

# 48-HOUR NOTICE OF CONTRIBUTIONS/LOANS RECEIVED

(See Reverse Side for Instructions)

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

<b>1. NAME OF COMMITTEE IN FULL</b> MILLER-MEEKS FOR CONGRESS			
ADDRESS (number and street) PO BOX 33			
CITY OTTUMWA	STATE IA	ZIP CODE 52501-0033	
<b>2. NAME OF CANDIDATE</b> MILLER-MEEKS, MARIANNETTE JANE, , ,		<b>3. OFFICE SOUGHT</b> (State and District) House IA 02	
<b>4. FEC IDENTIFICATION NUMBER</b> C00558825			
<b>5. IS THIS AN AMENDMENT?</b> <input checked="" type="checkbox"/> NO, THIS IS A NEW FILING <input type="checkbox"/> YES, IT AMENDS THE NOTICE FILED ON _____ / _____ / _____			
<b>A. FULL NAME</b> BOUTWELL, DAVID, , ,			
MAILING ADDRESS 2575 WILLOWBROOK CIR		Name of Employer RETIRED	
CITY BIRMINGHAM		Date (month, day, year) 10/25/2020	
STATE AL		Amount 2000.00	
ZIP CODE 35242-3441		Transaction ID : 65F88F69D5D034B83	
Occupation RETIRED			
<b>B. FULL NAME</b> KEHL, DANIEL, , ,			
MAILING ADDRESS 3184 HIGHWAY 22		Name of Employer RIVERSIDE CASINO	
CITY RIVERSIDE		Date (month, day, year) 10/25/2020	
STATE IA		Amount 2800.00	
ZIP CODE 52327-9690		Transaction ID : 6071560100EF64322A	
Occupation CEO			
<b>C. FULL NAME</b> HINCH, MATTHEW, , ,			
MAILING ADDRESS 4319 OAKWOOD LANE		Name of Employer CORNERSTONE GOVERNMENT AFFAIRS	
CITY WEST DES MOINES		Date (month, day, year) 10/25/2020	
STATE IA		Amount 1000.00	
ZIP CODE 50265-5423		Transaction ID : 6D4A62D367C014F60	
Occupation GOVERNMENT RELATIONS			
<b>D. FULL NAME</b> STICKLE, RICK, , ,			
MAILING ADDRESS 4515 20TH AVE SW STE C		Name of Employer MIDWEST 3PC	
CITY CEDAR RAPIDS		Date (month, day, year) 10/25/2020	
STATE IA		Amount 1000.00	
ZIP CODE 52404-1224		Transaction ID : 608BFB3B2F41A49A	
Occupation BUSINESS OWNER			
<b>E. FULL NAME</b> MEYER, CARL, , ,			
MAILING ADDRESS 8820 WOODED POINT DR		Name of Employer THE IOWA CLINIC	
CITY JOHNSTON		Date (month, day, year) 10/25/2020	
STATE IA		Amount 1000.00	
ZIP CODE 50131		Transaction ID : 649B0F287EE5C4B6f	
Occupation PHYSICIAN			
<b>SIGNATURE (optional)</b> DATWYLER, THOMAS, , ,		DATE 10/26/2020	<b>For further information contact:</b> Federal Election Commission 999 E Street, NW, Washington, DC 20463 Toll Free 800-424-9530, Local 202-694-1100
[Electronically Filed]			

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

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A. FULL NAME, MAILING ADDRESS AND ZIP CODE	Name of Employer	Date (month, day, year)	Amount
RE-JOYCE PAC  824 S MILLEDGE AVE STE 101 ATHENS GA 30605-1332	Transaction ID : 6271E562AFF0D48C79ED Occupation	10/25/2020	1000.00
B. FULL NAME, MAILING ADDRESS AND ZIP CODE GUY FOR CONGRESS  PO BOX 23177  PITTSBURGH PA 15222-6177	Transaction ID : 6FAE6D319AE1745C7860 Occupation	10/25/2020	2000.00
C. FULL NAME, MAILING ADDRESS AND ZIP CODE MEDICAL PROFESSIONAL LIABILITY ASSOCIATION PAC 2275 RESEARCH BLVD STE 250 ROCKVILLE MD 20850-6213	Transaction ID : 6A080B531F48D4DDFB45 Occupation	10/25/2020	1000.00
D. FULL NAME, MAILING ADDRESS AND ZIP CODE	Name of Employer  Occupation	Date (month, day, year)	Amount
E. FULL NAME, MAILING ADDRESS AND ZIP CODE	Name of Employer  Occupation	Date (month, day, year)	Amount

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