type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Miller-Meeks for Congress

A. Full Name (Last, First, Middle Initial)
Mariannette Miller-Meeks

Mailing Address 11674 90th St

City Ottumwa State IA Zip Code 52501

FEC ID number of contributing federal political committee. **C H8IA02043**

Name of Employer Self Occupation Physician

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
 _____ 5814.30

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 31 / 2014

Transaction ID : SA11D.7557

Amount of Each Receipt this Period
 _____ 23.36

In-kind - travel

B. Full Name (Last, First, Middle Initial)
Mariannette Miller-Meeks

Mailing Address 11674 90th St

City Ottumwa State IA Zip Code 52501

FEC ID number of contributing federal political committee. **C H8IA02043**

Name of Employer Self Occupation Physician

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
 _____ 5854.67

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 01 / 2014

Transaction ID : SA11D.7559

Amount of Each Receipt this Period
 _____ 40.37

In-kind - travel

C. Full Name (Last, First, Middle Initial)
Mariannette Miller-Meeks

Mailing Address 11674 90th St

City Ottumwa State IA Zip Code 52501

FEC ID number of contributing federal political committee. **C H8IA02043**

Name of Employer Self Occupation Physician

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
 _____ 5917.80

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 03 / 2014

Transaction ID : SA11D.7593

Amount of Each Receipt this Period
 _____ 63.13

In-kind - supplies

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

_____ 126.86

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 60 OF 95
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input checked="" type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

Any information copied from such Reports and Statements 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.

NAME OF COMMITTEE (In Full)
Miller-Meeks for Congress

A. Full Name (Last, First, Middle Initial)
Mariannette Miller-Meeks

Mailing Address 11674 90th St

City Ottumwa State IA Zip Code 52501

FEC ID number of contributing federal political committee. **C H8IA02043**

Name of Employer Self Occupation Physician

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
5984.15

Date of Receipt
 M M / D D / Y Y Y Y
06 / 03 / 2014

Transaction ID : SA11D.7595

Amount of Each Receipt this Period
66.35

In-kind - travel

B. Full Name (Last, First, Middle Initial)
Mariannette Miller-Meeks

Mailing Address 11674 90th St

City Ottumwa State IA Zip Code 52501

FEC ID number of contributing federal political committee. **C H8IA02043**

Name of Employer Self Occupation Physician

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
6117.55

Date of Receipt
 M M / D D / Y Y Y Y
06 / 04 / 2014

Transaction ID : SA11D.7597

Amount of Each Receipt this Period
133.40

In-kind - travel

C. Full Name (Last, First, Middle Initial)
Mariannette Miller-Meeks

Mailing Address 11674 90th St

City Ottumwa State IA Zip Code 52501

FEC ID number of contributing federal political committee. **C H8IA02043**

Name of Employer Self Occupation Physician

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
6162.50

Date of Receipt
 M M / D D / Y Y Y Y
06 / 05 / 2014

Transaction ID : SA11D.7599

Amount of Each Receipt this Period
44.95

In-kind - travel

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

244.70

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 61 OF 95
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input checked="" type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

Any information copied from such Reports and Statements 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.

NAME OF COMMITTEE (In Full)
Miller-Meeks for Congress

A. Full Name (Last, First, Middle Initial)
Mariannette Miller-Meeks

Mailing Address 11674 90th St

City Ottumwa State IA Zip Code 52501

FEC ID number of contributing federal political committee. **C H8IA02043**

Name of Employer Self Occupation Physician

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
6343.14

Date of Receipt
 M M / D D / Y Y Y Y
06 / 06 / 2014

Transaction ID : SA11D.7601

Amount of Each Receipt this Period
180.64
 In-kind - travel

B. Full Name (Last, First, Middle Initial)
Mariannette Miller-Meeks

Mailing Address 11674 90th St

City Ottumwa State IA Zip Code 52501

FEC ID number of contributing federal political committee. **C H8IA02043**

Name of Employer Self Occupation Physician

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
6374.44

Date of Receipt
 M M / D D / Y Y Y Y
06 / 07 / 2014

Transaction ID : SA11D.7603

Amount of Each Receipt this Period
31.30
 In-kind - supplies

C. Full Name (Last, First, Middle Initial)
Mariannette Miller-Meeks

Mailing Address 11674 90th St

City Ottumwa State IA Zip Code 52501

FEC ID number of contributing federal political committee. **C H8IA02043**

Name of Employer Self Occupation Physician

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
6460.12

Date of Receipt
 M M / D D / Y Y Y Y
06 / 07 / 2014

Transaction ID : SA11D.7605

Amount of Each Receipt this Period
85.68
 In-kind - advertising

SUBTOTAL of Receipts This Page (optional).....	297.62
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 62 OF 95
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input checked="" type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Miller-Meeks for Congress

A. Full Name (Last, First, Middle Initial)
Mariannette Miller-Meeks

Mailing Address 11674 90th St

City Ottumwa State IA Zip Code 52501

FEC ID number of contributing federal political committee. **C H8IA02043**

Name of Employer Self Occupation Physician

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
6480.12

Date of Receipt
 M M / D D / Y Y Y Y
06 / 08 / 2014

Transaction ID : SA11D.7607

Amount of Each Receipt this Period
20.00
 In-kind - travel

B. Full Name (Last, First, Middle Initial)
Mariannette Miller-Meeks

Mailing Address 11674 90th St

City Ottumwa State IA Zip Code 52501

FEC ID number of contributing federal political committee. **C H8IA02043**

Name of Employer Self Occupation Physician

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
6676.12

Date of Receipt
 M M / D D / Y Y Y Y
06 / 09 / 2014

Transaction ID : SA11D.7609

Amount of Each Receipt this Period
196.00
 In-kind - postage

C. Full Name (Last, First, Middle Initial)
Mariannette Miller-Meeks

Mailing Address 11674 90th St

City Ottumwa State IA Zip Code 52501

FEC ID number of contributing federal political committee. **C H8IA02043**

Name of Employer Self Occupation Physician

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
6806.52

Date of Receipt
 M M / D D / Y Y Y Y
06 / 10 / 2014

Transaction ID : SA11D.7611

Amount of Each Receipt this Period
130.40
 In-kind - travel

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

346.40

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 63 OF 95
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input checked="" type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Miller-Meeks for Congress

A. Full Name (Last, First, Middle Initial)
Mariannette Miller-Meeks

Mailing Address 11674 90th St

City Ottumwa State IA Zip Code 52501

FEC ID number of contributing federal political committee. **C H8IA02043**

Name of Employer Self Occupation Physician

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
6814.01

Date of Receipt
 M M / D D / Y Y Y Y
06 / 11 / 2014

Transaction ID : SA11D.7613

Amount of Each Receipt this Period
7.49

In-kind - supplies

B. Full Name (Last, First, Middle Initial)
Mariannette Miller-Meeks

Mailing Address 11674 90th St

City Ottumwa State IA Zip Code 52501

FEC ID number of contributing federal political committee. **C H8IA02043**

Name of Employer Self Occupation Physician

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
6844.31

Date of Receipt
 M M / D D / Y Y Y Y
06 / 13 / 2014

Transaction ID : SA11D.7566

Amount of Each Receipt this Period
30.30

In-kind - travel

C. Full Name (Last, First, Middle Initial)
Mariannette Miller-Meeks

Mailing Address 11674 90th St

City Ottumwa State IA Zip Code 52501

FEC ID number of contributing federal political committee. **C H8IA02043**

Name of Employer Self Occupation Physician

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
6858.09

Date of Receipt
 M M / D D / Y Y Y Y
06 / 15 / 2014

Transaction ID : SA11D.7615

Amount of Each Receipt this Period
13.78

In-kind - travel

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

51.57

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 64 OF 95
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input checked="" type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Miller-Meeks for Congress

A. Full Name (Last, First, Middle Initial)
Mariannette Miller-Meeks

Mailing Address 11674 90th St

City Ottumwa State IA Zip Code 52501

FEC ID number of contributing federal political committee. **C H8IA02043**

Name of Employer Self Occupation Physician

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
6891.41

Date of Receipt
 M M / D D / Y Y Y Y
06 / 17 / 2014

Transaction ID : SA11D.7617

Amount of Each Receipt this Period
33.32

In-kind - supplies

B. Full Name (Last, First, Middle Initial)
Mariannette Miller-Meeks

Mailing Address 11674 90th St

City Ottumwa State IA Zip Code 52501

FEC ID number of contributing federal political committee. **C H8IA02043**

Name of Employer Self Occupation Physician

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
7022.54

Date of Receipt
 M M / D D / Y Y Y Y
06 / 18 / 2014

Transaction ID : SA11D.7619

Amount of Each Receipt this Period
131.13

In-kind - travel

C. Full Name (Last, First, Middle Initial)
Mariannette Miller-Meeks

Mailing Address 11674 90th St

City Ottumwa State IA Zip Code 52501

FEC ID number of contributing federal political committee. **C H8IA02043**

Name of Employer Self Occupation Physician

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
7096.79

Date of Receipt
 M M / D D / Y Y Y Y
06 / 20 / 2014

Transaction ID : SA11D.7621

Amount of Each Receipt this Period
74.25

In-kind - travel

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

238.70

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 65 OF 95
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input checked="" type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Miller-Meeks for Congress

A. Full Name (Last, First, Middle Initial)
Mariannette Miller-Meeks

Mailing Address 11674 90th St

City Ottumwa State IA Zip Code 52501

FEC ID number of contributing federal political committee. **C H8IA02043**

Name of Employer Self Occupation Physician

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **7208.08**

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 21 / 2014

Transaction ID : SA11D.7623

Amount of Each Receipt this Period
 111.29

In-kind - travel

B. Full Name (Last, First, Middle Initial)
Mariannette Miller-Meeks

Mailing Address 11674 90th St

City Ottumwa State IA Zip Code 52501

FEC ID number of contributing federal political committee. **C H8IA02043**

Name of Employer Self Occupation Physician

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **7218.78**

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 21 / 2014

Transaction ID : SA11D.7625

Amount of Each Receipt this Period
 10.70

In-kind - supplies

C. Full Name (Last, First, Middle Initial)
Mariannette Miller-Meeks

Mailing Address 11674 90th St

City Ottumwa State IA Zip Code 52501

FEC ID number of contributing federal political committee. **C H8IA02043**

Name of Employer Self Occupation Physician

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **7357.36**

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 22 / 2014

Transaction ID : SA11D.7627

Amount of Each Receipt this Period
 138.58

In-kind - travel

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

260.57

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 66 OF 95
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input checked="" type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Miller-Meeks for Congress

A. Full Name (Last, First, Middle Initial)
Mariannette Miller-Meeks

Mailing Address 11674 90th St

City Ottumwa State IA Zip Code 52501

FEC ID number of contributing federal political committee. **C H8IA02043**

Name of Employer Self Occupation Physician

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **7501.95**

Date of Receipt
 M M / D D / Y Y Y Y
06 / 25 / 2014

Transaction ID : SA11D.7629

Amount of Each Receipt this Period
144.59
 In-kind - travel

B. Full Name (Last, First, Middle Initial)
Mariannette Miller-Meeks

Mailing Address 11674 90th St

City Ottumwa State IA Zip Code 52501

FEC ID number of contributing federal political committee. **C H8IA02043**

Name of Employer Self Occupation Physician

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **7628.57**

Date of Receipt
 M M / D D / Y Y Y Y
06 / 26 / 2014

Transaction ID : SA11D.7631

Amount of Each Receipt this Period
126.62
 In-kind - travel

C. Full Name (Last, First, Middle Initial)
Mariannette Miller-Meeks

Mailing Address 11674 90th St

City Ottumwa State IA Zip Code 52501

FEC ID number of contributing federal political committee. **C H8IA02043**

Name of Employer Self Occupation Physician

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **7723.28**

Date of Receipt
 M M / D D / Y Y Y Y
06 / 28 / 2014

Transaction ID : SA11D.7633

Amount of Each Receipt this Period
94.71
 In-kind - travel

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

365.92

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 67 OF 95
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input checked="" type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Miller-Meeks for Congress

A. Full Name (Last, First, Middle Initial)
Mariannette Miller-Meeks

Mailing Address 11674 90th St

City Ottumwa State IA Zip Code 52501

FEC ID number of contributing federal political committee. **C H8IA02043**

Name of Employer Self Occupation Physician

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
7761.39

Date of Receipt
 M M / D D / Y Y Y Y
06 / 29 / 2014

Transaction ID : SA11D.7570

Amount of Each Receipt this Period
38.11
 In-kind - travel

B. Full Name (Last, First, Middle Initial)
Mariannette Miller-Meeks

Mailing Address 11674 90th St

City Ottumwa State IA Zip Code 52501

FEC ID number of contributing federal political committee. **C H8IA02043**

Name of Employer Self Occupation Physician

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
7800.19

Date of Receipt
 M M / D D / Y Y Y Y
06 / 29 / 2014

Transaction ID : SA11D.7635

Amount of Each Receipt this Period
38.80
 In-kind - travel

C. Full Name (Last, First, Middle Initial)
Mariannette Miller-Meeks

Mailing Address 11674 90th St

City Ottumwa State IA Zip Code 52501

FEC ID number of contributing federal political committee. **C H8IA02043**

Name of Employer Self Occupation Physician

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
7823.89

Date of Receipt
 M M / D D / Y Y Y Y
06 / 30 / 2014

Transaction ID : SA11D.7637

Amount of Each Receipt this Period
23.70
 In-kind - travel

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

100.61

3781.66

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 68 OF 95	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Miller-Meeks for Congress

Full Name (Last, First, Middle Initial) A. American Airlines		Date of Disbursement MM / DD / YYYY 05 / 17 / 2014
Mailing Address P.O. Box 619616 MD 5675		Amount of Each Disbursement this Period 609.00
City DFW Airport	State TX Zip Code 75261	
Purpose of Disbursement travel	Category/Type 002	Transaction ID : SB17.7536 [MEMO ITEM]
Candidate Name Miller-Meeks for Congress	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: IA District: 02		

Full Name (Last, First, Middle Initial) B. Bailey Office Equipment		Date of Disbursement MM / DD / YYYY 06 / 30 / 2014
Mailing Address 123 E Second St		Amount of Each Disbursement this Period -100.00
City Ottumwa	State IA Zip Code 52501	
Purpose of Disbursement office supplies	Category/Type 001	Transaction ID : SB17.7765
Candidate Name Miller-Meeks for Congress	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: IA District: 02		

Full Name (Last, First, Middle Initial) c. Bankers Advertising Co.		Date of Disbursement MM / DD / YYYY 05 / 29 / 2014
Mailing Address 2800 Highway 6 East		Amount of Each Disbursement this Period 4818.42
City Iowa City	State IA Zip Code 52240	
Purpose of Disbursement Printing	Category/Type 006	Transaction ID : SB17.7244
Candidate Name Miller-Meeks for Congress	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: IA District: 02		

SUBTOTAL of Disbursements This Page (optional).....	4718.42
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 69 OF 95			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
Miller-Meeks for Congress

Full Name (Last, First, Middle Initial) A. Decker Consulting Services		Date of Disbursement M M / D D / Y Y Y Y 06 / 04 / 2014
Mailing Address 244 - 14th Place NE		Amount of Each Disbursement this Period 2200.00 Transaction ID : SB17.7240
City Washington State DC Zip Code 20002	Purpose of Disbursement Fund Raising Expense 003 Category/Type	
Candidate Name Miller-Meeks for Congress		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IA District: 02	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) B. Global Intermediate LLC		Date of Disbursement M M / D D / Y Y Y Y 05 / 29 / 2014
Mailing Address 6601 Westown Pkwy Ste. 240		Amount of Each Disbursement this Period 10760.88 Transaction ID : SB17.7243
City West Des Moines State IA Zip Code 50266	Purpose of Disbursement Direct Mail 004 Category/Type	
Candidate Name Miller-Meeks for Congress		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IA District: 02	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) c. Austin Harris		Date of Disbursement M M / D D / Y Y Y Y 06 / 09 / 2014
Mailing Address 30046 - 570th St		Amount of Each Disbursement this Period 750.00 Transaction ID : SB17.7235
City Moulton State IA Zip Code 52572	Purpose of Disbursement Salary 001 Category/Type	
Candidate Name Miller-Meeks for Congress		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IA District: 02	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	

SUBTOTAL of Disbursements This Page (optional).....	13710.88
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 70 OF 95	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Miller-Meeks for Congress

Full Name (Last, First, Middle Initial) A. Hy-Vee - Ottumwa		Date of Disbursement MM / DD / YYYY 06 / 13 / 2014
Mailing Address 2457 N Court St		Amount of Each Disbursement this Period 30.30
City Ottumwa	State IA	
Zip Code 52501	Purpose of Disbursement travel	Transaction ID : SB17.7568
Candidate Name Miller-Meeks for Congress	Category/Type 002	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: IA District: 02		

Full Name (Last, First, Middle Initial) B. Ben Leopold		Date of Disbursement MM / DD / YYYY 06 / 06 / 2014
Mailing Address 1440 - 8th St W		Amount of Each Disbursement this Period 1500.00
City Mt. Vernon	State IA	
Zip Code 52314	Purpose of Disbursement Salary	Transaction ID : SB17.7237
Candidate Name Miller-Meeks for Congress	Category/Type 001	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: IA District: 02		

Full Name (Last, First, Middle Initial) c. Curt Meeks		Date of Disbursement MM / DD / YYYY 06 / 30 / 2014
Mailing Address 11674 90th St		Amount of Each Disbursement this Period 350.00
City Ottumwa	State IA	
Zip Code 52501	Purpose of Disbursement In-kind - specialty rental	Transaction ID : SB17.7720
Candidate Name Miller-Meeks for Congress	Category/Type 002	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: IA District: 02		

SUBTOTAL of Disbursements This Page (optional).....	1850.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 71 OF 95			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
Miller-Meeks for Congress

Full Name (Last, First, Middle Initial) A. Mariannette Miller-Meeks		Date of Disbursement M M / D D / Y Y Y Y 05 / 15 / 2014
Mailing Address 11674 90th St		Amount of Each Disbursement this Period 68.60 Transaction ID : SB17.7529
City Ottumwa	State IA	
Zip Code 52501	Purpose of Disbursement In-kind - fundraising	Category/ Type 003
Candidate Name Miller-Meeks for Congress	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: IA District: 02	

Full Name (Last, First, Middle Initial) B. Mariannette Miller-Meeks		Date of Disbursement M M / D D / Y Y Y Y 05 / 16 / 2014
Mailing Address 11674 90th St		Amount of Each Disbursement this Period 79.00 Transaction ID : SB17.7579
City Ottumwa	State IA	
Zip Code 52501	Purpose of Disbursement In-kind - postage	Category/ Type 003
Candidate Name Miller-Meeks for Congress	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: IA District: 02	

Full Name (Last, First, Middle Initial) c. Mariannette Miller-Meeks		Date of Disbursement M M / D D / Y Y Y Y 05 / 17 / 2014
Mailing Address 11674 90th St		Amount of Each Disbursement this Period 609.00 Transaction ID : SB17.7535
City Ottumwa	State IA	
Zip Code 52501	Purpose of Disbursement In-kind - travel	Category/ Type 002
Candidate Name Miller-Meeks for Congress	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: IA District: 02	

SUBTOTAL of Disbursements This Page (optional).....	756.60
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 72 OF 95			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
Miller-Meeks for Congress

Full Name (Last, First, Middle Initial) A. Mariannette Miller-Meeks		Date of Disbursement M M / D D / Y Y Y Y 05 / 18 / 2014
Mailing Address 11674 90th St		Amount of Each Disbursement this Period 40.80
City Ottumwa State IA Zip Code 52501	Purpose of Disbursement In-kind - travel	
Candidate Name Miller-Meeks for Congress		Transaction ID : SB17.7539
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: IA District: 02	Category/Type 002	

Full Name (Last, First, Middle Initial) B. Mariannette Miller-Meeks		Date of Disbursement M M / D D / Y Y Y Y 05 / 18 / 2014
Mailing Address 11674 90th St		Amount of Each Disbursement this Period 161.38
City Ottumwa State IA Zip Code 52501	Purpose of Disbursement In-kind - travel	
Candidate Name Miller-Meeks for Congress		Transaction ID : SB17.7574
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: IA District: 02	Category/Type 002	

Full Name (Last, First, Middle Initial) C. Mariannette Miller-Meeks		Date of Disbursement M M / D D / Y Y Y Y 05 / 18 / 2014
Mailing Address 11674 90th St		Amount of Each Disbursement this Period 106.87
City Ottumwa State IA Zip Code 52501	Purpose of Disbursement In-kind - supplies	
Candidate Name Miller-Meeks for Congress		Transaction ID : SB17.7577
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: IA District: 02	Category/Type 001	

SUBTOTAL of Disbursements This Page (optional).....	309.05
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 73 OF 95		
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Miller-Meeks for Congress

Full Name (Last, First, Middle Initial) A. Mariannette Miller-Meeks		Date of Disbursement M M / D D / Y Y Y Y 05 / 20 / 2014
Mailing Address 11674 90th St		Amount of Each Disbursement this Period 56.23 Transaction ID : SB17.7581
City Ottumwa	State IA	
Purpose of Disbursement In-kind - travel	002	Category/ Type
Candidate Name Miller-Meeks for Congress		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: IA	District: 02	

Full Name (Last, First, Middle Initial) B. Mariannette Miller-Meeks		Date of Disbursement M M / D D / Y Y Y Y 05 / 21 / 2014
Mailing Address 11674 90th St		Amount of Each Disbursement this Period 83.46 Transaction ID : SB17.7542
City Ottumwa	State IA	
Purpose of Disbursement In-kind - travel	002	Category/ Type
Candidate Name Miller-Meeks for Congress		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: IA	District: 02	

Full Name (Last, First, Middle Initial) C. Mariannette Miller-Meeks		Date of Disbursement M M / D D / Y Y Y Y 05 / 22 / 2014
Mailing Address 11674 90th St		Amount of Each Disbursement this Period 29.95 Transaction ID : SB17.7544
City Ottumwa	State IA	
Purpose of Disbursement In-kind - travel	002	Category/ Type
Candidate Name Miller-Meeks for Congress		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: IA	District: 02	

SUBTOTAL of Disbursements This Page (optional).....	169.64
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 74 OF 95			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
Miller-Meeks for Congress

Full Name (Last, First, Middle Initial) A. Mariannette Miller-Meeks		Date of Disbursement M M / D D / Y Y Y Y 05 / 23 / 2014
Mailing Address 11674 90th St		Amount of Each Disbursement this Period 218.62 Transaction ID : SB17.7583
City Ottumwa State IA Zip Code 52501	Purpose of Disbursement In-kind - travel 002 Category/Type	
Candidate Name Miller-Meeks for Congress	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: IA District: 02		

Full Name (Last, First, Middle Initial) B. Mariannette Miller-Meeks		Date of Disbursement M M / D D / Y Y Y Y 05 / 24 / 2014
Mailing Address 11674 90th St		Amount of Each Disbursement this Period 26.04 Transaction ID : SB17.7546
City Ottumwa State IA Zip Code 52501	Purpose of Disbursement In-kind - travel 002 Category/Type	
Candidate Name Miller-Meeks for Congress	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: IA District: 02		

Full Name (Last, First, Middle Initial) C. Mariannette Miller-Meeks		Date of Disbursement M M / D D / Y Y Y Y 05 / 26 / 2014
Mailing Address 11674 90th St		Amount of Each Disbursement this Period 86.76 Transaction ID : SB17.7585
City Ottumwa State IA Zip Code 52501	Purpose of Disbursement In-kind - travel 002 Category/Type	
Candidate Name Miller-Meeks for Congress	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: IA District: 02		

SUBTOTAL of Disbursements This Page (optional).....	218.62
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 75 OF 95			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
Miller-Meeks for Congress

Full Name (Last, First, Middle Initial) A. Mariannette Miller-Meeks		Date of Disbursement M M / D D / Y Y Y Y 05 / 27 / 2014
Mailing Address 11674 90th St		Amount of Each Disbursement this Period 54.17 Transaction ID : SB17.7587
City Ottumwa	State IA	
Purpose of Disbursement In-kind - travel	002	Category/ Type
Candidate Name Miller-Meeks for Congress	Disbursement For: 2014	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: IA District: 02		

Full Name (Last, First, Middle Initial) B. Mariannette Miller-Meeks		Date of Disbursement M M / D D / Y Y Y Y 05 / 28 / 2014
Mailing Address 11674 90th St		Amount of Each Disbursement this Period 27.15 Transaction ID : SB17.7551
City Ottumwa	State IA	
Purpose of Disbursement In-kind - travel	003	Category/ Type
Candidate Name Miller-Meeks for Congress	Disbursement For: 2014	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: IA District: 02		

Full Name (Last, First, Middle Initial) C. Mariannette Miller-Meeks		Date of Disbursement M M / D D / Y Y Y Y 05 / 28 / 2014
Mailing Address 11674 90th St		Amount of Each Disbursement this Period 66.78 Transaction ID : SB17.7589
City Ottumwa	State IA	
Purpose of Disbursement In-kind - travel	002	Category/ Type
Candidate Name Miller-Meeks for Congress	Disbursement For: 2014	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: IA District: 02		

SUBTOTAL of Disbursements This Page (optional).....	148.10
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 76 OF 95			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
Miller-Meeks for Congress

Full Name (Last, First, Middle Initial) A. Mariannette Miller-Meeks		Date of Disbursement M M / D D / Y Y Y Y 05 / 29 / 2014
Mailing Address 11674 90th St		Amount of Each Disbursement this Period 34.35 Transaction ID : SB17.7554
City Ottumwa	State IA	
Purpose of Disbursement In-kind - travel	Category/ Type 002	
Candidate Name Miller-Meeks for Congress	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
State: IA	District: 02	

Full Name (Last, First, Middle Initial) B. Mariannette Miller-Meeks		Date of Disbursement M M / D D / Y Y Y Y 05 / 30 / 2014
Mailing Address 11674 90th St		Amount of Each Disbursement this Period 82.55 Transaction ID : SB17.7556
City Ottumwa	State IA	
Purpose of Disbursement In-kind - travel	Category/ Type 002	
Candidate Name Miller-Meeks for Congress	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
State: IA	District: 02	

Full Name (Last, First, Middle Initial) C. Mariannette Miller-Meeks		Date of Disbursement M M / D D / Y Y Y Y 05 / 30 / 2014
Mailing Address 11674 90th St		Amount of Each Disbursement this Period 29.80 Transaction ID : SB17.7592
City Ottumwa	State IA	
Purpose of Disbursement In-kind - travel	Category/ Type 002	
Candidate Name Miller-Meeks for Congress	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
State: IA	District: 02	

SUBTOTAL of Disbursements This Page (optional).....	146.70
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 78 OF 95			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
Miller-Meeks for Congress

Full Name (Last, First, Middle Initial) A. Mariannette Miller-Meeks		Date of Disbursement M M / D D / Y Y Y Y 06 / 03 / 2014
Mailing Address 11674 90th St		Amount of Each Disbursement this Period 66.35 Transaction ID : SB17.7596
City Ottumwa	State IA	
Purpose of Disbursement In-kind - travel	002	Category/ Type
Candidate Name Miller-Meeks for Congress		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: IA	District: 02	

Full Name (Last, First, Middle Initial) B. Mariannette Miller-Meeks		Date of Disbursement M M / D D / Y Y Y Y 06 / 04 / 2014
Mailing Address 11674 90th St		Amount of Each Disbursement this Period 133.40 Transaction ID : SB17.7598
City Ottumwa	State IA	
Purpose of Disbursement In-kind - travel	002	Category/ Type
Candidate Name Miller-Meeks for Congress		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: IA	District: 02	

Full Name (Last, First, Middle Initial) c. Mariannette Miller-Meeks		Date of Disbursement M M / D D / Y Y Y Y 06 / 05 / 2014
Mailing Address 11674 90th St		Amount of Each Disbursement this Period 44.95 Transaction ID : SB17.7600
City Ottumwa	State IA	
Purpose of Disbursement In-kind - travel	002	Category/ Type
Candidate Name Miller-Meeks for Congress		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: IA	District: 02	

SUBTOTAL of Disbursements This Page (optional).....	244.70
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 79 OF 95			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
Miller-Meeks for Congress

Full Name (Last, First, Middle Initial) A. Mariannette Miller-Meeks		Date of Disbursement M M / D D / Y Y Y Y 06 / 06 / 2014
Mailing Address 11674 90th St		Amount of Each Disbursement this Period 180.64 Transaction ID : SB17.7602
City Ottumwa	State IA	
Purpose of Disbursement In-kind - travel	002	Category/ Type
Candidate Name Miller-Meeks for Congress		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: IA	District: 02	

Full Name (Last, First, Middle Initial) B. Mariannette Miller-Meeks		Date of Disbursement M M / D D / Y Y Y Y 06 / 07 / 2014
Mailing Address 11674 90th St		Amount of Each Disbursement this Period 31.30 Transaction ID : SB17.7604
City Ottumwa	State IA	
Purpose of Disbursement In-kind - supplies	002	Category/ Type
Candidate Name Miller-Meeks for Congress		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: IA	District: 02	

Full Name (Last, First, Middle Initial) C. Mariannette Miller-Meeks		Date of Disbursement M M / D D / Y Y Y Y 06 / 07 / 2014
Mailing Address 11674 90th St		Amount of Each Disbursement this Period 85.68 Transaction ID : SB17.7606
City Ottumwa	State IA	
Purpose of Disbursement In-kind - advertising	004	Category/ Type
Candidate Name Miller-Meeks for Congress		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: IA	District: 02	

SUBTOTAL of Disbursements This Page (optional).....	297.62
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 80 OF 95			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
Miller-Meeks for Congress

Full Name (Last, First, Middle Initial) A. Mariannette Miller-Meeks		Date of Disbursement MM / DD / YYYY 06 / 08 / 2014
Mailing Address 11674 90th St		Amount of Each Disbursement this Period 346.40 Transaction ID : SB17.7608
City Ottumwa	State IA	
Zip Code 52501	Purpose of Disbursement In-kind - travel	Category/ Type 002
Candidate Name Miller-Meeks for Congress	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: IA District: 02	

Full Name (Last, First, Middle Initial) B. Mariannette Miller-Meeks		Date of Disbursement MM / DD / YYYY 06 / 09 / 2014
Mailing Address 11674 90th St		Amount of Each Disbursement this Period 196.00 Transaction ID : SB17.7610
City Ottumwa	State IA	
Zip Code 52501	Purpose of Disbursement In-kind - postage	Category/ Type 003
Candidate Name Miller-Meeks for Congress	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: IA District: 02	

Full Name (Last, First, Middle Initial) C. Mariannette Miller-Meeks		Date of Disbursement MM / DD / YYYY 06 / 10 / 2014
Mailing Address 11674 90th St		Amount of Each Disbursement this Period 130.40 Transaction ID : SB17.7612
City Ottumwa	State IA	
Zip Code 52501	Purpose of Disbursement In-kind - travel	Category/ Type 002
Candidate Name Miller-Meeks for Congress	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: IA District: 02	

SUBTOTAL of Disbursements This Page (optional).....	346.40
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 81 OF 95			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
Miller-Meeks for Congress

Full Name (Last, First, Middle Initial) A. Mariannette Miller-Meeks			Date of Disbursement M M / D D / Y Y Y Y 06 / 11 / 2014	
Mailing Address 11674 90th St			Amount of Each Disbursement this Period 7.49	
City Ottumwa	State IA	Zip Code 52501	Transaction ID : SB17.7614	
Purpose of Disbursement In-kind - supplies		Category/ Type 001		
Candidate Name Miller-Meeks for Congress				
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: IA	District: 02			

Full Name (Last, First, Middle Initial) B. Mariannette Miller-Meeks			Date of Disbursement M M / D D / Y Y Y Y 06 / 13 / 2014	
Mailing Address 11674 90th St			Amount of Each Disbursement this Period 30.30	
City Ottumwa	State IA	Zip Code 52501	Transaction ID : SB17.7567	
Purpose of Disbursement In-kind - travel		Category/ Type 002		
Candidate Name Miller-Meeks for Congress				
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: IA	District: 02			

Full Name (Last, First, Middle Initial) c. Mariannette Miller-Meeks			Date of Disbursement M M / D D / Y Y Y Y 06 / 15 / 2014	
Mailing Address 11674 90th St			Amount of Each Disbursement this Period 13.78	
City Ottumwa	State IA	Zip Code 52501	Transaction ID : SB17.7616	
Purpose of Disbursement In-kind - travel		Category/ Type 002		
Candidate Name Miller-Meeks for Congress				
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: IA	District: 02			

SUBTOTAL of Disbursements This Page (optional).....	51.57
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 82 OF 95	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Miller-Meeks for Congress

Full Name (Last, First, Middle Initial) A. Mariannette Miller-Meeks		Date of Disbursement MM / DD / YYYY 06 / 17 / 2014
Mailing Address 11674 90th St		Amount of Each Disbursement this Period 33.32 Transaction ID : SB17.7618
City Ottumwa	State IA	
Zip Code 52501	Purpose of Disbursement In-kind - supplies	Category/ Type 001
Candidate Name Miller-Meeks for Congress	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: IA District: 02	

Full Name (Last, First, Middle Initial) B. Mariannette Miller-Meeks		Date of Disbursement MM / DD / YYYY 06 / 18 / 2014
Mailing Address 11674 90th St		Amount of Each Disbursement this Period 131.13 Transaction ID : SB17.7620
City Ottumwa	State IA	
Zip Code 52501	Purpose of Disbursement In-kind - travel	Category/ Type 002
Candidate Name Miller-Meeks for Congress	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: IA District: 02	

Full Name (Last, First, Middle Initial) c. Mariannette Miller-Meeks		Date of Disbursement MM / DD / YYYY 06 / 20 / 2014
Mailing Address 11674 90th St		Amount of Each Disbursement this Period 74.25 Transaction ID : SB17.7622
City Ottumwa	State IA	
Zip Code 52501	Purpose of Disbursement In-kind - travel	Category/ Type 002
Candidate Name Miller-Meeks for Congress	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: IA District: 02	

SUBTOTAL of Disbursements This Page (optional).....	238.70
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 83 OF 95			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
Miller-Meeks for Congress

Full Name (Last, First, Middle Initial) A. Mariannette Miller-Meeks		Date of Disbursement M M / D D / Y Y Y Y 06 / 21 / 2014
Mailing Address 11674 90th St		Amount of Each Disbursement this Period 111.29 Transaction ID : SB17.7624
City Ottumwa	State IA	
Purpose of Disbursement In-kind - travel	Category/ Type 002	
Candidate Name Miller-Meeks for Congress	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)
State: IA	District: 02	

Full Name (Last, First, Middle Initial) B. Mariannette Miller-Meeks		Date of Disbursement M M / D D / Y Y Y Y 06 / 21 / 2014
Mailing Address 11674 90th St		Amount of Each Disbursement this Period 10.70 Transaction ID : SB17.7626
City Ottumwa	State IA	
Purpose of Disbursement In-kind - supplies	Category/ Type 001	
Candidate Name Miller-Meeks for Congress	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)
State: IA	District: 02	

Full Name (Last, First, Middle Initial) C. Mariannette Miller-Meeks		Date of Disbursement M M / D D / Y Y Y Y 06 / 22 / 2014
Mailing Address 11674 90th St		Amount of Each Disbursement this Period 138.58 Transaction ID : SB17.7628
City Ottumwa	State IA	
Purpose of Disbursement In-kind - travel	Category/ Type 002	
Candidate Name Miller-Meeks for Congress	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)
State: IA	District: 02	

SUBTOTAL of Disbursements This Page (optional).....	260.57
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 84 OF 95			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
Miller-Meeks for Congress

Full Name (Last, First, Middle Initial) A. Mariannette Miller-Meeks		Date of Disbursement MM / DD / YYYY 06 / 25 / 2014
Mailing Address 11674 90th St		Amount of Each Disbursement this Period 365.92 Transaction ID : SB17.7630
City Ottumwa	State IA	
Purpose of Disbursement In-kind - travel	002	Category/ Type
Candidate Name Miller-Meeks for Congress		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: IA	District: 02	

Full Name (Last, First, Middle Initial) B. Mariannette Miller-Meeks		Date of Disbursement MM / DD / YYYY 06 / 26 / 2014
Mailing Address 11674 90th St		Amount of Each Disbursement this Period 126.62 Transaction ID : SB17.7632
City Ottumwa	State IA	
Purpose of Disbursement In-kind - travel	002	Category/ Type
Candidate Name Miller-Meeks for Congress		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: IA	District: 02	

Full Name (Last, First, Middle Initial) C. Mariannette Miller-Meeks		Date of Disbursement MM / DD / YYYY 06 / 28 / 2014
Mailing Address 11674 90th St		Amount of Each Disbursement this Period 94.71 Transaction ID : SB17.7634
City Ottumwa	State IA	
Purpose of Disbursement In-kind - travel	002	Category/ Type
Candidate Name Miller-Meeks for Congress		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: IA	District: 02	

SUBTOTAL of Disbursements This Page (optional).....	365.92
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 85 OF 95			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
Miller-Meeks for Congress

Full Name (Last, First, Middle Initial) A. Mariannette Miller-Meeks		Date of Disbursement M M / D D / Y Y Y Y 06 / 29 / 2014
Mailing Address 11674 90th St		Amount of Each Disbursement this Period 38.11 Transaction ID : SB17.7571
City Ottumwa State IA Zip Code 52501	Purpose of Disbursement In-kind - travel 002 Category/Type	
Candidate Name Miller-Meeks for Congress	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify)	
State: IA District: 02		

Full Name (Last, First, Middle Initial) B. Mariannette Miller-Meeks		Date of Disbursement M M / D D / Y Y Y Y 06 / 29 / 2014
Mailing Address 11674 90th St		Amount of Each Disbursement this Period 38.80 Transaction ID : SB17.7636
City Ottumwa State IA Zip Code 52501	Purpose of Disbursement In-kind - travel 002 Category/Type	
Candidate Name Miller-Meeks for Congress	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify)	
State: IA District: 02		

Full Name (Last, First, Middle Initial) C. Mariannette Miller-Meeks		Date of Disbursement M M / D D / Y Y Y Y 06 / 30 / 2014
Mailing Address 11674 90th St		Amount of Each Disbursement this Period 23.70 Transaction ID : SB17.7638
City Ottumwa State IA Zip Code 52501	Purpose of Disbursement In-kind - travel 002 Category/Type	
Candidate Name Miller-Meeks for Congress	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify)	
State: IA District: 02		

SUBTOTAL of Disbursements This Page (optional).....	100.61
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 86 OF 95			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
Miller-Meeks for Congress

Full Name (Last, First, Middle Initial) A. North Court BP		Date of Disbursement M M / D D / Y Y Y Y 05 / 18 / 2014
Mailing Address 1301 N Court St		Amount of Each Disbursement this Period 40.80
City Ottumwa	State IA	
Purpose of Disbursement travel	Category/ Type 002	Transaction ID : SB17.7540 [MEMO ITEM]
Candidate Name Miller-Meeks for Congress		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: IA	District: 02	

Full Name (Last, First, Middle Initial) B. North Court BP		Date of Disbursement M M / D D / Y Y Y Y 05 / 21 / 2014
Mailing Address 1301 N Court St		Amount of Each Disbursement this Period 83.46
City Ottumwa	State IA	
Purpose of Disbursement travel	Category/ Type 002	Transaction ID : SB17.7547 [MEMO ITEM]
Candidate Name Miller-Meeks for Congress		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: IA	District: 02	

Full Name (Last, First, Middle Initial) c. North Court BP		Date of Disbursement M M / D D / Y Y Y Y 05 / 22 / 2014
Mailing Address 1301 N Court St		Amount of Each Disbursement this Period 29.95
City Ottumwa	State IA	
Purpose of Disbursement travel	Category/ Type 002	Transaction ID : SB17.7548 [MEMO ITEM]
Candidate Name Miller-Meeks for Congress		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: IA	District: 02	

SUBTOTAL of Disbursements This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 87 OF 95			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
Miller-Meeks for Congress

Full Name (Last, First, Middle Initial) A. North Court BP		Date of Disbursement M M / D D / Y Y Y Y 05 / 24 / 2014
Mailing Address 1301 N Court St		Amount of Each Disbursement this Period 26.04
City Ottumwa	State IA	
Zip Code 52501		
Purpose of Disbursement travel		Category/ Type 002
Candidate Name Miller-Meeks for Congress		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: IA	District: 02	

Full Name (Last, First, Middle Initial) B. North Court BP		Date of Disbursement M M / D D / Y Y Y Y 05 / 28 / 2014
Mailing Address 1301 N Court St		Amount of Each Disbursement this Period 27.15
City Ottumwa	State IA	
Zip Code 52501		
Purpose of Disbursement travel		Category/ Type 002
Candidate Name Miller-Meeks for Congress		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: IA	District: 02	

Full Name (Last, First, Middle Initial) c. North Court BP		Date of Disbursement M M / D D / Y Y Y Y 05 / 29 / 2014
Mailing Address 1301 N Court St		Amount of Each Disbursement this Period 34.35
City Ottumwa	State IA	
Zip Code 52501		
Purpose of Disbursement travel		Category/ Type 002
Candidate Name Miller-Meeks for Congress		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: IA	District: 02	

SUBTOTAL of Disbursements This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 88 OF 95			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
Miller-Meeks for Congress

Full Name (Last, First, Middle Initial) A. North Court BP		Date of Disbursement M M / D D / Y Y Y Y 05 / 30 / 2014
Mailing Address 1301 N Court St		Amount of Each Disbursement this Period 82.55
City Ottumwa	State IA	
Purpose of Disbursement travel	Category/ Type 002	Transaction ID : SB17.7563 [MEMO ITEM]
Candidate Name Miller-Meeks for Congress		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: IA	District: 02	

Full Name (Last, First, Middle Initial) B. North Court BP		Date of Disbursement M M / D D / Y Y Y Y 05 / 31 / 2014
Mailing Address 1301 N Court St		Amount of Each Disbursement this Period 23.36
City Ottumwa	State IA	
Purpose of Disbursement travel	Category/ Type 002	Transaction ID : SB17.7564 [MEMO ITEM]
Candidate Name Miller-Meeks for Congress		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: IA	District: 02	

Full Name (Last, First, Middle Initial) c. North Court BP		Date of Disbursement M M / D D / Y Y Y Y 06 / 01 / 2014
Mailing Address 1301 N Court St		Amount of Each Disbursement this Period 40.37
City Ottumwa	State IA	
Purpose of Disbursement travel	Category/ Type 002	Transaction ID : SB17.7565 [MEMO ITEM]
Candidate Name Miller-Meeks for Congress		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: IA	District: 02	

SUBTOTAL of Disbursements This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 89 OF 95	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Miller-Meeks for Congress

Full Name (Last, First, Middle Initial) A. North Court BP		Date of Disbursement MM / DD / YYYY 06 / 29 / 2014
Mailing Address 1301 N Court St		Amount of Each Disbursement this Period 38.11
City Ottumwa	State IA	
Purpose of Disbursement travel	Category/ Type 002	Transaction ID : SB17.7572 [MEMO ITEM]
Candidate Name Miller-Meeks for Congress	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IA District: 02		

Full Name (Last, First, Middle Initial) B. Ottumwa Printing		Date of Disbursement MM / DD / YYYY 05 / 30 / 2014
Mailing Address 105 S Birch St		Amount of Each Disbursement this Period 349.58
City Ottumwa	State IA	
Purpose of Disbursement Printing	Category/ Type 006	Transaction ID : SB17.7241
Candidate Name Miller-Meeks for Congress	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IA District: 02		

Full Name (Last, First, Middle Initial) c. Persuasion Partners Inc.		Date of Disbursement MM / DD / YYYY 05 / 20 / 2014
Mailing Address 106 E Doty Ste 300		Amount of Each Disbursement this Period 4442.00
City Madison	State WI	
Purpose of Disbursement Printing	Category/ Type 003	Transaction ID : SB17.7247
Candidate Name Miller-Meeks for Congress	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IA District: 02		

SUBTOTAL of Disbursements This Page (optional).....	4791.58
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 90 OF 95	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Miller-Meeks for Congress

Full Name (Last, First, Middle Initial) A. Persuasion Partners Inc.		Date of Disbursement M M / D D / Y Y Y Y 05 / 27 / 2014
Mailing Address 106 E Doty Ste 300		Amount of Each Disbursement this Period 10519.85 Transaction ID : SB17.7665
City Madison State WI Zip Code 53703	Purpose of Disbursement Printing 003 Category/Type	
Candidate Name Miller-Meeks for Congress	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: IA District: 02		

Full Name (Last, First, Middle Initial) B. Matthew Sauvage		Date of Disbursement M M / D D / Y Y Y Y 06 / 09 / 2014
Mailing Address 1307 College Ave		Amount of Each Disbursement this Period 3500.00 Transaction ID : SB17.7236
City Davenport State IA Zip Code 52803	Purpose of Disbursement Salary 001 Category/Type	
Candidate Name Miller-Meeks for Congress	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: IA District: 02		

Full Name (Last, First, Middle Initial) c. Stripe Inc.		Date of Disbursement M M / D D / Y Y Y Y 05 / 24 / 2014
Mailing Address 3180 18th St		Amount of Each Disbursement this Period 6.40 Transaction ID : SB17.7151
City San Francisco State CA Zip Code 94110	Purpose of Disbursement credit card fee 003 Category/Type	
Candidate Name Miller-Meeks for Congress	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: IA District: 02		

SUBTOTAL of Disbursements This Page (optional).....	14026.25
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 91 OF 95	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Miller-Meeks for Congress

Full Name (Last, First, Middle Initial) A. Stripe Inc.		Date of Disbursement M M / D D / Y Y Y Y 06 / 03 / 2014
Mailing Address 3180 18th St		Amount of Each Disbursement this Period 33.09
City San Francisco	State CA	
Zip Code 94110	Purpose of Disbursement credit card fee	Transaction ID : SB17.7154
Candidate Name Miller-Meeks for Congress	Category/ Type 003	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: IA District: 02		

Full Name (Last, First, Middle Initial) B. Stripe Inc.		Date of Disbursement M M / D D / Y Y Y Y 06 / 07 / 2014
Mailing Address 3180 18th St		Amount of Each Disbursement this Period 126.50
City San Francisco	State CA	
Zip Code 94110	Purpose of Disbursement credit card fee	Transaction ID : SB17.7155
Candidate Name Miller-Meeks for Congress	Category/ Type 003	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: IA District: 02		

Full Name (Last, First, Middle Initial) c. Stripe Inc.		Date of Disbursement M M / D D / Y Y Y Y 06 / 14 / 2014
Mailing Address 3180 18th St		Amount of Each Disbursement this Period 17.48
City San Francisco	State CA	
Zip Code 94110	Purpose of Disbursement credit card fee	Transaction ID : SB17.7156
Candidate Name Miller-Meeks for Congress	Category/ Type 003	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: IA District: 02		

SUBTOTAL of Disbursements This Page (optional).....	177.07
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 92 OF 95	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Miller-Meeks for Congress

Full Name (Last, First, Middle Initial) A. Stripe Inc.		Date of Disbursement MM / DD / YYYY 06 / 21 / 2014
Mailing Address 3180 18th St		Amount of Each Disbursement this Period 6.15 Transaction ID : SB17.7157
City San Francisco	State CA	
Zip Code 94110	Purpose of Disbursement credit card fee	Category/ Type 003
Candidate Name Miller-Meeks for Congress	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: IA District: 02	

Full Name (Last, First, Middle Initial) B. Stripe Inc.		Date of Disbursement MM / DD / YYYY 06 / 30 / 2014
Mailing Address 3180 18th St		Amount of Each Disbursement this Period 375.54 Transaction ID : SB17.8025
City San Francisco	State CA	
Zip Code 94110	Purpose of Disbursement credit card fee	Category/ Type 003
Candidate Name Miller-Meeks for Congress	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: IA District: 02	

Full Name (Last, First, Middle Initial) c. The Tarrance Group		Date of Disbursement MM / DD / YYYY 06 / 06 / 2014
Mailing Address 201 N Union St		Amount of Each Disbursement this Period 8495.00 Transaction ID : SB17.7239
City Alexandria	State VA	
Zip Code 22314	Purpose of Disbursement Polling	Category/ Type 005
Candidate Name Miller-Meeks for Congress	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: IA District: 02	

SUBTOTAL of Disbursements This Page (optional)	8876.69
TOTAL This Period (last page this line number only)	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 93 OF 95	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Miller-Meeks for Congress

Full Name (Last, First, Middle Initial) A. Thunder Bay Grille		Date of Disbursement M M / D D / Y Y Y Y 06 / 04 / 2014
Mailing Address 6511 Brady St		Amount of Each Disbursement this Period 463.74
City Davenport State IA Zip Code 52806	Purpose of Disbursement Catering cost	
Candidate Name Miller-Meeks for Congress		Transaction ID : SB17.7646
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: IA District: 02	Category/Type 007	

Full Name (Last, First, Middle Initial) B. US Postal Service - Ottumwa		Date of Disbursement M M / D D / Y Y Y Y 05 / 15 / 2014
Mailing Address 616 W Second St		Amount of Each Disbursement this Period 68.60
City Ottumwa State IA Zip Code 52501	Purpose of Disbursement fundraising	
Candidate Name Miller-Meeks for Congress		Transaction ID : SB17.7530
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: IA District: 02	Category/Type 003	[MEMO ITEM]

Full Name (Last, First, Middle Initial) C.		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		Amount of Each Disbursement this Period
City State Zip Code	Purpose of Disbursement	
Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	463.74
TOTAL This Period (last page this line number only).....	52396.29

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 94 OF 95
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)

Miller-Meeks for Congress

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Advantage Direct		Nature of Debt (Purpose): Phone Banks
Mailing Address 2300 Clarendon Blvd Suite 303		
City	State	Zip Code
Arlington	VA	22201

Outstanding Balance Beginning This Period	Transaction ID : SD10.7519	
<input type="text" value="0.00"/>		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
<input type="text" value="426.84"/>	<input type="text" value="0.00"/>	<input type="text" value="426.84"/>

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Advantage Direct		Nature of Debt (Purpose): Phone Bank
Mailing Address 2300 Clarendon Blvd Suite 303		
City	State	Zip Code
Arlington	VA	22201

Outstanding Balance Beginning This Period	Transaction ID : SD10.7521	
<input type="text" value="0.00"/>		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
<input type="text" value="5847.44"/>	<input type="text" value="0.00"/>	<input type="text" value="5847.44"/>

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Bailey Office Equipment		Nature of Debt (Purpose): Printing
Mailing Address 123 E Second St		
City	State	Zip Code
Ottumwa	IA	52501

Outstanding Balance Beginning This Period	Transaction ID : SD10.7524	
<input type="text" value="0.00"/>		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
<input type="text" value="479.46"/>	<input type="text" value="-100.00"/>	<input type="text" value="579.46"/>

1) SUBTOTALS This Period This Page (optional)	<input type="text" value="6853.74"/>
2) TOTALS This Period (last page this line number only)	<input type="text"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	<input type="text"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text"/>

SCHEDULE D (FEC Form 3)
DEBTS AND OBLIGATIONS
Excluding Loans

NAME OF COMMITTEE (In Full)

Miller-Meeks for Congress

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Bankers Advertising Co.		Nature of Debt (Purpose): Printing
Mailing Address 2800 Highway 6 East		
City	State	Zip Code
Iowa City	IA	52240

Outstanding Balance Beginning This Period	Transaction ID : SD10.7526	
<input type="text" value="0.00"/>		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
<input type="text" value="2748.62"/>	<input type="text" value="0.00"/>	<input type="text" value="2748.62"/>

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Decker Consulting Services		Nature of Debt (Purpose): Fund Raising Expense
Mailing Address 244 - 14th Place NE		
City	State	Zip Code
Washington	DC	20002

Outstanding Balance Beginning This Period	Transaction ID : SD10.7523	
<input type="text" value="0.00"/>		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
<input type="text" value="1003.19"/>	<input type="text" value="0.00"/>	<input type="text" value="1003.19"/>

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor		Nature of Debt (Purpose):
Mailing Address		
City	State	Zip Code

Outstanding Balance Beginning This Period		
<input type="text"/>		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
<input type="text"/>	<input type="text"/>	<input type="text"/>

1) SUBTOTALS This Period This Page (optional)	<input type="text" value="3751.81"/>
2) TOTALS This Period (last page this line number only)	<input type="text" value="10605.55"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	<input type="text" value="0.00"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text" value="10605.55"/>