Image# 202311229599359538			PAGE 1 / 1	
FEC FORM 1	STATEME ORGANIZ	-	PAGE 171	4
			Office Use Only	
1. NAME OF COMMITTEE (in full)	(Check if name is changed)	Example: If typing, type over the lines.	12FE4M5	
ADDRESS (number and street)	PO Box 33			
(Check if address is changed)				1
	Ottumwa └────────────────────────────────────		IA 52501 STATE ▲ ZIP CODE ▲	
COMMITTEE'S E-MAIL ADDRE	SS			
(Check if address is changed)	tcdatwyler@gmail.com			I
lo onarigody	Optional Second E-Mail Ad	ldress		
(Check if address is changed)	drmillermeeks.com			
2. DATE 11 / 2				
3. FEC IDENTIFICATION N	UMBER ► C C	00558825		
4. IS THIS STATEMENT	NEW (N) OR	× AMENDED (A)		
certify that I have examined the	nis Statement and to the best	t of my knowledge and belief	it is true, correct and complete.	
- 				
Type or Print Name of Treasure	r Datwyler, Thomas, , ,			
Signature of Treasurer Datw	yler, Thomas, , ,		Date 11 22 2023	
NOTE: Submission of false, erron		may subject the person signing	this Statement to the penalties of 52 U.S.C. WITHIN 10 DAYS.	§301
Office Use Only		For further information Federal Election Commis Toll Free 800-424-9530 Local 202-694-1100		

11/22/2023 14 : 11

FE	C Form 1 (Revised 03/2022)	Page 2
5.	TYPE OF COMMITTEE:	
	Candidate Committee:	
	(a) X This committee is a principal campaign committee. (Complete the candidate information below.)	
	(b) This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the information below.)	he candidate
	Name of MILLER-MEEKS, MARIANNETTE JANE, , , Candidate	
	Candidate Party Affiliation REP Office Sought: X House Senate President	State IA District 01
	(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.	
	Name of Candidate	
	Party Committee: (National, State or subordinate) committee of the (Democrating the publication of the or subordinate)	ic, n, etc.) Party
	Political Action Committee (PAC):	
	(e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connect	ed organization is a:
	Corporation Corporation w/o Capital Stock	Organization
	Membership Organization Trade Association Cooper	ative
	In addition, this committee is a Lobbyist/Registrant PAC.	
	(f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segregate committee. (i.e., nonconnected committee)	ed fund or party
	In addition, this committee is a Lobbyist/Registrant PAC.	
	In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
	(g) This committee is an independent expenditure-only political committee (Super PAC).	
	In addition, this committee is a Lobbyist/Registrant PAC.	

(h) This committee is a political committee with both contribution and non-contribution accounts (Hybrid PAC).

In addition, this committee is a Lobbyist/Registrant PAC.

Joint Fundraising Representative:

(i) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, at least one of which is an authorized committee of a federal candidate.
 (j) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, none of which is an authorized committee of a federal candidate.
 Committees Participating in Joint Fundraiser
 1.
 2.

FEC Form 1 (Revised 02/2009)		Page 3
Write or Type Committee Name		
MILLER-MEEKS FOR	CONGRESS	
6. Name of Any Connected Organization	, Affiliated Committee, Joint Fundrai	ising Representative, or Leadership PAC Sponsor
Take Back The House 2022		

Mailing Address	PO Box 30844	
	Bethesda MD 20	0824-0844
	CITY ▲ STATE ▲	ZIP CODE
Relationship: Connected	d Organization Affiliated Organization X Joint Fundraising Representative	Leadership PAC Sponsor

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

Datwyler,	Thomas, , ,			
Full Name				
Mailing Address	PO Box 183			
	Hudson			54016
		CITY ▲	STATE 🔺	ZIP CODE
Title or Position ▼				
Treasurer			Telephone number	15 338 8544

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

Full Name of Treasurer	Datwyler, Thomas, , ,
Mailing Address	PO Box 183
	Hudson WI 54016
	CITY ▲ STATE ▲ ZIP CODE ▲
Title or Position	7
Treasurer	Telephone number 715 338 8544

FEC Form 1 (Revised 02	2/2009)	Page 4
Full Name of Designated Agent		
Mailing Address		
	CITY ▲ STATE ▲	ZIP CODE
Title or Position ▼		
	Telephone number	

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

Name of Bank, Depository, etc.

EagleBa	ank		
Mailing Address	7815 Woodmont Avenue		
	Bethesda	MD 20814	
	CITY A	STATE A	ZIP CODE ▲
Name of Bank, Depository,	etc.		
U.S. Ba	ncorp		
Mailing Address	800 Nicollet Mall		
	Minneapolis	MN 55402	
	CITY 🔺	STATE A	ZIP CODE ▲

		Participant:		
1.			FEC ID number	С
2.			FEC ID number	С
3.			FEC ID number	С
4.			FEC ID number	С
Name o	of Any Connected C	Organization, Affiliated Committee, Joint Fundra	aising Representativ	e, or Leadership PAC Sponsor
MILI				
-		PO BOX 183		
Μ	lailing Address			
				54016
R	elationship:	CITY 🔺	STATE 🔺	ZIP CODE 🔺
Designa	ated Agent: Identify	by name, address (phone number – optional)		
-	ated Agent: Identify	by name, address (phone number - optional)		
Full		by name, address (phone number – optional)		
Full	Name	by name, address (phone number - optional)		
Full	Name	by name, address (phone number - optional)		
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5(g) or (h).	Joint Fundraising	g Participant:	_	
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	4. 🔄 🖂 🖂 🖂		FEC ID number	
6. Nan	ne of Any Connected (Organization, Affiliated Committee, Joint Fundrai	sing Representative	or Leadership PAC Sponsor
		• • •	sing nepresentative,	
L				
	Mailing Address	228 S. Washington Street		
		Suite 115		
		Alexandria		22314
	Relationship:		STATE A	
	Connected	Organization Affiliated Committee X Joint F	undraising Representativ	ve Leadership PAC Sponsor
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8. Des	ignated Agent: Identify	by name, address (phone number - optional)		
	ignated Agent: Identify	by name, address (phone number - optional)]
		by name, address (phone number - optional)		
	Full Name	by name, address (phone number - optional)		
	Full Name	by name, address (phone number - optional)		
	Full Name			
	Full Name	CITY A		
	Full Name	CITY A		
9. Ban	Full Name		phone Number	
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9. Ban safe Narr	Full Name		phone Number	
9. Ban safe Narr	Full Name	CITY A CITY A Tele ties: List all banks or other depositories in which th intains funds.	phone Number	
9. Ban safe Narr	Full Name	CITY A CITY A Tele ties: List all banks or other depositories in which th intains funds.	phone Number	

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

ZIP CODE

STATE 🔺

) or (h).	Joint Fundraising	Participant:			
1.			FEC II	0 number	С
2.			FEC II	D number	С
3.			FEC II	D number	С
4.			FEC I	0 number	С
Name	of Any Connected O	rganization, Affiliated Committee, Joint Fund	raising Rep	oresentative	e, or Leadership PAC Sponsor
202					
		1 228 S. WASHINGTON STREET			
Ν	Aailing Address				
		SUITE 115			
				VA	
F	Relationship:	CITY 🔺		STATE 🔺	ZIP CODE 🔺
	Connected 0	Organization 🗌 Affiliated Committee 🛛 🗙 Join	t Fundraising	g Representa	ative
_	ated Agent: Identify b	by name, address (phone number - optional)			
Ful		by name, address (phone number – optional)			
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5(g) or (h)	Joint Fundraising	Participant:		
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	2.		FEC ID number	С
	3.		FEC ID number	C
	4.		FEC ID number	C
6. Nar	me of Any Connected C	rganization, Affiliated Committee, Joint Fundrais	sing Representativ	e, or Leadership PAC Sponsor
F		BAN AND RURAL AMERICAN LIFE		
L				
	Mailing Address	228 S. WASHINGTON ST.		
		STE. 115		
				22314
	Relationship:		STATE A	ZIP CODE
	Connected	Organization Affiliated Committee X Joint Fu	Indraising Represent	ative Leadership PAC Sponsor
8. Des	signated Agent: Identify	by name, address (phone number – optional)		
	Full Name			
	Mailing Address			
	TITLE OR POSITION	CITY A	STATE A	ZIP CODE
		Tele	ohone Number	
	nks or Other Depositorio	es: List all banks or other depositories in which the	e committee deposi	ts funds, holds accounts, rents

Name of Bank, Classic Depository, etc.	City Bank																				
Mailing Address	2365 W Broad St																				
	Athens									L	G	A	Ľ	3060	06						
		CITY	′▲							STA	ΤE					ZIP	С	DD	Ξ 🔺		I

		Participant:												
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Name of Any Conne	cted Organization, Affil	liated Committee, Joint	Fundraising Re	presentativ	e, or Leadership PA	C Spons
2022 PHASE 2 P	ATRIOT DAY JFC					
Mailing Address	228 S. WASHING					
	SUITE 115					
	ALEXANDRIA		1		22314	-1 , ,
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	ected Organization		Joint Fundraisi	STATE ▲		
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4.			FEC ID n	umber	С
Name of Any Connected	Organization, Affiliated Cor	nmittee, Joint Fundrais	ing Repres	sentative	, or Leadership PAC Sponsor
PROTECT THE HOU	SE 2024				
Mailing Address	PO Box 30844				
	Bethesda			MD	20824
Relationship:	CIJ	-Y ▲	S		
			Indraising R	onroconta	tive Leadership PAC Spons
	Organization Affiliated (by name, address (phone r				
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Designated Agent: Identify					
Designated Agent: Identify Full Name		umber – optional)			
Designated Agent: Identify		number – optional)			ZIP CODE

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(g) or (h).	Joint Fundraising	Participant:					
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Name	of Any Connected (Organization, Affil	iated Committee, Joint	Fundraising	Representativ	e, or Leadership PAC Spon	sor
IOV		D					
1	Mailing Address	824 S. MILLEDG	SE AVE STE 101				
							I
		ATHENS			GA GA	30605	
F	Relationship:				STATE ▲	ZIP CODE 🔺	
	Connected	Organization	Affiliated Committee	× Joint Fundra	ising Represent	ative Leadership PAC Sp	onsor
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6. N	Jame of Any Connected	Organization, Affiliated Committee, Joint Fundrai	sing Representative	or Leadershin PAC Shonsor
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	Mailing Address	228 S WASHINGTON ST		
		STE 115		
		ALEXANDRIA		22314
	Relationship:		STATE	
	Connected	Organization Affiliated Committee X Joint F	undraising Representati	ive Leadership PAC Sponsor
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8. D	Designated Agent: Identify	by name, address (phone number - optional)		
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8. D	Full Name			
9. E s	Full Name		phone Number	
9. E s	Full Name Mailing Address TITLE OR POSITION Banks or Other Depositon afety deposit boxes or ma Jame of Bank,		phone Number	
9. E s	Full Name Mailing Address TITLE OR POSITION Banks or Other Deposition afety deposit boxes or mail Jame of Bank, Depository, etc.		phone Number	
9. E s	Full Name Mailing Address TITLE OR POSITION Banks or Other Deposition afety deposit boxes or mail Jame of Bank, Depository, etc.		phone Number	

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Name of Any Connected C	rganization, Affiliated Committee, Joint Fundr	aising Representative	e, or Leadership PAC Spons
AMERICAN BATTLEG	ROUND FUND		
Mailing Address	PO BOX 30844		
	BETHESDA		20824
Relationship:			
		Fundraising Represent	_
Designated Agent: Identify	by name, address (phone number - optional)		
Designated Agent: Identify	by name, address (phone number – optional)		
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Full Name Mailing Address	List all banks or other depositories in which	elephone Number	
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Full Name	List all banks or other depositories in which	elephone Number	
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