

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

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

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

M M / D D / Y Y Y Y

in the State of

(c) 30-Day POST-Election Report for the:

General (30G)

Runoff (30R)

Special (30S)

Election on

M M / D D / Y Y Y Y

in the State of

5. Covering Period

M M / D D / Y Y Y Y
05 / 15 / 2014

through

M M / D D / Y Y Y Y
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

M M / D D / Y Y Y Y
12 / 22 / 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

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)	53172.76	102590.09
(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)).....	53172.76	102590.09
8. Cash on Hand at Close of Reporting Period (from Line 27).....	273378.01	
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).....	0.00	

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.....	53172.76	102590.09
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) ►	53172.76	102590.09

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).....	53172.76
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	273378.01

**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 93
	<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

A. Full Name (Last, First, Middle Initial)
Dr. Harold Adams

Mailing Address 1020 Teg Dr

City Iowa City State IA Zip Code 52246

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

Name of Employer University of Iowa Health Occupation physician

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 / 06 / 2014

Transaction ID : SA11AI.7215

Amount of Each Receipt this Period
500.00

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

Mailing Address 10682 NE 46th Ave

City Mitchellville State IA Zip Code 50169

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

Name of Employer Vermeer Corp. 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 / 29 / 2014

Transaction ID : SA11AI.7299

Amount of Each Receipt this Period
2600.00

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

Mailing Address 10682 NE 46th Ave

City Mitchellville State IA Zip Code 50169

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

Name of Employer Vermeer Manufacturing Occupation executive

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
4600.00

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

Transaction ID : SA11AI.7298

Amount of Each Receipt this Period
2600.00

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

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

5700.00

**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 6 OF 93
	<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 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 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 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 93
	<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
 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
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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
 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
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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
 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 93
	<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 93
	<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 St

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 93
	<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. Gary Carlson		Date of Receipt M M / D D / Y Y Y Y 06 / 28 / 2014
Mailing Address 104 Deerpath Ln		Transaction ID : SA11AI.7370
City Muscatine	State IA	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer HNI Corporation	Occupation executive	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00	

Full Name (Last, First, Middle Initial) B. Anonymous Contributor		Date of Receipt M M / D D / Y Y Y Y 05 / 16 / 2014
Mailing Address ..		Transaction ID : SA11AI.6970
City --	State IA	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 35.00
Name of Employer --	Occupation --	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 350.40	

Full Name (Last, First, Middle Initial) C. Anonymous Contributor		Date of Receipt M M / D D / Y Y Y Y 05 / 17 / 2014
Mailing Address ..		Transaction ID : SA11AI.6971
City --	State IA	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer --	Occupation --	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 370.40	

SUBTOTAL of Receipts This Page (optional).....	305.00
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 11 OF 93
	<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
 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
 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
 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: PAGE 12 OF 93
(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. Anonymous Contributor
 Full Name (Last, First, Middle Initial)
 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)
 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)
 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 93
	<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) Carol Crain		Date of Receipt M M / D D / Y Y Y Y 06 / 30 / 2014
Mailing Address 313 E Central Park Ave		Transaction ID : SA11AI.7071
City Davenport	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 350.00
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		

Full Name (Last, First, Middle Initial) Joe Crookham		Date of Receipt M M / D D / Y Y Y Y 05 / 21 / 2014
Mailing Address P.O. Box 808		Transaction ID : SA11AI.6923
City Oskaloosa	State IA	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2600.00
Name of Employer Musco Lighting	Occupation President	Election Cycle-to-Date 2600.00
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

Full Name (Last, First, Middle Initial) Joe Crookham		Date of Receipt M M / D D / Y Y Y Y 06 / 30 / 2014
Mailing Address P.O. Box 808		Transaction ID : SA11AI.7290
City Oskaloosa	State IA	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2600.00
Name of Employer Musco Lighting	Occupation President	Election Cycle-to-Date 5200.00
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		

SUBTOTAL of Receipts This Page (optional).....	5300.00
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 14 OF 93
	<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: PAGE 15 OF 93
(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)
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 93
	<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: (check only one)	PAGE 17 OF 93
	<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)
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 93
	<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: (check only one)	PAGE 19 OF 93
	<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 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 93
	<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 93
	<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 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 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 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 93
	<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: PAGE 23 OF 93
(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)
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 93
	<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 Jochimsen

Mailing Address 1010 Woodlawn Ave

City Iowa City State IA Zip Code 52245

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 **800.00**

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

Transaction ID : SA11AI.7440

Amount of Each Receipt this Period
100.00

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

Mailing Address 1010 Woodlawn Ave

City Iowa City State IA Zip Code 52245

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 **825.00**

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

Transaction ID : SA11AI.7101

Amount of Each Receipt this Period
25.00

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

Mailing Address 3266 Midway Rd

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 **250.00**

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

Transaction ID : SA11AI.6952

Amount of Each Receipt this Period
50.00

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

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

175.00

**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 25 OF 93
	<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 West Des Moines State IA Zip Code 52065

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 / 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 Iowa City State IA Zip Code 52246

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

Name of Employer Iowa City Allergy Clinic 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 / 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 Osceola State IA Zip Code 50213

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 / 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 93
	<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)
Frank Kintzle

Mailing Address 4851 Lakewood Dr

City	State	Zip Code
Cedar Rapids	IA	52411

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

Name of Employer	Occupation
Principal Financial Group	financial planner

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
 _____ 280.00

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

Transaction ID : SA11AI.7109

Amount of Each Receipt this Period
 _____ 30.00

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

Mailing Address 11 Bear Creek Estates Dr

City	State	Zip Code
Ottumwa	IA	52501

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

Name of Employer	Occupation
Southern Iowa Transit	Manager

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
 _____ 350.00

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

Transaction ID : SA11AI.7133

Amount of Each Receipt this Period
 _____ 100.00

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

Mailing Address 904 Huron St

City	State	Zip Code
Mediapolis	IA	52637

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

Name of Employer	Occupation
self	farmer

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
 _____ 300.00

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

Transaction ID : SA11AI.7364

Amount of Each Receipt this Period
 _____ 100.00

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

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 93
	<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) Donald Lamberti		Date of Receipt M M / D D / Y Y Y Y 06 / 25 / 2014
Mailing Address 3602 SW Golfview Cir		Transaction ID : SA11AI.7114
City Ankeny	State IA	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer retired	Occupation retired	Election Cycle-to-Date 1000.00
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		

Full Name (Last, First, Middle Initial) Garry Land		Date of Receipt M M / D D / Y Y Y Y 05 / 19 / 2014
Mailing Address 4727 135th St		Transaction ID : SA11AI.7010
City Clinton	State IA	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer retired	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)		

Full Name (Last, First, Middle Initial) Robert Latham		Date of Receipt M M / D D / Y Y Y Y 06 / 22 / 2014
Mailing Address 356 Park Terrace SE		Transaction ID : SA11AI.7362
City Cedar Rapids	State IA	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2600.00
Name of Employer Latham & Associates	Occupation economist	Election Cycle-to-Date 5200.00
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		

SUBTOTAL of Receipts This Page (optional).....	3850.00
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 28 OF 93
	<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 93
	<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 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 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 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 93
	<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 93
	<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.8813

Amount of Each Receipt this Period
350.00

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 32 OF 93
	<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 93
	<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 93
	<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 93
	<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)
Kevin O'Brien

Mailing Address 105 - 5th St

City State Zip Code
Coralville IA 52241

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

Name of Employer Occupation
McDonalds Inc. Owner/Operator

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 / 29 / 2014

Transaction ID : SA11AI.7091

Amount of Each Receipt this Period
2700.00

B. Full Name (Last, First, Middle Initial)
Kevin O'Brien

Mailing Address 105 - 5th St

City State Zip Code
Coralville IA 52241

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

Name of Employer Occupation
McDonalds Inc. Owner/Operator

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.7763

Amount of Each Receipt this Period
-100.00

Redesignate: O'Brien, Kevin 6/30/14
[MEMO ITEM]

C. Full Name (Last, First, Middle Initial)
Kevin O'Brien

Mailing Address 105 - 5th St

City State Zip Code
Coralville IA 52241

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

Name of Employer Occupation
McDonalds Inc. Owner/Operator

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

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

Transaction ID : SA11AI.7764

Amount of Each Receipt this Period
100.00

Redesignate: 2014 Primary Debt - Bailey Office Equipment
[MEMO ITEM]

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

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

2700.00

**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 36 OF 93
	<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: Letts State: IA Zip Code: 52754

FEC ID number of contributing federal political committee: C

Name of Employer: County of Muscatine Occupation: attorney

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date: 500.00

Date of Receipt: 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: Iowa City State: IA Zip Code: 52244

FEC ID number of contributing federal political committee: C

Name of Employer: Theo Resources Occupation: executive

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date: 1000.00

Date of Receipt: 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: Muscatine State: IA Zip Code: 52761

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: 2500.00

Date of Receipt: 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: (check only one)	PAGE 37 OF 93
	<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)
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
2500.00

Date of Receipt
 M M / D D / 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
2500.00

Date of Receipt
 M M / D D / 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
500.00

Date of Receipt
 M M / D D / 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: (check only one)	PAGE 38 OF 93
	<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)
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 93
	<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
1000.00

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
5200.00

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
2600.00

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 93
	<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
 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
 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
 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 93
	<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 93
	<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 93
	<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 93
	<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 **900.00**

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

Transaction ID : SA11AI.7641

Amount of Each Receipt this Period
100.00

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

Mailing Address 500 W 14th St S

City Newton State IA Zip Code 50208

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

Name of Employer Vernon Company Occupation executive

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 / 14 / 2014

Transaction ID : SA11AI.7277

Amount of Each Receipt this Period
500.00

C. 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 Y Y
06 / 14 / 2014

Transaction ID : SA11AI.7434

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 45 OF 93
	<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)
Susan Von Maur

Mailing Address 2930 Crestline Dr

City Davenport State IA Zip Code 52803

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
 06 / 03 / 2014

Transaction ID : SA11AI.7353

Amount of Each Receipt this Period
 1000.00

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

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

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).....

1600.00

**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 93
	<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 93
	<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 93
	<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 State Zip Code
Centerville IA 52544

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

Name of Employer Occupation
Iowa Trust & Savings Bank 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
 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 93
	<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 93
	<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 93
	<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 93
(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. 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 93
	<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 93
	<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
4839.63

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

Transaction ID : SA11D.7538

Amount of Each Receipt this Period
40.80
 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
5001.01

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

Transaction ID : SA11D.7573

Amount of Each Receipt this Period
161.38
 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
5107.88

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

Transaction ID : SA11D.7576

Amount of Each Receipt this Period
106.87
 In-kind - supplies

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

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

309.05

**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 93
<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
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
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
05 / 22 / 2014

Transaction ID : SA11D.7543

Amount of Each Receipt this Period
29.95

In-kind - travel

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

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

169.64

**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 93
	<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 93
	<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 / 27 / 2014

Transaction ID : SA11D.7586

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 / 28 / 2014

Transaction ID : SA11D.7550

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 / 28 / 2014

Transaction ID : SA11D.7588

Amount of Each Receipt this Period

In-kind - travel

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 58 OF 93
	<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 93
	<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 93
	<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
6984.15

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 93
	<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).....

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

297.62

**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 62 OF 93
	<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 93
	<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 93
	<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 93
	<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 93
	<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 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 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 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 93
	<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 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 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 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 93	
	<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 M M / D D / Y Y Y Y 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. Bankers Advertising Co.		Date of Disbursement M M / D D / Y Y Y Y 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		

Full Name (Last, First, Middle Initial) C. 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
City Washington	State DC Zip Code 20002	
Purpose of Disbursement Finance Consulting	Category/Type 003	Transaction ID : SB17.7240
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).....	7018.42
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 93	
	<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. Global Intermediate LLC		Date of Disbursement MM / DD / YYYY 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 Category/Type 004	
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. Austin Harris		Date of Disbursement MM / DD / YYYY 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 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. 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 Transaction ID : SB17.7568 [MEMO ITEM]
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 type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: IA District: 02		

SUBTOTAL of Disbursements This Page (optional).....	11510.88
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 93			
	<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. 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 Transaction ID : SB17.7237
City Mt. Vernon	State IA	
Purpose of Disbursement Salary		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. Curt Meeks		Date of Disbursement MM / DD / YYYY 06 / 30 / 2014
Mailing Address 11674 90th St		Amount of Each Disbursement this Period 350.00 Transaction ID : SB17.8814
City Ottumwa	State IA	
Purpose of Disbursement Equipment Rental		Category/ Type 004
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 05 / 15 / 2014
Mailing Address 11674 90th St		Amount of Each Disbursement this Period 68.60 Transaction ID : SB17.7529
City Ottumwa	State IA	
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	

SUBTOTAL of Disbursements This Page (optional).....	1918.60
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 71 OF 93			
	<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 / 16 / 2014
Mailing Address 11674 90th St		Amount of Each Disbursement this Period 79.00 Transaction ID : SB17.7579
City Ottumwa	State IA	
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) B. 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	
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 / 18 / 2014
Mailing Address 11674 90th St		Amount of Each Disbursement this Period 40.80 Transaction ID : SB17.7539
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).....	728.80
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 93			
	<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 161.38 Transaction ID : SB17.7574
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	
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) 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 106.87 Transaction ID : SB17.7577
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	
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. 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	Category/ Type 002	
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)	

SUBTOTAL of Disbursements This Page (optional).....	324.48
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 93			
	<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 / 21 / 2014	
Mailing Address 11674 90th St			Amount of Each Disbursement this Period 83.46	
City Ottumwa	State IA	Zip Code 52501	Transaction ID : SB17.7542	
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 / 22 / 2014	
Mailing Address 11674 90th St			Amount of Each Disbursement this Period 29.95	
City Ottumwa	State IA	Zip Code 52501	Transaction ID : SB17.7544	
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 / 23 / 2014	
Mailing Address 11674 90th St			Amount of Each Disbursement this Period 105.82	
City Ottumwa	State IA	Zip Code 52501	Transaction ID : SB17.7583	
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).....	219.23
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 93			
	<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 / 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		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 / 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		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 / 27 / 2014
Mailing Address 11674 90th St			Amount of Each Disbursement this Period 54.17 Transaction ID : SB17.7587
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).....	166.97
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 93			
	<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 / 28 / 2014
Mailing Address 11674 90th St		Amount of Each Disbursement this Period 27.15 Transaction ID : SB17.7551
City Ottumwa State IA Zip Code 52501	Purpose of Disbursement In-kind - travel 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. 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 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 / 29 / 2014
Mailing Address 11674 90th St		Amount of Each Disbursement this Period 34.35 Transaction ID : SB17.7554
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).....	128.28
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 93			
	<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 / 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	002	
Candidate Name Miller-Meeks for Congress		Category/ Type
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 29.80 Transaction ID : SB17.7592
City Ottumwa	State IA	
Purpose of Disbursement In-kind - travel	002	
Candidate Name Miller-Meeks for Congress		Category/ Type
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 / 31 / 2014
Mailing Address 11674 90th St		Amount of Each Disbursement this Period 23.36 Transaction ID : SB17.7558
City Ottumwa	State IA	
Purpose of Disbursement In-kind - travel	002	
Candidate Name Miller-Meeks for Congress		Category/ Type
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).....	135.71
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 77 OF 93		
	<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 / 01 / 2014
Mailing Address 11674 90th St		Amount of Each Disbursement this Period 40.37 Transaction ID : SB17.7560
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 06 / 03 / 2014
Mailing Address 11674 90th St		Amount of Each Disbursement this Period 63.13 Transaction ID : SB17.7594
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 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 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	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).....	169.85
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 93			
	<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 / 04 / 2014
Mailing Address 11674 90th St		Amount of Each Disbursement this Period 358.99 Transaction ID : SB17.7598
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 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	
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 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	
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).....	358.99
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 93			
	<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 / 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) 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 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	

Full Name (Last, First, Middle Initial) C. Mariannette Miller-Meeks		Date of Disbursement M M / D D / Y Y Y Y 06 / 08 / 2014
Mailing Address 11674 90th St		Amount of Each Disbursement this Period 20.00 Transaction ID : SB17.7608
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).....	136.98
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 93		
	<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 / 09 / 2014
Mailing Address 11674 90th St		Amount of Each Disbursement this Period 196.00 Transaction ID : SB17.7610
City Ottumwa	State IA	
Purpose of Disbursement In-kind - postage	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 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 / 10 / 2014
Mailing Address 11674 90th St		Amount of Each Disbursement this Period 130.40 Transaction ID : SB17.7612
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 / 11 / 2014
Mailing Address 11674 90th St		Amount of Each Disbursement this Period 7.49 Transaction ID : SB17.7614
City Ottumwa	State IA	
Purpose of Disbursement In-kind - supplies	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	

SUBTOTAL of Disbursements This Page (optional).....	333.89
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 93			
	<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 / 13 / 2014
Mailing Address 11674 90th St		Amount of Each Disbursement this Period 30.30 Transaction ID : SB17.7567
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 / 15 / 2014
Mailing Address 11674 90th St		Amount of Each Disbursement this Period 13.78 Transaction ID : SB17.7616
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 / 17 / 2014
Mailing Address 11674 90th St		Amount of Each Disbursement this Period 33.32 Transaction ID : SB17.7618
City Ottumwa	State IA	
Purpose of Disbursement In-kind - supplies	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	

SUBTOTAL of Disbursements This Page (optional).....	77.40
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 82 OF 93		
	<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 / 18 / 2014
Mailing Address 11674 90th St		Amount of Each Disbursement this Period 316.67 Transaction ID : SB17.7620
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 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. Mariannette Miller-Meeks		Date of Disbursement M M / D D / Y Y Y Y 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 002 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) C. 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 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 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).....	316.67
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 93			
	<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 10.70 Transaction ID : SB17.7626
City Ottumwa State IA Zip Code 52501	Purpose of Disbursement In-kind - supplies 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 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 / 22 / 2014
Mailing Address 11674 90th St		Amount of Each Disbursement this Period 138.58 Transaction ID : SB17.7628
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 / 25 / 2014
Mailing Address 11674 90th St		Amount of Each Disbursement this Period 144.59 Transaction ID : SB17.7630
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).....	293.87
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 93			
	<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 / 26 / 2014
Mailing Address 11674 90th St		Amount of Each Disbursement this Period 259.44 Transaction ID : SB17.7632
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 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	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 / 29 / 2014
Mailing Address 11674 90th St		Amount of Each Disbursement this Period 38.11 Transaction ID : SB17.7571
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).....	259.44
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 93		
	<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 / 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	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 / 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	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. North Court BP		Date of Disbursement MM / DD / YYYY 05 / 18 / 2014
Mailing Address 1301 N Court St		Amount of Each Disbursement this Period \$ 40.80 Transaction ID : SB17.7540 [MEMO ITEM]
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).....	\$ 62.50
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 93		
	<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 / 21 / 2014
Mailing Address 1301 N Court St		Amount of Each Disbursement this Period 83.46
City Ottumwa	State IA	
Zip Code 52501	Purpose of Disbursement travel	Transaction ID : SB17.7547 [MEMO ITEM]
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	

Full Name (Last, First, Middle Initial) B. 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	
Zip Code 52501	Purpose of Disbursement travel	Transaction ID : SB17.7548 [MEMO ITEM]
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	

Full Name (Last, First, Middle Initial) c. 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	Transaction ID : SB17.7549 [MEMO ITEM]
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).....	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 93		
	<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 / 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) B. 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	

Full Name (Last, First, Middle Initial) c. 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	
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 93			
	<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 / 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	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. 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	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. North Court BP		Date of Disbursement M M / D D / Y Y Y Y 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	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Primary <input checked="" 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 93		
	<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. Ottumwa Printing		Date of Disbursement M M / D D / Y Y Y Y 05 / 30 / 2014
Mailing Address 105 S Birch St		Amount of Each Disbursement this Period 349.58 Transaction ID : SB17.7241
City Ottumwa	State IA	
Zip Code 52501	Purpose of Disbursement Printing	Category/ Type 006
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. Persuasion Partners Inc.		Date of Disbursement M M / D D / Y Y Y Y 05 / 20 / 2014
Mailing Address 106 E Doty Ste 300		Amount of Each Disbursement this Period 4442.00 Transaction ID : SB17.7247
City Madison	State WI	
Zip Code 53703	Purpose of Disbursement Printing	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. 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	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	

SUBTOTAL of Disbursements This Page (optional).....	15311.43
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 93			
	<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. Matthew Sauvage		Date of Disbursement MM / DD / YYYY 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	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. Stripe Inc.		Date of Disbursement MM / DD / YYYY 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	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. Stripe Inc.		Date of Disbursement MM / DD / YYYY 06 / 03 / 2014
Mailing Address 3180 18th St		Amount of Each Disbursement this Period 33.09 Transaction ID : SB17.7154
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 checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: IA District: 02	

SUBTOTAL of Disbursements This Page (optional).....	3539.49
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 93			
	<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 / 07 / 2014
Mailing Address 3180 18th St		Amount of Each Disbursement this Period 126.50 Transaction ID : SB17.7155
City San Francisco	State CA	
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 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 M M / D D / Y Y Y Y 06 / 14 / 2014
Mailing Address 3180 18th St		Amount of Each Disbursement this Period 17.48 Transaction ID : SB17.7156
City San Francisco	State CA	
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 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 / 21 / 2014
Mailing Address 3180 18th St		Amount of Each Disbursement this Period 6.15 Transaction ID : SB17.7157
City San Francisco	State CA	
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 type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: IA	District: 02	

SUBTOTAL of Disbursements This Page (optional).....	150.13
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 93		
	<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 / 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) B. 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	

Full Name (Last, First, Middle Initial) c. Thunder Bay Grille		Date of Disbursement MM / DD / YYYY 06 / 04 / 2014
Mailing Address 6511 Brady St		Amount of Each Disbursement this Period 463.74 Transaction ID : SB17.7646
City Davenport	State IA	
Zip Code 52806	Purpose of Disbursement Catering cost	Category/ Type 007
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).....	9334.28
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 93		
	<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. 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 003 Category/Type	
Candidate Name Miller-Meeks for Congress		Transaction ID : SB17.7530 [MEMO ITEM]
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) B.		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 Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

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 Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

SUBTOTAL of Disbursements This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	52496.29