STATEMENT OF

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FEC ORGANIZATION FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. Miller-Meeks for Congress P.O. Box 1570 ADDRESS (number and street) (Check if address is changed) Ottumwa 52501 IΑ CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS pusherprop@hotmail.com (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) www.millermeeks.com (Check if address is changed) DATE 2014 C00558825 FEC IDENTIFICATION NUMBER > 3. X OR IS THIS STATEMENT NEW (N) AMENDED (A) I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete. Charles Seberg Type or Print Name of Treasurer Charles Seberg [Electronically Filed] 10 05 2014 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS. Office For further information contact: FEC FORM 1 Federal Election Commission Use (Revised 06/2012) Toll Free 800-424-9530 Only Local 202-694-1100

F	EC Fo	rm 1 (Revised 02/2009) Page 2
		OMMITTEE
Can	didate	e Committee:
(a)		This committee is a principal campaign committee. (Complete the candidate information below.)
(b)		This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)
Name Cand		Mariannette Miller-Meeks
Cand Party	idate Affiliati	Office Sought: X House Senate President District 02
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.
Name Cand		
Part	y Con	nmittee:
(d)		This committee is a (National, State (Democratic, Republican, etc.) Party.
Polit	ical A	ction Committee (PAC):
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is a
		Corporation Corporation w/o Capital Stock Labor Organization
		Membership Organization Trade Association Cooperative
		In addition, this committee is a Lobbyist/Registrant PAC.
(f)		This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee. (i.e., nonconnected committee)
		In addition, this committee is a Lobbyist/Registrant PAC.
		In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)
Joint	Func	Iraising Representative:
(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, at least one of which is an authorized committee of a federal candidate.
(h)	X	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, none of which is an authorized committee of a federal candidate.
	Com	mittees Participating in Joint Fundraiser
	1.	Young Guns Day III 2014 FEC ID number C C00566075
	2.	REPUBLICANS INSPIRING SUCCESS & EMPOWERMENT PROJECT (RISE PROJECT)
	3.	FEC ID number
	4.	

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Write or Type Committee Name	rage 3
Miller-Meeks for Congress	
6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership	PAC Sponsor
Young Guns Day III 2014	
200 S Washington St. #445	
228 S Washington St #115 Mailing Address	
Alexandria VA 22314	
CITY STATE ZIF	CODE
Relationship: Connected Organization Affiliated Committee X Joint Fundraising Representative Leader	rship PAC Sponsor
 Custodian of Records: Identify by name, address (phone number optional) and position of the person in posses books and records. 	ssion of committee
Mariannette Miller-Meeks	I
Full Name11674 90th St	
Mailing Address	
Ottumwa , IA , 52501	
Ottoriwa "" (Sacrification of the Control of the Co	
Title or Position CITY STATE ZIP	CODE
Candidate Telephone number 641 683	7551
3. Treasurer: List the name and address (phone number optional) of the treasurer of the committee; and the name any designated agent (e.g., assistant treasurer).	and address of
Full Name Charles Seberg of Treasurer	
Mailing Address	
Coralville IA 52241	
CITY STATE ZIP Title or Position	CODE
Treasurer 319 339	- 0313

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Full Name of Designated		
Agent		
Mailing Address		
	CITY STATE	ZIP CODE
Title or Position		
	Telephone number	
Banks or Other Deposafety deposit boxes on Name of Bank, Deposition	or maintains funds.	
safety deposit boxes o Name of Bank, Deposi	or maintains funds. Sitory, etc. 1909 K Street NW	
safety deposit boxes o Name of Bank, Deposi	or maintains funds. sitory, etc. $8\&T$	006
safety deposit boxes o Name of Bank, Deposi	or maintains funds. Sitory, etc. 1909 K Street NW	006 ZIP CODE
safety deposit boxes o Name of Bank, Deposi	or maintains funds. Sitory, etc. 1909 K Street NW Washington CITY STATE	
Safety deposit boxes of Name of Bank, Deposition Mailing Address Name of Bank, Deposition	Tor maintains funds. Sitory, etc. 1909 K Street NW Washington CITY STATE Sitory, etc.	
Safety deposit boxes of Name of Bank, Deposition Mailing Address Name of Bank, Deposition	or maintains funds. Sitory, etc. 1909 K Street NW Washington CITY STATE	
Safety deposit boxes of Name of Bank, Deposition Mailing Address Name of Bank, Deposition	or maintains funds. Sitory, etc. 1909 K Street NW Washington CITY STATE State	
Name of Bank, Deposition Mailing Address Name of Bank, Deposition Mailing Address	or maintains funds. Sitory, etc. 1909 K Street NW Washington CITY STATE 800 Nicollet Mall	ZIP CODE
Name of Bank, Deposition Mailing Address Name of Bank, Deposition Mailing Address	or maintains funds. Sitory, etc. 1909 K Street NW Washington CITY STATE State	ZIP CODE