

# 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

through

M M /

D D /

Y Y Y Y

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

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))....	161836.66	371668.10
(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)).....	161836.66	371668.10
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17) .....	53052.76	102470.09
(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)).....	53052.76	102470.09
8. Cash on Hand at Close of Reporting Period (from Line 27).....	269198.01	
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	10505.55	

**For further information contact:**

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

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

**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3 (Revised 12/2003)

Write or Type Committee Name

**Miller-Meeks for Congress**

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

<b>I. RECEIPTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Election Cycle-to-Date</b>
<b>11. CONTRIBUTIONS (other than loans) FROM:</b>		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	124710.00	299070.80
(ii) Unitemized.....	11845.00	28558.81
(iii) TOTAL of contributions from individuals ▶	136555.00	327629.61
(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))..	161836.66	371668.10
<b>12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES .....</b>	0.00	0.00
<b>13. LOANS:</b>		
(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
<b>14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) .....</b>	0.00	0.00
<b>15. OTHER RECEIPTS (Dividends, Interest, etc.) .....</b>	0.00	0.00
<b>16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶</b>	161836.66	371668.10

**DETAILED SUMMARY PAGE**  
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	53052.76	102470.09
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. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ►	53052.76	102470.09

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	160414.11
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	161836.66
25. SUBTOTAL (add Line 23 and Line 24).....	322250.77
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	53052.76
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	269198.01

**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 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 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 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

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

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**

Full Name (Last, First, Middle Initial) <b>A. Brian Burnam</b>		Date of Receipt MM / DD / YYYY 05 / 23 / 2014
Mailing Address P.O. Box 17		<b>Transaction ID : SA11AI.7179</b>
City Bloomfield	State IA	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2000.00
Name of Employer self	Occupation grocer	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2000.00	

Full Name (Last, First, Middle Initial) <b>B. Willis Bywater</b>		Date of Receipt MM / DD / YYYY 05 / 31 / 2014
Mailing Address 621 S Summit St		<b>Transaction ID : SA11AI.7059</b>
City Iowa City	State IA	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Economy Advertising Co.	Occupation executive	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2000.00	

Full Name (Last, First, Middle Initial) <b>C. Gary Carlson</b>		Date of Receipt MM / DD / YYYY 06 / 28 / 2014
Mailing Address 104 Deerpath Ln		<b>Transaction ID : SA11AI.7370</b>
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	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	3250.00
<b>TOTAL</b> 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 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**

**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  
350.40

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

**Transaction ID : SA11AI.6970**

Amount of Each Receipt this Period  
35.00

**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  
370.40

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

**Transaction ID : SA11AI.6971**

Amount of Each Receipt this Period  
20.00

**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  
390.40

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

**Transaction ID : SA11AI.6973**

Amount of Each Receipt this Period  
20.00

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

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

75.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 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  
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

**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  
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

**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  
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

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

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

30.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 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)  
**B.D. Cooper**

Mailing Address 575 Aspen Lane

City Robins State IA Zip Code 52328

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

Name of Employer Acterra Group Occupation chairman

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

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

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

Mailing Address 313 E Central Park Ave

City Davenport State IA Zip Code 52803

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

Name of Employer retired Occupation retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

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

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

Mailing Address 313 E Central Park Ave

City Davenport State IA Zip Code 52803

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

Name of Employer retired Occupation retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

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

**Transaction ID : SA11AI.7071**

Amount of Each Receipt this Period  
 100.00

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

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

600.00

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

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

FOR LINE NUMBER: PAGE 13 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)  
**Joe Crookham**

Mailing Address P.O. Box 808

City State Zip Code  
Oskaloosa IA 52577

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

Name of Employer Occupation  
Musco Lighting President

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
2600.00

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

**Transaction ID : SA11AI.6923**

Amount of Each Receipt this Period  
2600.00

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

Mailing Address P.O. Box 808

City State Zip Code  
Oskaloosa IA 52577

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

Name of Employer Occupation  
Musco Lighting President

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
5200.00

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

**Transaction ID : SA11AI.7290**

Amount of Each Receipt this Period  
2600.00

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

Mailing Address 1205 E Washington St #252

City State Zip Code  
Washington IA 52353

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  
4700.00

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

**Transaction ID : SA11AI.7327**

Amount of Each Receipt this Period  
1700.00

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

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

6900.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 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 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

**B.** 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

**C.** 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  
1000.00

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

**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 15 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)  
**David Dickey**

Mailing Address 407 E 4th St

City State Zip Code  
Packwood IA 52580

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

Name of Employer Occupation  
Harold Dickey Transport executive

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 / 28 / 2014**

**Transaction ID : SA11AI.7502**

Amount of Each Receipt this Period  
**500.00**

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

Mailing Address 19825 - 244th Ave

City State Zip Code  
Bettendorf IA 52722

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

Name of Employer Occupation  
Superior Tube Products 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  
**05 / 17 / 2014**

**Transaction ID : SA11AI.6950**

Amount of Each Receipt this Period  
**500.00**

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

Mailing Address 1717 Pleasant Prairie Rd

City State Zip Code  
Muscatine IA 52761

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

Name of Employer Occupation  
Dan Dolan Homes 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**

**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: (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)  
**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: 06 / 24 / 2014

**Transaction ID : SA11AI.7490**

Amount of Each Receipt this Period: 250.00

**B.** 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: 06 / 10 / 2014

**Transaction ID : SA11AI.7358**

Amount of Each Receipt this Period: 2600.00

**C.** 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: 05 / 29 / 2014

**Transaction ID : SA11AI.7190**

Amount of Each Receipt this Period: 100.00

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

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

2950.00



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

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

FOR LINE NUMBER: PAGE 17 OF 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)  
**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

**B.** 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

**C.** 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

**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: PAGE 18 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)  
**Aphrodite Forsyth**

Mailing Address 2433 Jordan Trl

City State Zip Code  
West Des Moines IA 50265

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  
2600.00

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

**Transaction ID : SA11AI.7738**

Amount of Each Receipt this Period  
2600.00

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

Mailing Address 2433 Jordan Trail

City State Zip Code  
West Des Moines IA 50265

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

Name of Employer Occupation  
Welmark 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 Y Y  
 06 / 02 / 2014

**Transaction ID : SA11AI.7708**

Amount of Each Receipt this Period  
2600.00

**C.** 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 Y Y  
 06 / 02 / 2014

**Transaction ID : SA11AI.7710**

Amount of Each Receipt this Period  
600.00

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

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

5800.00

**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)  
**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**

**B.** 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**

**C.** 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**

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

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

**3050.00**

**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)  
**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

**B.** 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

**C.** Full Name (Last, First, Middle Initial)  
**Kurt Haller**

Mailing Address 2906 Larry Ln

City State Zip Code  
Kalamazoo MI 49008

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

Name of Employer Occupation  
self 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 / 27 / 2014

**Transaction ID : SA11AI.7307**

Amount of Each Receipt this Period  
500.00

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

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

3050.00

**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**

**A.** Full Name (Last, First, Middle Initial)  
**Curt Hames**

Mailing Address 4001 Tama St

City Marion State IA Zip Code 52302

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

Name of Employer Hames Homes Sales Occupation 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 / 14 / 2014

**Transaction ID : SA11AI.7346**

Amount of Each Receipt this Period  
1000.00

**B.** Full Name (Last, First, Middle Initial)  
**Martin Helgerson**

Mailing Address 4338 180th Ave

City Ottumwa State IA Zip Code 52501

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  
1250.00

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

**Transaction ID : SA11AI.7335**

Amount of Each Receipt this Period  
250.00

**C.** 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

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

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

3250.00

**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 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)  
**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

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

**B.** 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

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

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

Mailing Address 13323 Eagle Dr

City Douds State IA Zip Code 52551

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

Name of Employer Pennsylvania Place Occupation President

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.7318**

Amount of Each Receipt this Period  
 500.00

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

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

850.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 OF 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)  
**N.R. Hutchison**

Mailing Address 6 Birchwood Dr

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  
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

**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  
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

**C.** 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

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

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

1100.00

**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 **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**

**B.** 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**

**C.** 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 **1000.00**

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

**Transaction ID : SA11AI.6921**

Amount of Each Receipt this Period  
**1000.00**

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

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

**1075.00**



**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)  
**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  
1000.00

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

**Transaction ID : SA11AI.6990**

Amount of Each Receipt this Period  
500.00

**B.** 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  
1000.00

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

**Transaction ID : SA11AI.6919**

Amount of Each Receipt this Period  
1000.00

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

Mailing Address 4851 Lakewood Dr

City Cedar Rapids State IA Zip Code 52411

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

Name of Employer Principal Financial Group Occupation 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  
 06 / 26 / 2014

**Transaction ID : SA11AI.7109**

Amount of Each Receipt this Period  
30.00

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

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

1530.00

**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)  
**Jerome Kjer**

Mailing Address 11 Bear Creek Estates Dr

City Ottumwa State IA Zip Code 52501

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

Name of Employer Southern Iowa Transit Occupation 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  
**06 / 05 / 2014**

**Transaction ID : SA11AI.7133**

Amount of Each Receipt this Period  
**100.00**

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

Mailing Address 904 Huron St

City Mediapolis State IA Zip Code 52637

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 **300.00**

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

**Transaction ID : SA11AI.7364**

Amount of Each Receipt this Period  
**100.00**

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

Mailing Address 3602 SW Golfview Cir

City Ankeny State IA Zip Code 50023

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

Name of Employer retired Occupation retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1000.00**

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

**Transaction ID : SA11AI.7114**

Amount of Each Receipt this Period  
**1000.00**

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

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

**1200.00**

**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) <b>A. Garry Land</b>		Date of Receipt MM / DD / YYYY 05 / 19 / 2014
Mailing Address 4727 135th St		<b>Transaction ID : SA11AI.7010</b>
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	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00	

Full Name (Last, First, Middle Initial) <b>B. Robert Latham</b>		Date of Receipt MM / DD / YYYY 06 / 22 / 2014
Mailing Address 356 Park Terrace SE		<b>Transaction ID : SA11AI.7362</b>
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	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 5200.00	

Full Name (Last, First, Middle Initial) <b>C. Sue Latham</b>		Date of Receipt MM / DD / YYYY 06 / 22 / 2014
Mailing Address 356 Park Terrace SE		<b>Transaction ID : SA11AI.7363</b>
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 none	Occupation homemaker	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2600.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	5450.00
<b>TOTAL</b> 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)  
**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 Y Y  
 05 / 25 / 2014

**Transaction ID : SA11AI.7352**

Amount of Each Receipt this Period  
 500.00

**B.** 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 Y Y  
 05 / 20 / 2014

**Transaction ID : SA11AI.7172**

Amount of Each Receipt this Period  
 250.00

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

Mailing Address 1319 S 12th Ave W

City Newton State IA Zip Code 50208

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

Name of Employer Manatt's 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 Y Y  
 06 / 01 / 2014

**Transaction ID : SA11AI.7038**

Amount of Each Receipt this Period  
 2600.00

**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

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

**Transaction ID : SA11AI.7704**

Amount of Each Receipt this Period  
 \_\_\_\_\_ -250.00

Redesignate:  
**[MEMO ITEM]**

**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  
 06 / 02 / 2014

**Transaction ID : SA11AI.7705**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 250.00

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

**C.** 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 Y  
 06 / 01 / 2014

**Transaction ID : SA11AI.7701**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 2600.00

**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)  
**Mari Eleanor Martino**

Mailing Address 23 Apple Tree Trail

City Westport State CT Zip Code 06880

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

Name of Employer self Occupation 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

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

Mailing Address 1104 Loudon Dr

City Fairfield State IA Zip Code 52556

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

Name of Employer self Occupation 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

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

Mailing Address 1104 Loudon Dr

City Fairfield State IA Zip Code 52556

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  
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

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

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

5300.00

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

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

FOR LINE NUMBER: PAGE 31 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)  
**James B McWethy**

Mailing Address 8701 Washington St

City Downers Grove State IL Zip Code 60516

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 **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**

**B.** Full Name (Last, First, Middle Initial)  
**Curt 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 Ottumwa Regional Health Center Occupation Compliance Officer

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **350.00**

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

**Transaction ID : SA11AI.7719**

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

**C.** 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**

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

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

**1850.00**

**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)  
**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**

**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

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]**

**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 / 02 / 2014

**Transaction ID : SA11AI.7696**

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).....

**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 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)  
**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

**B.** 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

**C.** 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

**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 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)  
**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

**B.** 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

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

Mailing Address 105 - 5th St

City Coralville State IA Zip Code 52241

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

Name of Employer McDonalds Inc. Occupation 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

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

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

4700.00

**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)  
**Alan Ostergren**

Mailing Address 1533 - 245th St

City State Zip Code  
Letts IA 52754

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

Name of Employer Occupation  
County of Muscatine attorney

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

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

**Transaction ID : SA11AI.7347**

Amount of Each Receipt this Period  
500.00

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

Mailing Address P.O. Box 1405

City State Zip Code  
Iowa City IA 52244

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

Name of Employer Occupation  
Theo Resources executive

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

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

**Transaction ID : SA11AI.7308**

Amount of Each Receipt this Period  
1000.00

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

Mailing Address 1749 Arbor Oaks Dr

City State Zip Code  
Muscatine IA 52761

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

Name of Employer Occupation  
none retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2600.00

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

**Transaction ID : SA11AI.7691**

Amount of Each Receipt this Period  
2600.00

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

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

4100.00

**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**

Full Name (Last, First, Middle Initial) <b>Ruth Parks</b>		Date of Receipt MM / DD / YYYY 06 / 03 / 2014
Mailing Address 1749 Arbor Oaks Dr		<b>Transaction ID : SA11AI.7690</b>
City Muscatine	State IA	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2600.00
Name of Employer none	Occupation homemaker	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2600.00	

Full Name (Last, First, Middle Initial) <b>William Parks</b>		Date of Receipt MM / DD / YYYY 06 / 03 / 2014
Mailing Address 1749 Arbor Oaks Dr		<b>Transaction ID : SA11AI.7037</b>
City Muscatine	State IA	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2600.00
Name of Employer self	Occupation investor	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2600.00	

Full Name (Last, First, Middle Initial) <b>Mike Richards</b>		Date of Receipt MM / DD / YYYY 06 / 25 / 2014
Mailing Address 5465 Mills Civic Pkwy #400		<b>Transaction ID : SA11AI.7330</b>
City West Des Moines	State IA	
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 500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	5700.00
<b>TOTAL</b> 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 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)  
**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 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**

Full Name (Last, First, Middle Initial) <b>A. Helen Sinclair</b>		Date of Receipt M M / D D / Y Y Y Y 06 / 25 / 2014
Mailing Address 2208 560th Ave		<b>Transaction ID : SA11AI.7472</b>
City Melrose	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	
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) <b>B. Lee D Staak</b>		Date of Receipt M M / D D / Y Y Y Y 06 / 04 / 2014
Mailing Address 3677 Forest Gate Dr NE		<b>Transaction ID : SA11AI.7707</b>
City Iowa City	State IA	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2600.00
Name of Employer Marshalltown Management System	Occupation executive	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 5200.00	

Full Name (Last, First, Middle Initial) <b>C. Robin Staak</b>		Date of Receipt M M / D D / Y Y Y Y 05 / 27 / 2014
Mailing Address 3677 Forest Gate Dr NE		<b>Transaction ID : SA11AI.6905</b>
City Iowa City	State IA	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2600.00
Name of Employer Marshalltown Management	Occupation executive	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2600.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	6200.00
<b>TOTAL</b> 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 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)  
**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: PAGE 40 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)  
**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

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

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)  
**Deborah Thornton**

Mailing Address 631 Scott Park DR

City State Zip Code  
Iowa City IA 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

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

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

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

3600.00



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

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

FOR LINE NUMBER: PAGE 41 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)  
**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 Y Y  
 05 / 27 / 2014

**Transaction ID : SA11AI.7060**

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  
 \_\_\_\_\_ 600.00

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

**Transaction ID : SA11AI.7356**

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  
 \_\_\_\_\_ 700.00

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

**Transaction ID : SA11AI.7639**

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 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)  
**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**

**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 **900.00**

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

**Transaction ID : SA11AI.7641**

Amount of Each Receipt this Period  
**100.00**

**C.** Full Name (Last, First, Middle Initial)  
**Susan Van 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 **1000.00**

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**

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

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

**1200.00**

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

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

FOR LINE NUMBER: PAGE 43 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)  
**Bill Vernon**

Mailing Address 500 W 14th St S

City State Zip Code  
Newton IA 50208

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

Name of Employer Occupation  
Vernon Company 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  
06 / 14 / 2014

**Transaction ID : SA11AI.7277**

Amount of Each Receipt this Period  
500.00

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

Mailing Address 14301 Elmcrest Ct

City State Zip Code  
Clive IA 50325

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

Name of Employer Occupation  
Mercy Medical Center physician

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
450.00

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

**Transaction ID : SA11AI.7434**

Amount of Each Receipt this Period  
100.00

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

Mailing Address 801 Timber Ct

City State Zip Code  
Coralville IA 52241

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

Name of Employer Occupation  
Mid-American Securities Investment Advisor

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
600.00

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

**Transaction ID : SA11AI.7171**

Amount of Each Receipt this Period  
500.00

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

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

1100.00

**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)  
**James Wachendorf**

Mailing Address 801 Timber Ct

City State Zip Code  
Coralville IA 52241

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

Name of Employer Occupation  
Mid-American Securities Investment Advisor

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**700.00**

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

**Transaction ID : SA11AI.7076**

Amount of Each Receipt this Period  
**100.00**

**B.** 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**

**C.** 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**

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

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

**600.00**

**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)  
**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 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 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 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 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)  
**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

124710.00

**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 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**

Mailing Address 520 N NORTHWEST HIGHWAY

City State Zip Code  
PARK RIDGE IL 60068

FEC ID number of contributing federal political committee. **C** C70004684

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.7735**

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: PAGE 48 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)  
**CONSERVATIVES RESTORING EXCELLENCE (CRE-PAC)**

Mailing Address **PO BOX 98629**

City **RALEIGH** State **NC** Zip Code **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 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 **BANNER ELK** State **NC** Zip Code **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 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 **Des Moines** State **IA** Zip Code **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 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 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)  
**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: (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. 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 51 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  
**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 52 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  
**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  
**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  
**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 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  
**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 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  
**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 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  
5550.31

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

**Transaction ID : SA11D.7586**

Amount of Each Receipt this Period  
54.17

In-kind - travel

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

Mailing Address 11674 90th St

City Ottumwa State IA Zip Code 52501

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

Name of Employer Self Occupation Physician

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
5577.46

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

**Transaction ID : SA11D.7550**

Amount of Each Receipt this Period  
27.15

In-kind - travel

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

Mailing Address 11674 90th St

City Ottumwa State IA Zip Code 52501

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

Name of Employer Self Occupation Physician

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
5644.24

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

**Transaction ID : SA11D.7588**

Amount of Each Receipt this Period  
66.78

In-kind - travel

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

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

148.10

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 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  
**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 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  
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

<b>SUBTOTAL</b> of Receipts This Page (optional).....	126.86
<b>TOTAL</b> 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  
 \_\_\_\_\_ 5984.15

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

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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

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>346.40</b>
<b>TOTAL</b> 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 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	

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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 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  
**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 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  
**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 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  
**7501.95**

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

**Transaction ID : SA11D.7629**

Amount of Each Receipt this Period  
**144.59**  
 In-kind - travel

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

Mailing Address 11674 90th St

City Ottumwa State IA Zip Code 52501

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

Name of Employer Self Occupation Physician

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**7628.57**

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

**Transaction ID : SA11D.7631**

Amount of Each Receipt this Period  
**126.62**  
 In-kind - travel

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

Mailing Address 11674 90th St

City Ottumwa State IA Zip Code 52501

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

Name of Employer Self Occupation Physician

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**7723.28**

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

**Transaction ID : SA11D.7633**

Amount of Each Receipt this Period  
**94.71**  
 In-kind - travel

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

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

**365.92**



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 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  
**7761.39**

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

**Transaction ID : SA11D.7570**

Amount of Each Receipt this Period  
**38.11**  
 In-kind - travel

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

Mailing Address 11674 90th St

City Ottumwa State IA Zip Code 52501

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

Name of Employer Self Occupation Physician

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**7800.19**

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

**Transaction ID : SA11D.7635**

Amount of Each Receipt this Period  
**38.80**  
 In-kind - travel

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

Mailing Address 11674 90th St

City Ottumwa State IA Zip Code 52501

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

Name of Employer Self Occupation Physician

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**7823.89**

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

**Transaction ID : SA11D.7637**

Amount of Each Receipt this Period  
**23.70**  
 In-kind - travel

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

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

**100.61**

**3781.66**

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 66 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) <b>A. American Airlines</b>		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	<b>Transaction ID : SB17.7536</b>  <b>[MEMO ITEM]</b>
Candidate Name <b>Miller-Meeks for Congress</b>	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>B. Bankers Advertising Co.</b>		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	<b>Transaction ID : SB17.7244</b>
Candidate Name <b>Miller-Meeks for Congress</b>	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>c. Decker Consulting Services</b>		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 Fund Raising Expense	Category/Type 003	<b>Transaction ID : SB17.7240</b>
Candidate Name <b>Miller-Meeks for Congress</b>	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		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	7018.42
<b>TOTAL</b> 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 67 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) <b>A. Global Intermediate LLC</b>		Date of Disbursement MM / DD / YYYY 05 / 29 / 2014
Mailing Address 6601 Westown Pkwy Ste. 240		Amount of Each Disbursement this Period 10760.88 <b>Transaction ID : SB17.7243</b>
City West Des Moines	State IA Zip Code 50266	
Purpose of Disbursement Direct Mail	Category/Type 004	
Candidate Name <b>Miller-Meeks for Congress</b>		
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>B. Austin Harris</b>		Date of Disbursement MM / DD / YYYY 06 / 09 / 2014
Mailing Address 30046 - 570th St		Amount of Each Disbursement this Period 750.00 <b>Transaction ID : SB17.7235</b>
City Moulton	State IA Zip Code 52572	
Purpose of Disbursement Salary	Category/Type 001	
Candidate Name <b>Miller-Meeks for Congress</b>		
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>c. Hy-Vee - Ottumwa</b>		Date of Disbursement MM / DD / YYYY 06 / 13 / 2014
Mailing Address 2457 N Court St		Amount of Each Disbursement this Period 30.30 <b>Transaction ID : SB17.7568</b> <b>[MEMO ITEM]</b>
City Ottumwa	State IA Zip Code 52501	
Purpose of Disbursement travel	Category/Type 002	
Candidate Name <b>Miller-Meeks for Congress</b>		
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		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	11510.88
<b>TOTAL</b> 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 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) <b>A. Ben Leopold</b>		Date of Disbursement MM / DD / YYYY 06 / 06 / 2014
Mailing Address 1440 - 8th St W		Amount of Each Disbursement this Period 1500.00 <b>Transaction ID : SB17.7237</b>
City Mt. Vernon	State IA	
Purpose of Disbursement Salary		Category/ Type 001
Candidate Name <b>Miller-Meeks for Congress</b>		
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>B. Curt Meeks</b>		Date of Disbursement MM / DD / YYYY 06 / 30 / 2014
Mailing Address 11674 90th St		Amount of Each Disbursement this Period 350.00 <b>Transaction ID : SB17.7720</b>
City Ottumwa	State IA	
Purpose of Disbursement In-kind - specialty rental		Category/ Type 002
Candidate Name <b>Miller-Meeks for Congress</b>		
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>c. Mariannette Miller-Meeks</b>		Date of Disbursement MM / DD / YYYY 05 / 15 / 2014
Mailing Address 11674 90th St		Amount of Each Disbursement this Period 68.60 <b>Transaction ID : SB17.7529</b>
City Ottumwa	State IA	
Purpose of Disbursement In-kind - fundraising		Category/ Type 003
Candidate Name <b>Miller-Meeks for Congress</b>		
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		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1918.60
<b>TOTAL</b> 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) <b>A. Mariannette Miller-Meeks</b>		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 <b>Transaction ID : SB17.7579</b>
City Ottumwa	State IA	
Purpose of Disbursement In-kind - postage	Category/ Type 003	
Candidate Name <b>Miller-Meeks for Congress</b>	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>B. Mariannette Miller-Meeks</b>		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 <b>Transaction ID : SB17.7535</b>
City Ottumwa	State IA	
Purpose of Disbursement In-kind - travel	Category/ Type 002	
Candidate Name <b>Miller-Meeks for Congress</b>	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>C. Mariannette Miller-Meeks</b>		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 <b>Transaction ID : SB17.7539</b>
City Ottumwa	State IA	
Purpose of Disbursement In-kind - travel	Category/ Type 002	
Candidate Name <b>Miller-Meeks for Congress</b>	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		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	728.80
<b>TOTAL</b> 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) <b>A. Mariannette Miller-Meeks</b>		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 <b>Transaction ID : SB17.7574</b>
City Ottumwa	State IA	
Purpose of Disbursement In-kind - travel	Category/ Type 002	
Candidate Name <b>Miller-Meeks for Congress</b>	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>B. Mariannette Miller-Meeks</b>		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 <b>Transaction ID : SB17.7577</b>
City Ottumwa	State IA	
Purpose of Disbursement In-kind - supplies	Category/ Type 001	
Candidate Name <b>Miller-Meeks for Congress</b>	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>C. Mariannette Miller-Meeks</b>		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 <b>Transaction ID : SB17.7581</b>
City Ottumwa	State IA	
Purpose of Disbursement In-kind - travel	Category/ Type 002	
Candidate Name <b>Miller-Meeks for Congress</b>	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	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	324.48
<b>TOTAL</b> 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) <b>A. Mariannette Miller-Meeks</b>		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 <b>Transaction ID : SB17.7542</b>
City Ottumwa	State IA	
Purpose of Disbursement In-kind - travel	002	Category/ Type
Candidate Name <b>Miller-Meeks for Congress</b>		
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>B. Mariannette Miller-Meeks</b>		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 <b>Transaction ID : SB17.7544</b>
City Ottumwa	State IA	
Purpose of Disbursement In-kind - travel	002	Category/ Type
Candidate Name <b>Miller-Meeks for Congress</b>		
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>C. Mariannette Miller-Meeks</b>		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 <b>Transaction ID : SB17.7583</b>
City Ottumwa	State IA	
Purpose of Disbursement In-kind - travel	002	Category/ Type
Candidate Name <b>Miller-Meeks for Congress</b>		
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	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	219.23
<b>TOTAL</b> 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) <b>A. Mariannette Miller-Meeks</b>		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 <b>Transaction ID : SB17.7546</b>
City Ottumwa	State IA	
Purpose of Disbursement In-kind - travel	002	Category/ Type
Candidate Name <b>Miller-Meeks for Congress</b>		
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>B. Mariannette Miller-Meeks</b>		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 <b>Transaction ID : SB17.7585</b>
City Ottumwa	State IA	
Purpose of Disbursement In-kind - travel	002	Category/ Type
Candidate Name <b>Miller-Meeks for Congress</b>		
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>C. Mariannette Miller-Meeks</b>		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 <b>Transaction ID : SB17.7587</b>
City Ottumwa	State IA	
Purpose of Disbursement In-kind - travel	002	Category/ Type
Candidate Name <b>Miller-Meeks for Congress</b>		
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	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	166.97
<b>TOTAL</b> 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) <b>A. Mariannette Miller-Meeks</b>		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 <b>Transaction ID : SB17.7551</b>
City Ottumwa	State IA	
Purpose of Disbursement In-kind - travel	Category/ Type 003	
Candidate Name <b>Miller-Meeks for Congress</b>	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>B. Mariannette Miller-Meeks</b>		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 <b>Transaction ID : SB17.7589</b>
City Ottumwa	State IA	
Purpose of Disbursement In-kind - travel	Category/ Type 002	
Candidate Name <b>Miller-Meeks for Congress</b>	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>C. Mariannette Miller-Meeks</b>		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 <b>Transaction ID : SB17.7554</b>
City Ottumwa	State IA	
Purpose of Disbursement In-kind - travel	Category/ Type 002	
Candidate Name <b>Miller-Meeks for Congress</b>	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	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	128.28
<b>TOTAL</b> 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) <b>A. Mariannette Miller-Meeks</b>		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 <b>Transaction ID : SB17.7556</b>
City Ottumwa	State IA	
Purpose of Disbursement In-kind - travel	002	
Candidate Name <b>Miller-Meeks for Congress</b>		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>B. Mariannette Miller-Meeks</b>		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 <b>Transaction ID : SB17.7592</b>
City Ottumwa	State IA	
Purpose of Disbursement In-kind - travel	002	
Candidate Name <b>Miller-Meeks for Congress</b>		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>C. Mariannette Miller-Meeks</b>		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 <b>Transaction ID : SB17.7558</b>
City Ottumwa	State IA	
Purpose of Disbursement In-kind - travel	002	
Candidate Name <b>Miller-Meeks for Congress</b>		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	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	135.71
<b>TOTAL</b> 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) <b>A. Mariannette Miller-Meeks</b>		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	
City Ottumwa	State IA		Zip Code 52501
Purpose of Disbursement In-kind - travel	Category/ Type 002		
Candidate Name <b>Miller-Meeks for Congress</b>		Transaction ID : SB17.7560	
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>B. Mariannette Miller-Meeks</b>		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	
City Ottumwa	State IA		Zip Code 52501
Purpose of Disbursement In-kind - supplies	Category/ Type 001		
Candidate Name <b>Miller-Meeks for Congress</b>		Transaction ID : SB17.7594	
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>C. Mariannette Miller-Meeks</b>		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	
City Ottumwa	State IA		Zip Code 52501
Purpose of Disbursement In-kind - travel	Category/ Type 002		
Candidate Name <b>Miller-Meeks for Congress</b>		Transaction ID : SB17.7596	
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		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	169.85
<b>TOTAL</b> 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) <b>A. Mariannette Miller-Meeks</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 04 / 2014
Mailing Address 11674 90th St		Amount of Each Disbursement this Period 133.40 <b>Transaction ID : SB17.7598</b>
City Ottumwa	State IA	
Purpose of Disbursement In-kind - travel	002	Category/ Type
Candidate Name <b>Miller-Meeks for Congress</b>		
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>B. Mariannette Miller-Meeks</b>		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 <b>Transaction ID : SB17.7600</b>
City Ottumwa	State IA	
Purpose of Disbursement In-kind - travel	002	Category/ Type
Candidate Name <b>Miller-Meeks for Congress</b>		
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>c. Mariannette Miller-Meeks</b>		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 <b>Transaction ID : SB17.7602</b>
City Ottumwa	State IA	
Purpose of Disbursement In-kind - travel	002	Category/ Type
Candidate Name <b>Miller-Meeks for Congress</b>		
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	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	358.99
<b>TOTAL</b> 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) <b>A. Mariannette Miller-Meeks</b>		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 <b>Transaction ID : SB17.7604</b>
City Ottumwa	State IA	
Purpose of Disbursement In-kind - supplies	002	Category/ Type
Candidate Name <b>Miller-Meeks for Congress</b>		
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>B. Mariannette Miller-Meeks</b>		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 <b>Transaction ID : SB17.7606</b>
City Ottumwa	State IA	
Purpose of Disbursement In-kind - advertising	004	Category/ Type
Candidate Name <b>Miller-Meeks for Congress</b>		
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>C. Mariannette Miller-Meeks</b>		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 <b>Transaction ID : SB17.7608</b>
City Ottumwa	State IA	
Purpose of Disbursement In-kind - travel	002	Category/ Type
Candidate Name <b>Miller-Meeks for Congress</b>		
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	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	136.98
<b>TOTAL</b> 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) <b>A. Mariannette Miller-Meeks</b>		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 <b>Transaction ID : SB17.7610</b>
City Ottumwa	State IA	
Zip Code 52501	Purpose of Disbursement In-kind - postage	Category/ Type 003
Candidate Name <b>Miller-Meeks for Congress</b>	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>B. Mariannette Miller-Meeks</b>		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 <b>Transaction ID : SB17.7612</b>
City Ottumwa	State IA	
Zip Code 52501	Purpose of Disbursement In-kind - travel	Category/ Type 002
Candidate Name <b>Miller-Meeks for Congress</b>	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>c. Mariannette Miller-Meeks</b>		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 <b>Transaction ID : SB17.7614</b>
City Ottumwa	State IA	
Zip Code 52501	Purpose of Disbursement In-kind - supplies	Category/ Type 001
Candidate Name <b>Miller-Meeks for Congress</b>	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	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	333.89
<b>TOTAL</b> 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) <b>A. Mariannette Miller-Meeks</b>		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 <b>Transaction ID : SB17.7567</b>
City Ottumwa State IA Zip Code 52501	Purpose of Disbursement In-kind - travel 002 Category/Type	
Candidate Name <b>Miller-Meeks for Congress</b>	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>B. Mariannette Miller-Meeks</b>		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 <b>Transaction ID : SB17.7616</b>
City Ottumwa State IA Zip Code 52501	Purpose of Disbursement In-kind - travel 002 Category/Type	
Candidate Name <b>Miller-Meeks for Congress</b>	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>C. Mariannette Miller-Meeks</b>		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 <b>Transaction ID : SB17.7618</b>
City Ottumwa State IA Zip Code 52501	Purpose of Disbursement In-kind - supplies 001 Category/Type	
Candidate Name <b>Miller-Meeks for Congress</b>	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		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	77.40
<b>TOTAL</b> 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) <b>A. Mariannette Miller-Meeks</b>		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 <b>Transaction ID : SB17.7620</b>
City Ottumwa State IA Zip Code 52501	Purpose of Disbursement In-kind - travel 002 Category/Type	
Candidate Name <b>Miller-Meeks for Congress</b>	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>B. Mariannette Miller-Meeks</b>		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 <b>Transaction ID : SB17.7622</b>
City Ottumwa State IA Zip Code 52501	Purpose of Disbursement In-kind - travel 002 Category/Type	
Candidate Name <b>Miller-Meeks for Congress</b>	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>C. Mariannette Miller-Meeks</b>		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 <b>Transaction ID : SB17.7624</b>
City Ottumwa State IA Zip Code 52501	Purpose of Disbursement In-kind - travel 002 Category/Type	
Candidate Name <b>Miller-Meeks for Congress</b>	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		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	316.67
<b>TOTAL</b> 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) <b>A. Mariannette Miller-Meeks</b>			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	
City Ottumwa	State IA	Zip Code 52501	Transaction ID : SB17.7626	
Purpose of Disbursement In-kind - supplies		Category/ Type 001		
Candidate Name <b>Miller-Meeks for Congress</b>				
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>B. Mariannette Miller-Meeks</b>			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	
City Ottumwa	State IA	Zip Code 52501	Transaction ID : SB17.7628	
Purpose of Disbursement In-kind - travel		Category/ Type 002		
Candidate Name <b>Miller-Meeks for Congress</b>				
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>c. Mariannette Miller-Meeks</b>			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	
City Ottumwa	State IA	Zip Code 52501	Transaction ID : SB17.7630	
Purpose of Disbursement In-kind - travel		Category/ Type 002		
Candidate Name <b>Miller-Meeks for Congress</b>				
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			

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	293.87
<b>TOTAL</b> 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) <b>A. Mariannette Miller-Meeks</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 26 / 2014
Mailing Address 11674 90th St		Amount of Each Disbursement this Period 126.62 <b>Transaction ID : SB17.7632</b>
City Ottumwa	State IA	
Zip Code 52501	Purpose of Disbursement In-kind - travel	Category/ Type 002
Candidate Name <b>Miller-Meeks for Congress</b>	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>B. Mariannette Miller-Meeks</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 28 / 2014
Mailing Address 11674 90th St		Amount of Each Disbursement this Period 94.71 <b>Transaction ID : SB17.7634</b>
City Ottumwa	State IA	
Zip Code 52501	Purpose of Disbursement In-kind - travel	Category/ Type 002
Candidate Name <b>Miller-Meeks for Congress</b>	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>c. Mariannette Miller-Meeks</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 29 / 2014
Mailing Address 11674 90th St		Amount of Each Disbursement this Period 38.11 <b>Transaction ID : SB17.7571</b>
City Ottumwa	State IA	
Zip Code 52501	Purpose of Disbursement In-kind - travel	Category/ Type 002
Candidate Name <b>Miller-Meeks for Congress</b>	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	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	259.44
<b>TOTAL</b> 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) <b>A. Mariannette Miller-Meeks</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 29 / 2014
Mailing Address 11674 90th St		Amount of Each Disbursement this Period 38.80 <b>Transaction ID : SB17.7636</b>
City Ottumwa	State IA	
Purpose of Disbursement In-kind - travel	002	Category/ Type
Candidate Name <b>Miller-Meeks for Congress</b>		
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>B. Mariannette Miller-Meeks</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 30 / 2014
Mailing Address 11674 90th St		Amount of Each Disbursement this Period 23.70 <b>Transaction ID : SB17.7638</b>
City Ottumwa	State IA	
Purpose of Disbursement In-kind - travel	002	Category/ Type
Candidate Name <b>Miller-Meeks for Congress</b>		
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>c. North Court BP</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 18 / 2014
Mailing Address 1301 N Court St		Amount of Each Disbursement this Period 40.80 <b>Transaction ID : SB17.7540</b> <b>[MEMO ITEM]</b>
City Ottumwa	State IA	
Purpose of Disbursement travel	002	Category/ Type
Candidate Name <b>Miller-Meeks for Congress</b>		
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	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	62.50
<b>TOTAL</b> 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) <b>A. North Court BP</b>		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		Category/ Type 002
Candidate Name <b>Miller-Meeks for Congress</b>		
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>B. North Court BP</b>		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		Category/ Type 002
Candidate Name <b>Miller-Meeks for Congress</b>		
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>c. North Court BP</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 24 / 2014
Mailing Address 1301 N Court St		Amount of Each Disbursement this Period 26.04
City Ottumwa	State IA	
Zip Code 52501		
Purpose of Disbursement travel		Category/ Type 002
Candidate Name <b>Miller-Meeks for Congress</b>		
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	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<b>TOTAL</b> 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) <b>A. North Court BP</b>		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	
Purpose of Disbursement travel		Category/ Type 002
Candidate Name <b>Miller-Meeks for Congress</b>		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: IA District: 02	

Full Name (Last, First, Middle Initial) <b>B. North Court BP</b>		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	
Purpose of Disbursement travel		Category/ Type 002
Candidate Name <b>Miller-Meeks for Congress</b>		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: IA District: 02	

Full Name (Last, First, Middle Initial) <b>c. North Court BP</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 30 / 2014
Mailing Address 1301 N Court St		Amount of Each Disbursement this Period 82.55
City Ottumwa	State IA	
Purpose of Disbursement travel		Category/ Type 002
Candidate Name <b>Miller-Meeks for Congress</b>		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: IA District: 02	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<b>TOTAL</b> 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) <b>A. North Court BP</b>		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 Zip Code 52501	Purpose of Disbursement travel	Transaction ID : SB17.7564
Candidate Name Miller-Meeks for Congress	Category/Type 002	[MEMO ITEM]
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>B. North Court BP</b>		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 Zip Code 52501	Purpose of Disbursement travel	Transaction ID : SB17.7565
Candidate Name Miller-Meeks for Congress	Category/Type 002	[MEMO ITEM]
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>c. North Court BP</b>		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 Zip Code 52501	Purpose of Disbursement travel	Transaction ID : SB17.7572
Candidate Name Miller-Meeks for Congress	Category/Type 002	[MEMO ITEM]
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		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<b>TOTAL</b> 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) <b>A. Ottumwa Printing</b>		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 <b>Transaction ID : SB17.7241</b>
City Ottumwa	State IA	
Zip Code 52501	Purpose of Disbursement Printing	Category/ Type 006
Candidate Name <b>Miller-Meeks for Congress</b>	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>B. Persuasion Partners Inc.</b>		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 <b>Transaction ID : SB17.7247</b>
City Madison	State WI	
Zip Code 53703	Purpose of Disbursement Printing	Category/ Type 003
Candidate Name <b>Miller-Meeks for Congress</b>	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>c. Persuasion Partners Inc.</b>		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 <b>Transaction ID : SB17.7665</b>
City Madison	State WI	
Zip Code 53703	Purpose of Disbursement Printing	Category/ Type 003
Candidate Name <b>Miller-Meeks for Congress</b>	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	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	15311.43
<b>TOTAL</b> 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) <b>A. Matthew Sauvage</b>		Date of Disbursement MM / DD / YYYY 06 / 09 / 2014
Mailing Address 1307 College Ave		Amount of Each Disbursement this Period 3500.00 <b>Transaction ID : SB17.7236</b>
City Davenport State IA Zip Code 52803	Purpose of Disbursement Salary 001 Category/Type	
Candidate Name <b>Miller-Meeks for Congress</b>	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>B. Stripe Inc.</b>		Date of Disbursement MM / DD / YYYY 05 / 24 / 2014
Mailing Address 3180 18th St		Amount of Each Disbursement this Period 6.40 <b>Transaction ID : SB17.7151</b>
City San Francisco State CA Zip Code 94110	Purpose of Disbursement service fee 003 Category/Type	
Candidate Name <b>Miller-Meeks for Congress</b>	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>c. Stripe Inc.</b>		Date of Disbursement MM / DD / YYYY 06 / 03 / 2014
Mailing Address 3180 18th St		Amount of Each Disbursement this Period 33.09 <b>Transaction ID : SB17.7154</b>
City San Francisco State CA Zip Code 94110	Purpose of Disbursement service fee 003 Category/Type	
Candidate Name <b>Miller-Meeks for Congress</b>	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		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	3539.49
<b>TOTAL</b> 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) <b>A. Stripe Inc.</b>		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 <b>Transaction ID : SB17.7155</b>
City San Francisco	State CA	
Zip Code 94110	Purpose of Disbursement service fee	Category/ Type 003
Candidate Name <b>Miller-Meeks for Congress</b>	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>B. Stripe Inc.</b>		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 <b>Transaction ID : SB17.7156</b>
City San Francisco	State CA	
Zip Code 94110	Purpose of Disbursement service fee	Category/ Type 003
Candidate Name <b>Miller-Meeks for Congress</b>	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>c. Stripe Inc.</b>		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 <b>Transaction ID : SB17.7157</b>
City San Francisco	State CA	
Zip Code 94110	Purpose of Disbursement service fee	Category/ Type 003
Candidate Name <b>Miller-Meeks for Congress</b>	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	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	150.13
<b>TOTAL</b> 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) <b>A. Stripe Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 30 / 2014
Mailing Address 3180 18th St		Amount of Each Disbursement this Period 255.54 <b>Transaction ID : SB17.7158</b>
City San Francisco	State CA	
Zip Code 94110	Purpose of Disbursement service fee	Category/ Type 003
Candidate Name <b>Miller-Meeks for Congress</b>	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>B. The Tarrance Group</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 06 / 2014
Mailing Address 201 N Union St		Amount of Each Disbursement this Period 8495.00 <b>Transaction ID : SB17.7239</b>
City Alexandria	State VA	
Zip Code 22314	Purpose of Disbursement Polling	Category/ Type 005
Candidate Name <b>Miller-Meeks for Congress</b>	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>c. Thunder Bay Grille</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 04 / 2014
Mailing Address 6511 Brady St		Amount of Each Disbursement this Period 463.74 <b>Transaction ID : SB17.7646</b>
City Davenport	State IA	
Zip Code 52806	Purpose of Disbursement Catering cost	Category/ Type 007
Candidate Name <b>Miller-Meeks for Congress</b>	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	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	9214.28
<b>TOTAL</b> 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) <b>A. US Postal Service - Ottumwa</b>		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 <b>Miller-Meeks for Congress</b>		Transaction ID : SB17.7530  [MEMO ITEM]
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>B.</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	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C.</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	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<b>TOTAL</b> This Period (last page this line number only).....	52376.29

**SCHEDULE D (FEC Form 3)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 92 OF 93
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)

**Miller-Meeks for Congress**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Advantage Direct</b>		Nature of Debt (Purpose): Phone Banks
Mailing Address 2300 Clarendon Blvd Suite 303		
City	State	Zip Code
Arlington	VA	22201

Outstanding Balance Beginning This Period	<b>Transaction ID : SD10.7519</b>	
<input type="text" value="0.00"/>		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
<input type="text" value="426.84"/>	<input type="text" value="0.00"/>	<input type="text" value="426.84"/>

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Advantage Direct</b>		Nature of Debt (Purpose): Phone Bank
Mailing Address 2300 Clarendon Blvd Suite 303		
City	State	Zip Code
Arlington	VA	22201

Outstanding Balance Beginning This Period	<b>Transaction ID : SD10.7521</b>	
<input type="text" value="0.00"/>		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
<input type="text" value="5847.44"/>	<input type="text" value="0.00"/>	<input type="text" value="5847.44"/>

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Bailey Office Equipment</b>		Nature of Debt (Purpose): Printing
Mailing Address 123 E Second St		
City	State	Zip Code
Ottumwa	IA	52501

Outstanding Balance Beginning This Period	<b>Transaction ID : SD10.7524</b>	
<input type="text" value="0.00"/>		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
<input type="text" value="479.46"/>	<input type="text" value="0.00"/>	<input type="text" value="479.46"/>

1) <b>SUBTOTALS</b> This Period This Page (optional) .....	<input type="text" value="6753.74"/>
2) <b>TOTALS</b> This Period (last page this line number only) .....	<input type="text"/>
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only).....	<input type="text"/>
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text"/>

**SCHEDULE D (FEC Form 3)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 93 OF 93
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

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

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Bankers Advertising Co.</b>	Nature of Debt (Purpose): Printing
Mailing Address 2800 Highway 6 East	
City State Zip Code Iowa City IA 52240	

Outstanding Balance Beginning This Period 0.00	Transaction ID : SD10.7526	
Amount Incurred This Period 2748.62	Payment This Period 0.00	Outstanding Balance at Close of This Period 2748.62

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Decker Consulting Services</b>	Nature of Debt (Purpose): Fund Raising Expense
Mailing Address 244 - 14th Place NE	
City State Zip Code Washington DC 20002	

Outstanding Balance Beginning This Period 0.00	Transaction ID : SD10.7523	
Amount Incurred This Period 1003.19	Payment This Period 0.00	Outstanding Balance at Close of This Period 1003.19

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor	Nature of Debt (Purpose):
Mailing Address	
City State Zip Code	

Outstanding Balance Beginning This Period		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period

1) <b>SUBTOTALS</b> This Period This Page (optional) .....	3751.81
2) <b>TOTALS</b> This Period (last page this line number only) .....	10505.55
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only).....	0.00
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	10505.55