

48-HOUR NOTICE OF CONTRIBUTIONS/LOANS RECEIVED

(See Reverse Side for Instructions)

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

1. NAME OF COMMITTEE IN FULL MILLER-MEEKS FOR CONGRESS			
ADDRESS (number and street) PO BOX 33			
CITY OTTUMWA		STATE IA	ZIP CODE 52501-0033
2. NAME OF CANDIDATE MILLER-MEEKS, MARIANNETTE JANE, , ,		3. OFFICE SOUGHT (State and District) House IA 01	
4. FEC IDENTIFICATION NUMBER C00558825			
5. IS THIS AN AMENDMENT? <input checked="" type="checkbox"/> NO, THIS IS A NEW FILING <input type="checkbox"/> YES, IT AMENDS THE NOTICE FILED ON _____ / _____ / _____			
A. FULL NAME HARRE, RAYMOND, , ,			
MAILING ADDRESS 13150 106TH AVE		Name of Employer SELF	
CITY DAVENPORT		STATE IA	ZIP CODE 52804-8847
		Occupation MD	
		Transaction ID : 646460F399B8D4270	
		Date (month, day, year) 10/24/2022	Amount 1000.00
B. FULL NAME ZYLSTRA, ROBERT, , ,			
MAILING ADDRESS 1047 198TH PL		Name of Employer RETIRED	
CITY PELLA		STATE IA	ZIP CODE 50219-7846
		Occupation RETIRED	
		Transaction ID : 6676EBD9986744944	
		Date (month, day, year) 10/24/2022	Amount 1100.00
C. FULL NAME ODAY, TRACY, , ,			
MAILING ADDRESS 20321 250TH ST		Name of Employer HOMEMAKER	
CITY ELDRIDGE		STATE IA	ZIP CODE 52748-9430
		Occupation HOMEMAKER	
		Transaction ID : 6D67ED9069CDE487	
		Date (month, day, year) 10/24/2022	Amount 2900.00
D. FULL NAME ODAY, MICHAEL, , ,			
MAILING ADDRESS 20321 250TH ST		Name of Employer HOMETOWN MECHANICAL	
CITY ELDRIDGE		STATE IA	ZIP CODE 52748
		Occupation EXECUTIVE	
		Transaction ID : 6920C7C646FC9449E	
		Date (month, day, year) 10/24/2022	Amount 5900.00
E. FULL NAME ZYLSTRA, CHARLENE, , ,			
MAILING ADDRESS 835 BROADWAY ST		Name of Employer RETIRED	
CITY PELLA		STATE IA	ZIP CODE 50219-1521
		Occupation RETIRED	
		Transaction ID : 604667A098C5D4074	
		Date (month, day, year) 10/24/2022	Amount 2000.00
SIGNATURE (optional) DATWYLER, THOMAS, , ,			DATE 10/25/2022
[Electronically Filed]			For further information contact: Federal Election Commission 999 E Street, NW, Washington, DC 20463 Toll Free 800-424-9530, Local 202-694-1100

--	--	--

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

FEC FORM 6
(Revised 03/2016)

48 HOUR NOTICE OF CONTRIBUTIONS/LOANS RECEIVED

(See Reverse Side for Instructions)

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

1. NAME OF COMMITTEE IN FULL MILLER-MEEKS FOR CONGRESS			
ADDRESS (number and street) PO BOX 33			
CITY, STATE, and ZIP CODE OTTUMWA IA 52501-0033			
2. NAME OF CANDIDATE MILLER-MEEKS, MARIANNETTE JANE, , ,		3. OFFICE SOUGHT (State and District) House IA 01	
4. FEC IDENTIFICATION NUMBER C00558825			
5. IS THIS AN AMENDMENT? <input checked="" type="checkbox"/> NO, THIS IS A NEW FILING <input type="checkbox"/> YES, IT AMENDS THE NOTICE FILED ON _____ / _____ / _____			
A. FULL NAME, MAILING ADDRESS AND ZIP CODE FREEDOM FORCE PAC 3725 W FLAGLER ST # 281 CORAL GABLES FL 33134-1601	Name of Employer Transaction ID : 61B04E8DAE4AE4799AF4 Occupation	Date (month, day, year) 10/24/2022	Amount 1000.00
B. FULL NAME, MAILING ADDRESS AND ZIP CODE FREEDOM'S DEFENSE FUND 824 S MILLEDGE AVE STE 101 ATHENS GA 30605	Name of Employer Transaction ID : 6F8C189C5259949CC9EE Occupation	Date (month, day, year) 10/24/2022	Amount 1000.00
C. FULL NAME, MAILING ADDRESS AND ZIP CODE REPUBLICAN GOVERNANCE GROUP/TUESDAY GROUP PAC 610 S BOULEVARD TAMPA FL 33606-2647	Name of Employer Transaction ID : 62F8A4856133243D68D0 Occupation	Date (month, day, year) 10/24/2022	Amount 1000.00
D. FULL NAME, MAILING ADDRESS AND ZIP CODE AMERICAN SOCIETY OF ANESTHESIOLOGISTS 1061 AMERICAN LN SCHAUMBURG IL 60173-4973	Name of Employer Transaction ID : 6E3F4AA07E9DC49E2B08 Occupation	Date (month, day, year) 10/24/2022	Amount 1500.00
E. FULL NAME, MAILING ADDRESS AND ZIP CODE PROSPERITY ACTION, INC. 101 S MAIN ST 300 JANESVILLE WI 53545-3956	Name of Employer Transaction ID : 64CCBF33E5E8E472DBC5 Occupation	Date (month, day, year) 10/24/2022	Amount 2000.00

continuation page

48 HOUR NOTICE OF CONTRIBUTIONS/LOANS RECEIVED

(See Reverse Side for Instructions)

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

1. NAME OF COMMITTEE IN FULL MILLER-MEEKS FOR CONGRESS			
ADDRESS (number and street) PO BOX 33			
CITY, STATE, and ZIP CODE OTTUMWA IA 52501-0033			
2. NAME OF CANDIDATE MILLER-MEEKS, MARIANNETTE JANE, , ,		3. OFFICE SOUGHT (State and District) House IA 01	
4. FEC IDENTIFICATION NUMBER C00558825			
5. IS THIS AN AMENDMENT? <input checked="" type="checkbox"/> NO, THIS IS A NEW FILING <input type="checkbox"/> YES, IT AMENDS THE NOTICE FILED ON _____ / _____ / _____			
A. FULL NAME, MAILING ADDRESS AND ZIP CODE RANGER PAC 824 S MILLEDGE AVE STE 101 ATHENS GA 30605	Name of Employer Occupation Transaction ID : 68022CC5AE3F74492960	Date (month, day, year) 10/24/2022	Amount 1000.00
B. FULL NAME, MAILING ADDRESS AND ZIP CODE	Name of Employer Occupation	Date (month, day, year)	Amount
C. FULL NAME, MAILING ADDRESS AND ZIP CODE	Name of Employer Occupation	Date (month, day, year)	Amount
D. FULL NAME, MAILING ADDRESS AND ZIP CODE	Name of Employer Occupation	Date (month, day, year)	Amount
E. FULL NAME, MAILING ADDRESS AND ZIP CODE	Name of Employer Occupation	Date (month, day, year)	Amount

continuation page