

FEC
FORM 1

STATEMENT OF
ORGANIZATION

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2014 JUN -6 AM 9:25

FEC MAIL CENTER
Office Use Only

1. NAME OF COMMITTEE (in full) (Check if name is changed) Example: If typing, type over the lines. 12FE4M5

Miller-Meeks for Congress

ADDRESS (number and street)

P.O. Box 1570

(Check if address is changed)

Ottumwa

IA

52501

CITY

STATE

ZIP CODE

COMMITTEE'S E-MAIL ADDRESS (Please provide only one e-mail address)

(Check if address is changed)

pusherprop@hotmail.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

(Check if address is changed)

millermEEKSforcongress.com

2. DATE 05^M / 30^D / 2014^Y

3. FEC IDENTIFICATION NUMBER C 00558825

4. IS THIS STATEMENT NEW (N) OR AMENDED (A)

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

Type or Print Name of Treasurer Charles Seberg

Signature of Treasurer Charles Seberg

Date 05^M / 30^D / 2014^Y

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

ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

Office
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For further information contact:
Federal Election Commission
Toll Free 800-424-9530
Local 202-694-1100

FEC FORM 1
(Revised 02/2009)

14031243340

5. TYPE OF COMMITTEE

Candidate Committee:

- (a) This committee is a principal campaign committee. (Complete the candidate information below.)
- (b) This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)

Name of Candidate Mariannette Miller-Meeks

Candidate Party Affiliation **REP** Office Sought: House Senate President State **IA** District **02**

- (c) This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of Candidate _____

Party Committee:

- (d) This committee is a _____ (National, State or subordinate) committee of the _____ (Democratic, Republican, etc.) Party.

Political Action Committee (PAC):

- (e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is a:
 - Corporation Corporation w/o Capital Stock Labor Organization
 - Membership Organization Trade Association Cooperative
 - In addition, this committee is a Lobbyist/Registrant PAC.
- (f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee. (i.e., nonconnected committee)
 - In addition, this committee is a Lobbyist/Registrant PAC.
 - In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)

Joint Fundraising Representative:

- (g) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, at least one of which is an authorized committee of a federal candidate.
- (h) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, none of which is an authorized committee of a federal candidate.

Committees Participating in Joint Fundraiser

1. _____ FEC ID number C
2. _____ FEC ID number C
3. _____ FEC ID number C
4. _____ FEC ID number C

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Write or Type Committee Name

Miller-Meeks for Congress

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

| |
|--|
| |
| |

Mailing Address

| |
|--|
| |
| |
| |

CITY

STATE

ZIP CODE

Relationship: Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Sponsor

7. Custodian of Records: Identify by name, address (phone number -- optional) and position of the person in possession of committee books and records.

Full Name **Mariannette Miller-Meeks**

Mailing Address **11674 - 90th St**

| | | |
|----------------|-----------|--------------|
| | | |
| Ottumwa | IA | 52501 |

Title or Position

CITY

STATE

ZIP CODE

Candidate

Telephone number **641** - **683** - **7551**

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

Full Name of Treasurer **Charles Seberg**

Mailing Address **1912 N Ridge Dr**

| | | |
|-------------------|-----------|--------------|
| | | |
| Coralville | IA | 52241 |

Title or Position

CITY

STATE

ZIP CODE

Treasurer

Telephone number **319** - **339** - **0313**

14031243342

Full Name of Designated Agent

[Grid for Full Name of Designated Agent]

Mailing Address

[Grid for Mailing Address]

[Grid for Mailing Address]

[Grid for Mailing Address]

CITY

STATE

ZIP CODE

Title or Position

[Grid for Title or Position]

Telephone number

[Grid for Telephone number]

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

Name of Bank, Depository, etc.

US Bank

Mailing Address

2504 N Court St

[Grid for Mailing Address]

[Grid for Mailing Address]

Ottumwa

IA

52501

CITY

STATE

ZIP CODE

Name of Bank, Depository, etc.

[Grid for Name of Bank, Depository, etc.]

Mailing Address

[Grid for Mailing Address]

[Grid for Mailing Address]

[Grid for Mailing Address]

CITY

STATE

ZIP CODE

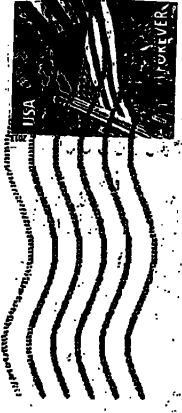
14031243343

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Mr. Charles Seberg
1912 N. Ridge Dr.
Coralville, IA 52241-1099

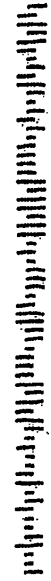
CEDAR RAPIDS IA 524
31 MAY 2014 PM 2 T



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



Federal Election Commission
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| | |
|--|-------------------------------|
| <input type="checkbox"/> Hand Delivered | Date of Receipt |
| <input checked="" type="checkbox"/> USPS First Class Mail | Postmarked 5/31/14 |
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| <input type="checkbox"/> USPS Priority Mail Express | Postmarked |
| <input type="checkbox"/> Postmark Illegible | |
| <input type="checkbox"/> No Postmark | |
| <input type="checkbox"/> Overnight Delivery Service (Specify): | Shipping Date |
| Next Business Day Delivery | <input type="checkbox"/> |
| <input type="checkbox"/> Received from House Records & Registration Office | Date of Receipt |
| <input type="checkbox"/> Received from Senate Public Records Office | Date of Receipt |
| <input type="checkbox"/> Received from Electronic Filing Office | Date of Receipt |
| <input type="checkbox"/> Other (Specify): | Date of Receipt or Postmarked |

AO
 PREPARER
 (8/2013)

6/6/14
 DATE PREPARED

14031243345