

# FEC FORM 3

# REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **USE FEC MAILING LABEL OR TYPE OR PRINT** Example: If typing, type over the lines  
MILLER-MEEKS FOR CONGRESS

ADDRESS (number and street) P.O. Box 3011  
 Check if different than previously reported. (ACC)  
Iowa City IA 52244

2. **FEC IDENTIFICATION NUMBER** C00441774  
**CITY** STATE ZIP CODE STATE DISTRICT  
IA 02  
3. IS THIS REPORT  NEW (N) OR  AMENDED (A)

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 in the State of  
(c) 30-Day **POST**-Election Report for the:  
 General (30G)  Runoff (30R)  Special (30S)  
Election on 11 04 2008 in the State of IA

5. Covering Period 10 16 2008 through 11 24 2008

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 Electronically Filed by Charles Seberg Date 12 04 2008

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

**SUMMARY PAGE**  
of Receipts and Disbursements

Write or Type Committee Name

MILLER-MEEKS FOR CONGRESS

Report Covering the Period: From: 

|   |   |
|---|---|
| M | M |
| 1 | 0 |

|   |   |
|---|---|
| D | D |
| 1 | 6 |

|   |   |   |   |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 0 | 8 |

 To: 

|   |   |
|---|---|
| M | M |
| 1 | 1 |

|   |   |
|---|---|
| D | D |
| 2 | 4 |

|   |   |   |   |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 0 | 8 |

|   | COLUMN A<br>This Period | COLUMN B<br>Election Cycle-to-Date |
|---|-------------------------|------------------------------------|
| 6. Net Contributions (other than loans)   |                         |                                    |
| (a) Total Contributions<br>(other than loans) (from Line 11(e)).....  | 66287.98                | 346372.05                          |
| (b) Total Contribution Refunds<br>(from Line 20(d)).....  | 1354.66                 | 1721.32                            |
| (c) Net Contributions (other than loans)<br>(subtract Line 6(b) from Line 6(a)).....                            | 64933.32                | 344650.73                          |
| 7. Net Operating Expenditures   |                         |                                    |
| (a) Total Operating Expenditures<br>(from Line 17).....   | 101291.92               | 346286.18                          |
| (b) Total Offsets to Operating<br>Expenditures (from Line 14).....  | 3091.51                 | 382.42                             |
| (c) Net Operating Expenditures<br>(subtract Line 7(b) from Line 7(a)).....                                      | 98200.41                | 345903.76                          |
| 8. Cash on Hand at Close of<br>Reporting Period (from Line 27).....   | 1132.83                 |                                    |
| 9. Debts and Obligations Owed <b>TO</b><br>the Committee (Itemize all on<br>Schedule C and/or Schedule D).....  | 0.00                    |                                    |
| 10. Debts and Obligations Owed <b>BY</b><br>the Committee (Itemize all on<br>Schedule C and/or Schedule D)..... | 20000.00                |                                    |

**For further information contact:**

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463  
Toll Free 800-424-9530  
Local 202-694-1100

**POST-ELECTION DETAILED  
SUMMARY PAGE**

FEC Form 3 (Revised 07/05)

Report of Receipts and Disbursements

Page 5

- . If the candidate participated in the general election, use this form for the 30-day Post-General report.
- . If the candidate did NOT participate in the general election, use this form for the Year-end report covering through December 31 of the election year (due on January 31).

This form is used in lieu of filling out Line Numbers 6 through 7 on Page 2 (Summary Page) and Pages 3 and 4 (the Detailed Summary Page) for the last report filed by a candidate during the current election cycle.

Write or Type Committee Name

MILLER-MEEKS FOR CONGRESS

Report Covering the Period: From: 

|   |   |
|---|---|
| M | M |
| 1 | 0 |

|   |   |
|---|---|
| D | D |
| 1 | 6 |

|   |   |   |   |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 0 | 8 |

 To: 

|   |   |
|---|---|
| M | M |
| 1 | 1 |

|   |   |
|---|---|
| D | D |
| 2 | 4 |

|   |   |   |   |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 0 | 8 |

**I. RECEIPTS**

|  | <b>COLUMN A</b><br>Total this Period | <b>COLUMN B</b><br>Election Cycle Total as of<br><table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>M</td><td>M</td></tr><tr><td>1</td><td>1</td></tr></table> <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>D</td><td>D</td></tr><tr><td>0</td><td>4</td></tr></table> <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>8</td></tr></table><br>(date of general election) | M    | M | 1 | 1 | D | D | 0 | 4 | Y | Y | Y | Y | 2 | 0 | 0 | 8 | <b>COLUMN C</b><br>Total for<br><table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>M</td><td>M</td></tr><tr><td>1</td><td>1</td></tr></table> <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>D</td><td>D</td></tr><tr><td>0</td><td>5</td></tr></table> <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>8</td></tr></table><br>(date after general election)<br><br>through<br><table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>M</td><td>M</td></tr><tr><td>1</td><td>1</td></tr></table> <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>D</td><td>D</td></tr><tr><td>2</td><td>4</td></tr></table> <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>8</td></tr></table><br>(last day of reporting period) | M | M | 1 | 1 | D | D | 0 | 5 | Y | Y | Y | Y | 2 | 0 | 0 | 8 | M | M | 1 | 1 | D | D | 2 | 4 | Y | Y | Y | Y | 2 | 0 | 0 | 8 |
|--|--------------------------------------|---|------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|--|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M  | M                                    |   |      |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| 1  | 1                                    |   |      |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| D  | D                                    |   |      |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| 0  | 4                                    |   |      |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Y  | Y                                    | Y   | Y    |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| 2  | 0                                    | 0   | 8    |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| M  | M                                    |   |      |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| 1  | 1                                    |   |      |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| D  | D                                    |   |      |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| 0  | 5                                    |   |      |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Y  | Y                                    | Y   | Y    |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| 2  | 0                                    | 0   | 8    |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| M  | M                                    |   |      |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| 1  | 1                                    |   |      |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| D  | D                                    |   |      |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| 2  | 4                                    |   |      |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Y  | Y                                    | Y   | Y    |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| 2  | 0                                    | 0   | 8    |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| 11. CONTRIBUTIONS<br>(other than loans) FROM:              |                                      |   |      |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| (a) Individuals/Persons Other than<br>Political Committees |                                      |   |      |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| (i) Itemized (Use Schedule A)                              | 21237.32                             | 208521.32   | 0.00 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| (ii) Unitemized  | 7918.00                              | 51140.26  | 0.00 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| (iii) Total of contributions from individuals              | 29155.32                             | 259661.58   | 0.00 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| (b) Political Party Committees                             | 0.00                                 | 2500.00   | 0.00 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| (c) Other Political Committees                             | 16640.00                             | 49194.66  | 0.00 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |

**POST-ELECTION DETAILED  
SUMMARY PAGE  
Report of Receipts and Disbursements**

| <b>COLUMN A</b><br>Total this Period  | <b>COLUMN B</b><br>Election Cycle Total as of *<br>(date of general Election)<br>(* See page 5 for date) | <b>COLUMN C</b><br>Total for * (date after general election)<br>Through * (last day of reporting period)<br>(* See page 5 for dates) |
|---|--|--|
| (d) The Candidate   |  |  |
| 20492.66  | 35015.81   | 0.00   |
| (e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c) and (d)) |  |  |
| 66287.98  | 346372.05  | 0.00   |
| 12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES                                      |  |  |
| 2000.00   | 2000.00  | 0.00   |
| 13. LOANS:  |  |  |
| (a) Made or Guaranteed by the Candidate   |  |  |
| 0.00  | 20000.00   | 0.00   |
| (b). All Other Loans  |  |  |
| 0.00  | 0.00   | 0.00   |
| (c). TOTAL LOANS (add Lines 13(a) and (b))  |  |  |
| 0.00  | 20000.00   | 0.00   |
| 14. OFFSETS TO OPERATING EXPENDITURES (refunds, rebates, etc)                       |  |  |
| 3091.51   | 382.42   | 2958.00  |
| 15. OTHER RECEIPTS (Dividends, Interest, etc)                                       |  |  |
| 14.42   | 116.62   | 0.00   |
| 16. TOTAL RECEIPTS (add 11(e), 12, 13(c), 14 and 15)                                |  |  |
| 71393.91  | 368871.09  | 2958.00  |

**POST ELECTION DETAILED SUMMARY PAGE**

FEC Form 3 (Revised 1/01)

Report of Receipts and Disbursements

Page 7

Write or Type Committe Name

MILLER-MEEKS FOR CONGRESS

Report the covering period

From:

MM 10

DD 16

YYYY 2008

To:

MM 11

DD 24

YYYY 2008

**II. DISBURSEMENTS**

| <b>COLUMN A</b><br>Total this period                    | <b>COLUMN B</b><br>Election Cycle Total as of *<br>(date of general election)<br>(* See page 5 for date) | <b>COLUMN C</b><br>Total for *<br>Through *<br>(date after general election)<br>(last day of reporting period)<br>(* See page 5 for date) |
|---|--|---|
| 17. OPERATING EXPENDITURES                              |  |   |
| 101291.92   | 346286.18  | 21863.76  |
| 18. TRANSFER TO OTHER AUTHORIZED COMMITTEES             |  |   |
| 0.00  | 0.00   | 0.00  |
| 19. LOAN PAYMENTS                                       |  |   |
| (a) Of Loans Made or Guaranteed by the Candidate        |  |   |
| 0.00  | 0.00   | 0.00  |
| (b) Of All Other Loans                                  |  |   |
| 0.00  | 0.00   | 0.00  |
| (c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and 19(b) )  |  |   |
| 0.00  | 0.00   | 0.00  |
| 20. REFUNDS OF CONTRIBUTIONS TO:                        |  |   |
| (a) Individuals/Persons Other Than Political Committees |  |   |
| 700.00  | 412.00   | 700.00  |
| (b) Political Party Committees                          |  |   |
| 654.66  | 654.66   | 0.00  |

**POST ELECTION DETAILED SUMMARY PAGE**

FEC Form 3 (Revised 1/01)

Report of Receipts and Disbursements

Page 8

| COLUMN A<br>Total this period | COLUMN B<br>Election Cycle Total as of *<br>(date of general election)<br>(* See page 5 for date) | Total for *<br>Through * | COLUMN C<br>(date after general election)<br>(last day of reporting period)<br>(* See page 5 for date) |
|-------------------------------|---|--------------------------|--|
|-------------------------------|---|--------------------------|--|

(c) Other political committees (such as PACs)

|      |        |      |
|------|--------|------|
| 0.00 | 654.66 | 0.00 |
|------|--------|------|

(d) TOTAL CONTRIBUTION REFUNDS (See Lines 20(a), (b) and (c) )

|         |         |        |
|---------|---------|--------|
| 1354.66 | 1721.32 | 700.00 |
|---------|---------|--------|

21. OTHER DISBURSEMENTS

|      |        |      |
|------|--------|------|
| 0.00 | 125.00 | 0.00 |
|------|--------|------|

22. TOTAL DISBURSEMENTS (add lines 17, 18, 19(c), 20(d), and 21)

|           |           |          |
|-----------|-----------|----------|
| 102646.58 | 348132.50 | 22563.76 |
|-----------|-----------|----------|

**III. NET CONTRIBUTIONS (OTHER THAN LOANS)**

(Note: Substitute in lieu of Line #6 of Summary Page for this report only; subtract line 20(d) from Line 11(e))

|          |           |         |
|----------|-----------|---------|
| 64933.32 | 344650.73 | -700.00 |
|----------|-----------|---------|

**IV. NET OPERATING EXPENDITURES**

(Note: Substitute in lieu of Line #7 of Summary Page for this report only; subtract line 14 from Line 17)

|          |           |          |
|----------|-----------|----------|
| 98200.41 | 345903.76 | 18905.76 |
|----------|-----------|----------|

**V. CASH SUMMARY**

|  |           |
|--|-----------|
| 23. CASH ON HAND AT BEGINING OF REPORTING PERIOD .....                             | 32385.50  |
| 24. TOTAL RECEIPTS AT THIS PERIOD (from Line 16).....                              | 71393.91  |
| 25. SUBTOTAL(add Line 23 and Line 24) .....  | 103779.41 |
| 26. TOTAL DISBURSEMENTS AT THIS PERIOD (from Line 22).....                         | 102646.58 |
| 27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (Subtract Line 26 from Line 25)..... | 1132.83   |

**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 / 46                  |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 12             | <input type="checkbox"/> 13a |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 11d |
|   | <input type="checkbox"/> 13b            | <input type="checkbox"/> 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)  
Gerald Adam

Mailing Address 2335 Salina Rd

City State Zip Code  
Fairfield IA 52556

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

Name of Employer self Occupation  
farmer

Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 1 6 / 2 0 0 8

Transaction ID: SA11AI.6357

Amount of Each Receipt this Period  
250.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
Leah Adams

Mailing Address 1020 Teg Drive

City State Zip Code  
Iowa City IA 52246

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

Name of Employer self Occupation  
homemaker

Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 2 0 / 2 0 0 8

Transaction ID: SA11AI.6281

Amount of Each Receipt this Period  
125.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

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

Mailing Address 10 Princeton Court

City State Zip Code  
Iowa City IA 52245

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

Name of Employer Plumbers Supply Co. Occupation  
owner

Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 2 8 / 2 0 0 8

Transaction ID: SA11AI.6431

Amount of Each Receipt this Period  
100.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **475.00**

**TOTAL** 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 8 / 46                  |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 12             | <input type="checkbox"/> 13a |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 11d |
|   | <input type="checkbox"/> 13b            | <input type="checkbox"/> 14  |
|   |   | <input type="checkbox"/> 15  |

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NAME OF COMMITTEE (In Full)  
MILLER-MEEKS FOR CONGRESS

|   |   |   |
|---|---|---|
| <b>A.</b>   | Full Name (Last, First, Middle Initial)<br>Cheryl Brenton       | Date of Receipt<br>MM / DD / YYYY<br>10 / 20 / 2008   |
|   | Mailing Address 5494 Lakeview Dr                                | <b>Transaction ID:</b> SA11AI.6268  |
|   | City State Zip Code<br>Clear Lake IA 50428                      | Amount of Each Receipt this Period<br>250.00  |
|   | FEC ID number of contributing federal political committee.<br>C | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
|   | Name of Employer Occupation<br>Zion Lutheran Church staff       |   |
| Receipt For: 2008<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼<br>250.00                              |   |

|   |   |   |
|---|---|---|
| <b>B.</b>   | Full Name (Last, First, Middle Initial)<br>Kevin Carlson        | Date of Receipt<br>MM / DD / YYYY<br>11 / 02 / 2008   |
|   | Mailing Address 2905 Meadow Glen St                             | <b>Transaction ID:</b> SA11AI.6523  |
|   | City State Zip Code<br>Marion IA 52302                          | Amount of Each Receipt this Period<br>50.00   |
|   | FEC ID number of contributing federal political committee.<br>C | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
|   | Name of Employer Occupation<br>Liberty Bank Iowa Executive      |   |
| Receipt For: 2008<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼<br>350.00                              |   |

|   |   |   |
|---|---|---|
| <b>C.</b>   | Full Name (Last, First, Middle Initial)<br>Keith Caviness       | Date of Receipt<br>MM / DD / YYYY<br>10 / 20 / 2008   |
|   | Mailing Address 2851 Oak Meadow Dr                              | <b>Transaction ID:</b> SA11AI.6564  |
|   | City State Zip Code<br>Ottumwa IA 52501                         | Amount of Each Receipt this Period<br>646.35  |
|   | FEC ID number of contributing federal political committee.<br>C | In-kind - T-shirts<br><input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
|   | Name of Employer Occupation<br>Colormaster Inc. Owner           |   |
| Receipt For: 2008<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼<br>646.35                              |   |

|  |        |
|--|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | 946.35 |
| <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: PAGE 9 / 46  
(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)  
Arleigh Clemens

Mailing Address 1450 High Country Rd

City State Zip Code  
Coralville IA 52241

FEC ID number of contributing federal political committee. C

Name of Employer Occupation  
None Retired

Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary    General  
 Other (specify) ▼

300.00

Date of Receipt  

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 0 | / | 2 | 2 | / | 2 | 0 | 0 | 8 |

**Transaction ID:** SA11AI.6289

Amount of Each Receipt this Period  
50.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
Cory J. Crowley

Mailing Address 1135 Elm St

City State Zip Code  
Marion IA 52302

FEC ID number of contributing federal political committee. C

Name of Employer Occupation  
Senator Chuck Grassley staffer

Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary    General  
 Other (specify) ▼

225.00

Date of Receipt  

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 0 | / | 2 | 3 | / | 2 | 0 | 0 | 8 |

**Transaction ID:** SA11AI.6316

Amount of Each Receipt this Period  
100.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
Henri Cuddihy

Mailing Address 2668 Glen Hollow Ct.

City State Zip Code  
Coralville IA 52241

FEC ID number of contributing federal political committee. C

Name of Employer Occupation  
Self Physician

Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary    General  
 Other (specify) ▼

300.00

Date of Receipt  

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 0 | / | 1 | 7 | / | 2 | 0 | 0 | 8 |

**Transaction ID:** SA11AI.6267

Amount of Each Receipt this Period  
50.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) ..... 200.00

**TOTAL** 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: PAGE 10 / 46  
(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)  
Carl Dallmeyer  
 Mailing Address 1205 E Washington St.  
 City Washington State IA Zip Code 52353  
 Date of Receipt 10 / 22 / 2008  
 Transaction ID: SA11AI.6302  
 Amount of Each Receipt this Period 500.00  
 FEC ID number of contributing federal political committee. C  
 Name of Employer None Occupation Retired  
 Receipt For: 2008 Election Cycle-to-Date 1750.00  
 Primary  General  
 Other (specify) ▼  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
Madeline Davidson  
 Mailing Address 8 Weaver Dr  
 City Ottumwa State IA Zip Code 52501  
 Date of Receipt 10 / 25 / 2008  
 Transaction ID: SA11AI.6406  
 Amount of Each Receipt this Period 100.00  
 FEC ID number of contributing federal political committee. C  
 Name of Employer None Occupation Retired  
 Receipt For: 2008 Election Cycle-to-Date 300.00  
 Primary  General  
 Other (specify) ▼  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
Kathy Den Hartog  
 Mailing Address 464 E Rochester Rd  
 City Ottumwa State IA Zip Code 52501  
 Date of Receipt 10 / 25 / 2008  
 Transaction ID: SA11AI.6414  
 Amount of Each Receipt this Period 125.00  
 FEC ID number of contributing federal political committee. C  
 Name of Employer none Occupation retired  
 Receipt For: 2008 Election Cycle-to-Date 225.00  
 Primary  General  
 Other (specify) ▼  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ 725.00  
**TOTAL** 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: PAGE 11 / 46  
(check only one)

|   |                              |                              |                              |
|---|------------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 11d |
| <input type="checkbox"/> 12             | <input type="checkbox"/> 13a | <input type="checkbox"/> 13b | <input type="checkbox"/> 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)  
Alexander Flower

Mailing Address 708 Foster Dr

City State Zip Code  
Des Moines IA 50312

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

Name of Employer Occupation  
Critical Care Medicine PC Physician

Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼

Amount of Each Receipt this Period  
100.00

Transaction ID: SA11AI.6413

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.**

Full Name (Last, First, Middle Initial)  
F. Hunter Fuerste

Mailing Address 130 S Booth St

City State Zip Code  
Dubuque IA 52003

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

Name of Employer Occupation  
self physician

Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼

Amount of Each Receipt this Period  
500.00

Transaction ID: SA11AI.6570

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.**

Full Name (Last, First, Middle Initial)  
Karen Gehrs

Mailing Address 1900 Timber Lane

City State Zip Code  
Coralville IA 52241

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

Name of Employer Occupation  
University of Iowa physician

Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼

Amount of Each Receipt this Period  
500.00

Transaction ID: SA11AI.6347

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1100.00**

**TOTAL** 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: PAGE 12 / 46  
(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)  
Constance Grignon

Mailing Address 3700 Aspen Dr

City State Zip Code  
West Des Moines IA 50265

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

Name of Employer VA Hospital      Occupation physician

Receipt For: 2008  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼

Amount of Each Receipt this Period: 500.00

Transaction ID: SA11AI.6327

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
Ted Haas

Mailing Address 1550 N Van Buren Ave

City State Zip Code  
Ottumwa IA 52501

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

Name of Employer Ottumwa Ob-Gyn P.C.      Occupation physician

Receipt For: 2008  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼

Amount of Each Receipt this Period: 50.00

Transaction ID: SA11AI.6509

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

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

Mailing Address 900 W 4th St

City State Zip Code  
Muscatine IA 52761

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

Name of Employer self      Occupation Property Manager

Receipt For: 2008  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼

Amount of Each Receipt this Period: 250.00

Transaction ID: SA11AI.6371

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **800.00**

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

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

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 13 / 46                 |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 12             | <input type="checkbox"/> 13a |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 11d |
|   | <input type="checkbox"/> 13b            | <input type="checkbox"/> 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)  
Kurt Haller

Mailing Address 2906 Larry Lane

City Kalamazoo State MI Zip Code 49008

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

Name of Employer Self Occupation Physician

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 900.00

Date of Receipt 10 / 20 / 2008

Transaction ID: SA11AI.6393

Amount of Each Receipt this Period 400.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.**

Full Name (Last, First, Middle Initial)  
Troy Hames

Mailing Address 631 Hwy 1 West

City Iowa City State IA Zip Code 52246

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

Name of Employer Hames Mobile Home Sales Occupation owner

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt 10 / 17 / 2008

Transaction ID: SA11AI.6256

Amount of Each Receipt this Period 250.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.**

Full Name (Last, First, Middle Initial)  
Robert Hatchitt

Mailing Address 3210 N Blue Heron Circle

City Cumming State IA Zip Code 50061

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

Name of Employer self Occupation physician

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt 10 / 23 / 2008

Transaction ID: SA11AI.6534

Amount of Each Receipt this Period 250.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **900.00**

**TOTAL** 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: PAGE 14 / 46  
(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)  
John Helgerson

Mailing Address 11374 140th st

City State Zip Code  
Ottumwa IA 52501

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

Name of Employer Hedrick Savings Bank Occupation Banker

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1500.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 1 / 0 3 / 2 0 0 8

**Transaction ID:** SA11AI.6631

Amount of Each Receipt this Period  
1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
Colee Hospers

Mailing Address 1001 Pennsylvania Ave

City State Zip Code  
Ottumwa IA 52501

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

Name of Employer none Occupation retired

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 600.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 1 / 0 3 / 2 0 0 8

**Transaction ID:** SA11AI.6632

Amount of Each Receipt this Period  
100.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

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

Mailing Address 550 Heritage Dr

City State Zip Code  
Debuque IA 52003

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

Name of Employer Self Occupation Physician

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 750.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 0 / 1 6 / 2 0 0 8

**Transaction ID:** SA11AI.6353

Amount of Each Receipt this Period  
250.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1350.00

**TOTAL** 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: PAGE 15 / 46  
(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)  
Kevin Johnson

Mailing Address 1814 S 7th St

City Oskaloosa State IA Zip Code 52577

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

Name of Employer Musco Lighting Occupation executive

Receipt For: 2008  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt MM / DD / YYYY  
10 / 29 / 2008

**Transaction ID:** SA11AI.6464

Amount of Each Receipt this Period 250.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** 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 & Asthma Clin Occupation physician

Receipt For: 2008  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 625.00

Date of Receipt MM / DD / YYYY  
10 / 16 / 2008

**Transaction ID:** SA11AI.6252

Amount of Each Receipt this Period 125.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** 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 & Asthma Clin Occupation physician

Receipt For: 2008  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 725.00

Date of Receipt MM / DD / YYYY  
10 / 28 / 2008

**Transaction ID:** SA11AI.6427

Amount of Each Receipt this Period 100.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) ..... ► **475.00**

**TOTAL** 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: PAGE 16 / 46

(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 11d                            |
| <input type="checkbox"/> 12             | <input type="checkbox"/> 13a | <input type="checkbox"/> 13b | <input type="checkbox"/> 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)  
Janice Kirsch

Mailing Address 4672 North Shore Drive

City State Zip Code  
Clear Lake IA 50428

FEC ID number of contributing federal political committee. C

Name of Employer Occupation  
Mason City Clinic Physician

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 300.00

Date of Receipt  
M M / D D / Y Y Y Y  
10 / 22 / 2008

**Transaction ID:** SA11AI.6298

Amount of Each Receipt this Period  
200.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.**

Full Name (Last, First, Middle Initial)  
Hansjoerg Kolder

Mailing Address 776 270th St

City State Zip Code  
West Branch IA 52358

FEC ID number of contributing federal political committee. C

Name of Employer Occupation  
None Retired

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 4500.00

Date of Receipt  
M M / D D / Y Y Y Y  
10 / 23 / 2008

**Transaction ID:** SA11AI.6336

Amount of Each Receipt this Period  
1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.**

Full Name (Last, First, Middle Initial)  
Jean M. Kruse

Mailing Address 1243 170th Ave

City State Zip Code  
Donnellson IA 52625

FEC ID number of contributing federal political committee. C

Name of Employer Occupation  
none retired

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y  
10 / 22 / 2008

**Transaction ID:** SA11AI.6305

Amount of Each Receipt this Period  
100.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) ..... 1300.00

**TOTAL** 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: PAGE 17 / 46  
(check only one)

|   |                              |                              |                              |
|---|------------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 11d |
| <input type="checkbox"/> 12             | <input type="checkbox"/> 13a | <input type="checkbox"/> 13b | <input type="checkbox"/> 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)  
Sue Lind

Date of Receipt  
MM / DD / YYYY  
10 / 20 / 2008

Mailing Address 27 Lakeview Dr. NE

Transaction ID: SA11AI.6275

City Iowa City State IA Zip Code 52240

Amount of Each Receipt this Period  
125.00

FEC ID number of contributing federal political committee. C

Name of Employer none Occupation retired

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
425.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.**

Full Name (Last, First, Middle Initial)  
James McDonald

Date of Receipt  
MM / DD / YYYY  
11 / 03 / 2008

Mailing Address 628 Larch Ln

Transaction ID: SA11AI.6514

City Iowa City State IA Zip Code 52245

Amount of Each Receipt this Period  
100.00

FEC ID number of contributing federal political committee. C

Name of Employer none Occupation retired

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
250.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.**

Full Name (Last, First, Middle Initial)  
Larry Meyers

Date of Receipt  
MM / DD / YYYY  
10 / 23 / 2008

Mailing Address 1613 Acres St.

Transaction ID: SA11AI.6315

City Burlington State IA Zip Code 52601

Amount of Each Receipt this Period  
50.00

FEC ID number of contributing federal political committee. C

Name of Employer self Occupation insurance agent

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
375.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) ..... ► 275.00

**TOTAL** 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: PAGE 18 / 46

(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 11d                            |
| <input type="checkbox"/> 12             | <input type="checkbox"/> 13a | <input type="checkbox"/> 13b | <input type="checkbox"/> 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)  
Rick Miller

Mailing Address RR 2 Box 147-8

City State Zip Code  
Stonewall OK 74871

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

Name of Employer Occupation  
None Retired

Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 950.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 0 3 / 2 0 0 8

Transaction ID: SA11AI.6500

Amount of Each Receipt this Period

200.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.**

Full Name (Last, First, Middle Initial)  
Jonathon Miller-Meeks

Mailing Address 11674 90th Street

City State Zip Code  
Ottumwa IA 52501

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

Name of Employer Occupation  
None None

Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 858.97

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 1 / 2 0 0 8

Transaction ID: SA11AI.6457

Amount of Each Receipt this Period

107.97

In-kind - Newspaper Ads

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.**

Full Name (Last, First, Middle Initial)  
Christy Murphy

Mailing Address 1446 Cliff Rd.

City State Zip Code  
Russellville AR 72802

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

Name of Employer Occupation  
self homemaker

Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 4600.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 5 / 2 0 0 8

Transaction ID: SA11AI.6409

Amount of Each Receipt this Period

2300.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

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

2607.97

**TOTAL** 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 19 / 46                 |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 12             | <input type="checkbox"/> 13a |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 11d |
|   | <input type="checkbox"/> 13b            | <input type="checkbox"/> 14  |
|   |   | <input type="checkbox"/> 15  |

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NAME OF COMMITTEE (In Full)  
MILLER-MEEKS FOR CONGRESS

|   |   |                              |   |
|---|---|------------------------------|---|
| <b>A.</b>   | Full Name (Last, First, Middle Initial)<br>Craig Nelson             |                              | Date of Receipt   |
|   | Mailing Address 4409 Honey Grove Rd                                 |                              | <input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y          |
|   | City  | State                        | Zip Code  |
|   | Ely   | IA                           | 52227   |
|   | FEC ID number of contributing federal political committee. <b>C</b> |                              | <b>Transaction ID:</b> SA11AI.6273  |
| Name of Employer<br>Hupp Electric   |   | Occupation<br>Manager        | Amount of Each Receipt this Period  |
| Receipt For: 2008<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   | Election Cycle-to-Date ▼     | <input type="text"/> 1500.00  |
|   |   | <input type="text"/> 4500.00 | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |

|   |   |                              |   |
|---|---|------------------------------|---|
| <b>B.</b>   | Full Name (Last, First, Middle Initial)<br>Catherine Nepola         |                              | Date of Receipt   |
|   | Mailing Address 355 Butternut Lane                                  |                              | <input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y  |
|   | City  | State                        | Zip Code  |
|   | Iowa City   | IA                           | 52246   |
|   | FEC ID number of contributing federal political committee. <b>C</b> |                              | <b>Transaction ID:</b> SA11AI.6559  |
| Name of Employer<br>self  |   | Occupation<br>homemaker      | Amount of Each Receipt this Period  |
| Receipt For: 2008<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   | Election Cycle-to-Date ▼     | <input type="text"/> 2141.50  |
|   |   | <input type="text"/> 2141.50 | In-kind - facilities/promotional event<br><input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |

|   |   |                              |   |
|---|---|------------------------------|---|
| <b>C.</b>   | Full Name (Last, First, Middle Initial)<br>James Nepola             |                              | Date of Receipt   |
|   | Mailing Address 355 Butternut Ln                                    |                              | <input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y  |
|   | City  | State                        | Zip Code  |
|   | Iowa City   | IA                           | 52246   |
|   | FEC ID number of contributing federal political committee. <b>C</b> |                              | <b>Transaction ID:</b> SA11AI.6557  |
| Name of Employer<br>University of Iowa Orthopedic   |   | Occupation<br>physician      | Amount of Each Receipt this Period  |
| Receipt For: 2008<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   | Election Cycle-to-Date ▼     | <input type="text"/> 2141.50  |
|   |   | <input type="text"/> 4441.50 | In-kind - facilities/promotional event<br><input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |

|  |                              |
|--|------------------------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | <input type="text"/> 5783.00 |
| <b>TOTAL</b> This Period (last page this line number only) ..... | <input type="text"/>         |

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 20 / 46  
(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)  
Emily Reneker  
Mailing Address 16106 Hawk Dr  
City Douds State IA Zip Code 52551  
FEC ID number of contributing federal political committee. **C**  
Name of Employer none Occupation retired  
Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 275.00  
Date of Receipt 10 / 23 / 2008  
Transaction ID: SA11AI.6321  
Amount of Each Receipt this Period 275.00  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
Diane Riley  
Mailing Address 2161 Terra Lane  
City Coralville State IA Zip Code 52241  
FEC ID number of contributing federal political committee. **C**  
Name of Employer none Occupation retired  
Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 600.00  
Date of Receipt 10 / 20 / 2008  
Transaction ID: SA11AI.6278  
Amount of Each Receipt this Period 250.00  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
Jackson Roe  
Mailing Address 350 Dublin Dr #3012  
City Iowa City State IA Zip Code 52246  
FEC ID number of contributing federal political committee. **C**  
Name of Employer none Occupation retired  
Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 225.00  
Date of Receipt 10 / 16 / 2008  
Transaction ID: SA11AI.6250  
Amount of Each Receipt this Period 125.00  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ 650.00  
**TOTAL** 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: PAGE 21 / 46  
(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)  
Sara Sauter

Mailing Address 2401 White Eagle Trail Se

City Cedar Rapids State IA Zip Code 52403

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

Name of Employer Dakota Red Corp. Occupation Board Member

Receipt For: 2008  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt 10 / 29 / 2008  
**Transaction ID:** SA11AI.6588  
 Amount of Each Receipt this Period 250.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
Thomas Strinden

Mailing Address 245 Prairiewood Dr

City Fargo State ND Zip Code 58103

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

Name of Employer self Occupation physician

Receipt For: 2008  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt 10 / 17 / 2008  
**Transaction ID:** SA11AI.6566  
 Amount of Each Receipt this Period 1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
Deloris Thayer

Mailing Address 7 Montrose Ave

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: 2008  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 300.00

Date of Receipt 10 / 22 / 2008  
**Transaction ID:** SA11AI.6368  
 Amount of Each Receipt this Period 250.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1500.00

**TOTAL** 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: PAGE 22 / 46  
(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)  
Gregory Thorgaard

Mailing Address 135 Deppe Lane

City Ottumwa State IA Zip Code 52501

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

Name of Employer Heartland Eye Care Occupation Physician

Receipt For: 2008  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2100.00

Date of Receipt 11 / 03 / 2008

Transaction ID: SA11AI.6506

Amount of Each Receipt this Period 500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
Madge 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 none Occupation retired

Receipt For: 2008  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt 10 / 28 / 2008

Transaction ID: SA11AI.6434

Amount of Each Receipt this Period 1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
Max Von Schrader

Mailing Address 405 E Golf 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: 2008  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt 10 / 22 / 2008

Transaction ID: SA11AI.6304

Amount of Each Receipt this Period 250.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1750.00

**TOTAL** 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: PAGE 23 / 46  
(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)  
Ken Wayne

Mailing Address 713 Edwards Dr.

City Ottumwa State IA Zip Code 52501

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

Name of Employer Iowa Health Systems Occupation Physician

Receipt For: 2008  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1600.00

Date of Receipt 10 / 28 / 2008  
**Transaction ID:** SA11AI.6419  
 Amount of Each Receipt this Period 50.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
D. H. Wiedemeier

Mailing Address 11221 Starr's Cave Rd

City Burlington State IA Zip Code 52601

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

Name of Employer none Occupation retired

Receipt For: 2008  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt 10 / 24 / 2008  
**Transaction ID:** SA11AI.6442  
 Amount of Each Receipt this Period 125.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
Chad Wolbers

Mailing Address 10746 100th 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 physician

Receipt For: 2008  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 325.00

Date of Receipt 11 / 03 / 2008  
**Transaction ID:** SA11AI.6510  
 Amount of Each Receipt this Period 100.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) ..... ► 275.00

**TOTAL** 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: PAGE 24 / 46  
(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)  
Randolph Woodroffe

Mailing Address 1523 295th Ave

City State Zip Code  
Fort Madison IA 52627

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

Name of Employer Occupation  
Woodroffe Sawmill Inc. Owner

Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼

250.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 0 / 3 0 / 2 0 0 8

Transaction ID: SA11AI.6517

Amount of Each Receipt this Period  
125.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

|  |   |          |
|--|---|----------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | ▶ | 125.00   |
| <b>TOTAL</b> This Period (last page this line number only) ..... | ▶ | 21237.32 |

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 25 / 46  
(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)  
COMMITTEE TO RE-ELECT TRENT FRANKS TO CONGRESS

Mailing Address 12416 N. 57th Drive

City State Zip Code  
Glendale AZ 85304

FEC ID number of contributing federal political committee. **C** C00367110

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 2 9 / 2 0 0 8

**Transaction ID:** SA11C.6460

Amount of Each Receipt this Period  
1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
DEFEND AMERICA PAC

Mailing Address P.O. Box 2626

City State Zip Code  
Tuscaloosa AL 35403

FEC ID number of contributing federal political committee. **C** C00325993

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 5000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 2 3 / 2 0 0 8

**Transaction ID:** SA11C.6309

Amount of Each Receipt this Period  
5000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
FREE AND STRONG AMERICA PAC INC.

Mailing Address 80 Hayden Avenue

City State Zip Code  
Lexington MA 02421

FEC ID number of contributing federal political committee. **C** C00449280

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2300.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 3 1 / 2 0 0 8

**Transaction ID:** SA11C.6519

Amount of Each Receipt this Period  
2300.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) ..... ► **8300.00**

**TOTAL** 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: PAGE 26 / 46

(check only one)

|                              |                              |   |   |
|------------------------------|------------------------------|---|---|
| <input type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input checked="" type="checkbox"/> 11c | <input type="checkbox"/> 11d                            |
| <input type="checkbox"/> 12  | <input type="checkbox"/> 13a | <input type="checkbox"/> 13b            | <input type="checkbox"/> 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)  
Iowa Federation of Republican Women, 5th District

Mailing Address 400 N Bureau St

City State Zip Code  
Creston IA 50801

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

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
100.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 8 / 2 0 0 8

Transaction ID: SA11C.6422

Amount of Each Receipt this Period

100.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.**

Full Name (Last, First, Middle Initial)  
Johnson Co Republican Women

Mailing Address 1908 S Ridge Dr

City State Zip Code  
Coralville IA 52241

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

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
125.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 6 / 2 0 0 8

Transaction ID: SA11C.6355

Amount of Each Receipt this Period

75.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.**

Full Name (Last, First, Middle Initial)  
Johnson Co Republican Women

Mailing Address 1908 S Ridge Dr

City State Zip Code  
Coralville IA 52241

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

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
200.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 2 / 2 0 0 8

Transaction ID: SA11C.6382

Amount of Each Receipt this Period

75.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

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

250.00

**TOTAL** 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: PAGE 27 / 46  
(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)  
LATHAM FOR CONGRESS

Mailing Address P.O. Box 71  
PO BOX 71

City State Zip Code  
Clarion IA 50525

FEC ID number of contributing federal political committee. **C** C00287045

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 1 1 / 0 1 / 2 0 0 8

**Transaction ID:** SA11C.6474

Amount of Each Receipt this Period  
2000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
Muscatine County Republican Women

Mailing Address 2108 Skylane St

City State Zip Code  
Muscatine IA 52761

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

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 100.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 1 0 / 2 2 / 2 0 0 8

**Transaction ID:** SA11C.6293

Amount of Each Receipt this Period  
100.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
SENATE MAJORITY FUND

Mailing Address P.O. Box 32025

City State Zip Code  
Phoenix AZ 85064

FEC ID number of contributing federal political committee. **C** C00368431

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 5000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 1 0 / 1 6 / 2 0 0 8

**Transaction ID:** SA11C.6242

Amount of Each Receipt this Period  
5000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) ..... ► **7100.00**

**TOTAL** 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: PAGE 28 / 46  
(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)  
Wapello Co. Republican Committee

Mailing Address P.O. Box 851

City State Zip Code  
Ottumwa IA 52501

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

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
500.00

Date of Receipt  

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 0 | / | 1 | 6 | / | 2 | 0 | 0 | 8 |

**Transaction ID:** SA11C.6243

Amount of Each Receipt this Period  
500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
Wapello Co. Republican Women's Club

Mailing Address 1 Pennsylvania Club

City State Zip Code  
Ottumwa IA 52501

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

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
90.00

Date of Receipt  

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 1 | / | 0 | 1 | / | 2 | 0 | 0 | 8 |

**Transaction ID:** SA11C.6634

Amount of Each Receipt this Period  
90.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
Washington Co. Republican Women

Mailing Address 2544 200th St

City State Zip Code  
Washington IA 52353

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

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
100.00

Date of Receipt  

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 1 | / | 0 | 3 | / | 2 | 0 | 0 | 8 |

**Transaction ID:** SA11C.6512

Amount of Each Receipt this Period  
100.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) ..... ► **690.00**

**TOTAL** 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: PAGE 29 / 46  
(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)  
Washington Co Republican Central Committee

Mailing Address 1877 Hwy 92

City State Zip Code  
West Chester IA 52359

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

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
300.00

Date of Receipt  

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 1 | / | 0 | 1 | / | 2 | 0 | 0 | 8 |

Transaction ID: SA11C.6498

Amount of Each Receipt this Period  
300.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

|  |   |          |
|--|---|----------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | ▶ | 300.00   |
| <b>TOTAL</b> This Period (last page this line number only) ..... | ▶ | 16640.00 |

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 30 / 46  
(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)  
MARIANNETTE JANE MILLER-MEEKS  
Mailing Address 11674 90TH ST

City State Zip Code  
OTTUMWA IA 52501

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

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 43523.15

Date of Receipt  
M M / D D / Y Y Y Y  
1 0 / 2 0 / 2 0 0 8

**Transaction ID:** SA11D.6538

Amount of Each Receipt this Period  
9000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
MARIANNETTE JANE MILLER-MEEKS  
Mailing Address 11674 90TH ST

City State Zip Code  
OTTUMWA IA 52501

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

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 45015.81

Date of Receipt  
M M / D D / Y Y Y Y  
1 0 / 3 0 / 2 0 0 8

**Transaction ID:** SA11D.6621

Amount of Each Receipt this Period  
1492.66

In-kind - postage

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
MARIANNETTE JANE MILLER-MEEKS  
Mailing Address 11674 90TH ST

City State Zip Code  
OTTUMWA IA 52501

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

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 55015.81

Date of Receipt  
M M / D D / Y Y Y Y  
1 0 / 3 1 / 2 0 0 8

**Transaction ID:** SA11D.6540

Amount of Each Receipt this Period  
10000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) ..... ► 20492.66

**TOTAL** This Period (last page this line number only) ..... ► 20492.66

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

|   |                              |                              |
|---|------------------------------|------------------------------|
| Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER:             | PAGE 31 / 46                 |
|   | (check only one)             |                              |
| <input type="checkbox"/> 11a  | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c |
| <input checked="" type="checkbox"/> 12  | <input type="checkbox"/> 13a | <input type="checkbox"/> 13b |
|   | <input type="checkbox"/> 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)<br>KING FOR CONGRESS                 |                                      | Date of Receipt   |
| Mailing Address 532 First Ave Suite 312<br>P.O. Box 576                      |                                      | <input type="text" value="10"/> / <input type="text" value="28"/> / <input type="text" value="2008"/> |
| City   | State                                | Zip Code  |
| Council Bluffs   | IA                                   | 51458   |
| FEC ID number of contributing federal political committee.                   |                                      | Transaction ID: SA12.6424   |
| <input checked="" type="checkbox"/> C00373563                                |                                      | Amount of Each Receipt this Period  |
|  |                                      | <input type="text" value="2000.00"/>  |
| Name of Employer   | Occupation                           | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)         |
| Receipt For: 2008  | Election Cycle-to-Date ▼             |   |
| <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General | <input type="text" value="2000.00"/> |   |
| <input type="checkbox"/> Other (specify) ▼                                   |                                      |   |

|  |                                      |
|--|--------------------------------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | <input type="text" value="2000.00"/> |
| <b>TOTAL</b> This Period (last page this line number only) ..... | <input type="text" value="2000.00"/> |

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

|   |                              |  |
|---|------------------------------|--|
| Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER:             | PAGE 32 / 46                           |
|   | (check only one)             |  |
| <input type="checkbox"/> 11a  | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c           |
| <input type="checkbox"/> 12   | <input type="checkbox"/> 13a | <input checked="" type="checkbox"/> 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)<br>Eagle Media     |                                      | Date of Receipt   |
| Mailing Address 309 Court Ave Suite 207                    |                                      | <input type="text" value="11"/> / <input type="text" value="21"/> / <input type="text" value="2008"/> |
| City   | State                                | Zip Code  |
| Des Moines   | IA                                   | 50309   |
| FEC ID number of contributing federal political committee. |                                      | Transaction ID: SA14.6696   |
| <input type="text" value="C"/>                             |                                      | Amount of Each Receipt this Period  |
| Name of Employer   |                                      | <input type="text" value="2958.00"/>  |
| Occupation   |                                      | Refund - media from general election  |
| Election Cycle-to-Date ▼                                   |                                      | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)         |
| Receipt For: 2008  | <input type="checkbox"/> Primary     | <input checked="" type="checkbox"/> General   |
| <input type="checkbox"/> Other (specify) ▼                 | <input type="text" value="2958.00"/> |   |

|  |                                      |
|--|--------------------------------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | <input type="text" value="2958.00"/> |
| <b>TOTAL</b> This Period (last page this line number only) ..... | <input type="text" value="2958.00"/> |

# 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)

|  |                              |                              |                              |
|--|------------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 17 | <input type="checkbox"/> 18  | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| <input type="checkbox"/> 20a           | <input type="checkbox"/> 20b | <input type="checkbox"/> 20c | <input type="checkbox"/> 21  |

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NAME OF COMMITTEE (In Full)  
MILLER-MEEKS FOR CONGRESS

|    |   |  |
|----|---|--|
| A. | Full Name (Last, First, Middle Initial)<br>Bankers Advertising Co.<br><br>Mailing Address P.O. Box 2060<br><br>City Iowa City State IA Zip Code 52244<br><br>Purpose of Disbursement<br>Yard and barn signs<br>Candidate Name<br><br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br><br>Disbursement For: 2008<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Transaction ID: SB17.6488<br>Date of Disbursement<br>10 / 23 / 2008<br><br>Amount of Each Disbursement this Period<br>259.45<br><br><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  |
| B. | Full Name (Last, First, Middle Initial)<br>Bankers Advertising Co.<br><br>Mailing Address P.O. Box 2060<br><br>City Iowa City State IA Zip Code 52244<br><br>Purpose of Disbursement<br>yard signs<br>Candidate Name<br><br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br><br>Disbursement For: 2008<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼          | Transaction ID: SB17.6609<br>Date of Disbursement<br>11 / 12 / 2008<br><br>Amount of Each Disbursement this Period<br>1733.58<br><br><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| C. | Full Name (Last, First, Middle Initial)<br>Keith Caviness<br><br>Mailing Address 2851 Oak Meadow Dr<br><br>City Ottumwa State IA Zip Code 52501<br><br>Purpose of Disbursement<br>In-kind - T-shirts<br>Candidate Name<br><br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br><br>Disbursement For: 2008<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼        | Transaction ID: SB17.6565<br>Date of Disbursement<br>10 / 20 / 2008<br><br>Amount of Each Disbursement this Period<br>646.35<br><br><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  |

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

**2639.38**

**TOTAL** 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)

|  |                              |                              |                              |
|--|------------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 17 | <input type="checkbox"/> 18  | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| <input type="checkbox"/> 20a           | <input type="checkbox"/> 20b | <input type="checkbox"/> 20c | <input type="checkbox"/> 21  |

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NAME OF COMMITTEE (In Full)  
MILLER-MEEKS FOR CONGRESS

|    |  |   |
|----|--|---|
| A. | Full Name (Last, First, Middle Initial)<br>Christian Printers<br><hr/> Mailing Address 1411 21st St.<br><hr/> City Des Moines State IA Zip Code 50311<br><hr/> Purpose of Disbursement fundraiser - printing<br>Candidate Name<br><hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br>Disbursement For: 2008<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Transaction ID: SB17.6610<br>Date of Disbursement<br>11 / 12 / 2008<br><hr/> Amount of Each Disbursement this Period<br>970.96<br><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53   |
| B. | Full Name (Last, First, Middle Initial)<br>Colormaster Inc.<br><hr/> Mailing Address 203 E Main St<br><hr/> City Ottumwa State IA Zip Code 52501<br><hr/> Purpose of Disbursement palm cards<br>Candidate Name<br><hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br>Disbursement For: 2008<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼                 | Transaction ID: SB17.6606<br>Date of Disbursement<br>11 / 04 / 2008<br><hr/> Amount of Each Disbursement this Period<br>1070.00<br><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  |
| C. | Full Name (Last, First, Middle Initial)<br>Eagle Media<br><hr/> Mailing Address 309 Court Ave Suite 207<br><hr/> City Des Moines State IA Zip Code 50309<br><hr/> Purpose of Disbursement media<br>Candidate Name<br><hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br>Disbursement For: 2008<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼              | Transaction ID: SB17.6484<br>Date of Disbursement<br>10 / 21 / 2008<br><hr/> Amount of Each Disbursement this Period<br>25000.00<br><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |

SUBTOTAL of Disbursements This Page (optional) ..... ▶

27040.96

TOTAL 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)

|  |                              |                              |                              |
|--|------------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 17 | <input type="checkbox"/> 18  | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| <input type="checkbox"/> 20a           | <input type="checkbox"/> 20b | <input type="checkbox"/> 20c | <input type="checkbox"/> 21  |

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NAME OF COMMITTEE (In Full)  
MILLER-MEEKS FOR CONGRESS

A.

Full Name (Last, First, Middle Initial)  
Eagle Media

Mailing Address 309 Court Ave Suite 207

City Des Moines State IA Zip Code 50309

Purpose of Disbursement  
media

Candidate Name

004  
Category/  
Type

Office Sought:  House  Senate  President

State: District:

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

Transaction ID: SB17.6489  
Date of Disbursement

10 / 27 / 2008

Amount of Each Disbursement this Period

20000.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

B.

Full Name (Last, First, Middle Initial)  
Eagle Media

Mailing Address 309 Court Ave Suite 207

City Des Moines State IA Zip Code 50309

Purpose of Disbursement  
media

Candidate Name

004  
Category/  
Type

Office Sought:  House  Senate  President

State: District:

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

Transaction ID: SB17.6491  
Date of Disbursement

10 / 29 / 2008

Amount of Each Disbursement this Period

8021.40

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

C.

Full Name (Last, First, Middle Initial)  
Eagle Media

Mailing Address 309 Court Ave Suite 207

City Des Moines State IA Zip Code 50309

Purpose of Disbursement  
media

Candidate Name

004  
Category/  
Type

Office Sought:  House  Senate  President

State: District:

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

Transaction ID: SB17.6611  
Date of Disbursement

11 / 12 / 2008

Amount of Each Disbursement this Period

4000.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) .....

32021.40

TOTAL 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)

|  |                              |                              |                              |
|--|------------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 17 | <input type="checkbox"/> 18  | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| <input type="checkbox"/> 20a           | <input type="checkbox"/> 20b | <input type="checkbox"/> 20c | <input type="checkbox"/> 21  |

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NAME OF COMMITTEE (In Full)  
MILLER-MEEKS FOR CONGRESS

A.

Full Name (Last, First, Middle Initial)  
Eagle Media

Mailing Address 309 Court Ave Suite 207

City Des Moines State IA Zip Code 50309

Purpose of Disbursement  
media

Candidate Name

004  
Category/  
Type

Office Sought:  House  Senate  President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB17.6612  
Date of Disbursement

11 / 12 / 2008

Amount of Each Disbursement this Period

4995.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

B.

Full Name (Last, First, Middle Initial)  
Eagle Media

Mailing Address 309 Court Ave Suite 207

City Des Moines State IA Zip Code 50309

Purpose of Disbursement  
media

Candidate Name

004  
Category/  
Type

Office Sought:  House  Senate  President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB17.6613  
Date of Disbursement

11 / 12 / 2008

Amount of Each Disbursement this Period

4071.40

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

C.

Full Name (Last, First, Middle Initial)  
Google Inc.

Mailing Address 1600 Amphitheatre Parkway

City Mountain View State CA Zip Code 94043

Purpose of Disbursement  
transaction fee

Candidate Name

003  
Category/  
Type

Office Sought:  House  Senate  President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB17.6096  
Date of Disbursement

10 / 17 / 2008

Amount of Each Disbursement this Period

20.20

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) .....

9086.60

TOTAL 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)

|  |                              |                              |                              |
|--|------------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 17 | <input type="checkbox"/> 18  | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| <input type="checkbox"/> 20a           | <input type="checkbox"/> 20b | <input type="checkbox"/> 20c | <input type="checkbox"/> 21  |

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NAME OF COMMITTEE (In Full)  
MILLER-MEEKS FOR CONGRESS

|  |  |
|--|--|
| <p><b>A.</b> Full Name (Last, First, Middle Initial)<br/>Google Inc.</p> <p>Mailing Address 1600 Amphitheatre Parkway</p> <p>City Mountain View State CA Zip Code 94043</p> <p>Purpose of Disbursement transaction fee <input type="checkbox"/> 003 Category/Type</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p> | <p><b>Transaction ID:</b> SB17.6097</p> <p>Date of Disbursement<br/>10 / 17 / 2008</p> <p>Amount of Each Disbursement this Period<br/>2.20</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>  |
| <p><b>B.</b> Full Name (Last, First, Middle Initial)<br/>Google Inc.</p> <p>Mailing Address 1600 Amphitheatre Parkway</p> <p>City Mountain View State CA Zip Code 94043</p> <p>Purpose of Disbursement transaction fee <input type="checkbox"/> 003 Category/Type</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p> | <p><b>Transaction ID:</b> SB17.6595</p> <p>Date of Disbursement<br/>10 / 17 / 2008</p> <p>Amount of Each Disbursement this Period<br/>5.20</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>  |
| <p><b>C.</b> Full Name (Last, First, Middle Initial)<br/>Google Inc.</p> <p>Mailing Address 1600 Amphitheatre Parkway</p> <p>City Mountain View State CA Zip Code 94043</p> <p>Purpose of Disbursement transaction fee <input type="checkbox"/> 003 Category/Type</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p> | <p><b>Transaction ID:</b> SB17.6596</p> <p>Date of Disbursement<br/>10 / 21 / 2008</p> <p>Amount of Each Disbursement this Period<br/>10.90</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> |

**SUBTOTAL** of Disbursements This Page (optional) ..... ►

18.30

**TOTAL** 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)

|  |                              |                              |                              |
|--|------------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 17 | <input type="checkbox"/> 18  | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| <input type="checkbox"/> 20a           | <input type="checkbox"/> 20b | <input type="checkbox"/> 20c | <input type="checkbox"/> 21  |

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NAME OF COMMITTEE (In Full)  
MILLER-MEEKS FOR CONGRESS

|   |   |
|---|---|
| <p><b>A.</b> Full Name (Last, First, Middle Initial)<br/>Google Inc.</p> <p>Mailing Address 1600 Amphitheatre Parkway</p> <p>City Mountain View State CA Zip Code 94043</p> <p>Purpose of Disbursement transaction fee 003<br/>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼<br/>State: District:</p> | <p><b>Transaction ID:</b> SB17.6598<br/><b>Date of Disbursement</b><br/>10 / 22 / 2008</p> <p>Amount of Each Disbursement this Period<br/>6.80</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> |
| <p><b>B.</b> Full Name (Last, First, Middle Initial)<br/>Google Inc.</p> <p>Mailing Address 1600 Amphitheatre Parkway</p> <p>City Mountain View State CA Zip Code 94043</p> <p>Purpose of Disbursement transaction fee 003<br/>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼<br/>State: District:</p> | <p><b>Transaction ID:</b> SB17.6599<br/><b>Date of Disbursement</b><br/>10 / 25 / 2008</p> <p>Amount of Each Disbursement this Period<br/>1.20</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> |
| <p><b>C.</b> Full Name (Last, First, Middle Initial)<br/>Google Inc.</p> <p>Mailing Address 1600 Amphitheatre Parkway</p> <p>City Mountain View State CA Zip Code 94043</p> <p>Purpose of Disbursement transaction fee 003<br/>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼<br/>State: District:</p> | <p><b>Transaction ID:</b> SB17.6600<br/><b>Date of Disbursement</b><br/>10 / 26 / 2008</p> <p>Amount of Each Disbursement this Period<br/>1.20</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> |

|  |      |
|--|------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) .....      | 9.20 |
| <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)

|  |                              |                              |                              |
|--|------------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 17 | <input type="checkbox"/> 18  | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| <input type="checkbox"/> 20a           | <input type="checkbox"/> 20b | <input type="checkbox"/> 20c | <input type="checkbox"/> 21  |

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NAME OF COMMITTEE (In Full)  
MILLER-MEEKS FOR CONGRESS

|  |   |
|--|---|
| <p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial)<br/>Google Inc.</p> <p>Mailing Address 1600 Amphitheatre Parkway</p> <p>City Mountain View State CA Zip Code 94043</p> <p>Purpose of Disbursement transaction fee 003<br/>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼<br/>State: District:</p> | <p><b>Transaction ID:</b> SB17.6601</p> <p>Date of Disbursement<br/>10 / 28 / 2008</p> <p>Amount of Each Disbursement this Period<br/>2.20</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> |
| <p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial)<br/>Google Inc.</p> <p>Mailing Address 1600 Amphitheatre Parkway</p> <p>City Mountain View State CA Zip Code 94043</p> <p>Purpose of Disbursement transaction fee 003<br/>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼<br/>State: District:</p> | <p><b>Transaction ID:</b> SB17.6602</p> <p>Date of Disbursement<br/>10 / 29 / 2008</p> <p>Amount of Each Disbursement this Period<br/>5.20</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> |
| <p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial)<br/>Google Inc.</p> <p>Mailing Address 1600 Amphitheatre Parkway</p> <p>City Mountain View State CA Zip Code 94043</p> <p>Purpose of Disbursement transaction fee 003<br/>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼<br/>State: District:</p> | <p><b>Transaction ID:</b> SB17.6603</p> <p>Date of Disbursement<br/>11 / 01 / 2008</p> <p>Amount of Each Disbursement this Period<br/>4.20</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> |

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

11.60

**TOTAL** 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)

|  |                              |                              |                              |
|--|------------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 17 | <input type="checkbox"/> 18  | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| <input type="checkbox"/> 20a           | <input type="checkbox"/> 20b | <input type="checkbox"/> 20c | <input type="checkbox"/> 21  |

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NAME OF COMMITTEE (In Full)  
MILLER-MEEKS FOR CONGRESS

|  |  |
|--|--|
| <p><b>A.</b> Full Name (Last, First, Middle Initial)<br/>Google Inc.</p> <p>Mailing Address 1600 Amphitheatre Parkway</p> <p>City Mountain View State CA Zip Code 94043</p> <p>Purpose of Disbursement transaction fee<br/>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>State: District:</p> <p>Disbursement For: 2008<br/><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br/><input type="checkbox"/> Other (specify) ▼</p> | <p><b>Transaction ID:</b> SB17.6605<br/><b>Date of Disbursement</b><br/>11 / 03 / 2008</p> <p>Amount of Each Disbursement this Period<br/>1.20</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>    |
| <p><b>B.</b> Full Name (Last, First, Middle Initial)<br/>Catherine Grawe</p> <p>Mailing Address 1908 Southridge Dr.</p> <p>City Coralville State IA Zip Code 52241</p> <p>Purpose of Disbursement supplies<br/>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>State: District:</p> <p>Disbursement For: 2008<br/><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br/><input type="checkbox"/> Other (specify) ▼</p>             | <p><b>Transaction ID:</b> SB17.6541<br/><b>Date of Disbursement</b><br/>10 / 30 / 2008</p> <p>Amount of Each Disbursement this Period<br/>215.43</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>  |
| <p><b>C.</b> Full Name (Last, First, Middle Initial)<br/>Todd Henderson</p> <p>Mailing Address 118 Teakwood Lane NE</p> <p>City Cedar Rapids State IA Zip Code 52402</p> <p>Purpose of Disbursement salary<br/>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>State: District:</p> <p>Disbursement For: 2008<br/><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br/><input type="checkbox"/> Other (specify) ▼</p>             | <p><b>Transaction ID:</b> SB17.6479<br/><b>Date of Disbursement</b><br/>10 / 21 / 2008</p> <p>Amount of Each Disbursement this Period<br/>1000.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> |

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

1216.63

**TOTAL** 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)

|  |                              |                              |                              |
|--|------------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 17 | <input type="checkbox"/> 18  | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| <input type="checkbox"/> 20a           | <input type="checkbox"/> 20b | <input type="checkbox"/> 20c | <input type="checkbox"/> 21  |

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NAME OF COMMITTEE (In Full)  
MILLER-MEEKS FOR CONGRESS

|    |   |  |   |
|----|---|--|---|
| A. | Full Name (Last, First, Middle Initial)<br>Todd Henderson<br><hr/> Mailing Address 118 Teakwood Lane NE<br><hr/> City Cedar Rapids State IA Zip Code 52402<br><hr/> Purpose of Disbursement salary<br>Candidate Name<br><hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br><hr/> Disbursement For: 2008<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼                                | <b>Transaction ID:</b> SB17.6619<br>Date of Disbursement<br>11 / 18 / 2008 | Amount of Each Disbursement this Period<br>1000.00<br><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| B. | Full Name (Last, First, Middle Initial)<br>MARIANNETTE JANE MILLER-MEEKS<br><hr/> Mailing Address 11674 90TH ST<br><hr/> City OTTUMWA State IA Zip Code 52501<br><hr/> Purpose of Disbursement In-kind - postage<br>Candidate Name<br><hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: IA District: 02<br><hr/> Disbursement For: 2008<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | <b>Transaction ID:</b> SB17.6622<br>Date of Disbursement<br>10 / 30 / 2008 | Amount of Each Disbursement this Period<br>1492.66<br><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| C. | Full Name (Last, First, Middle Initial)<br>Catherine Nepola<br><hr/> Mailing Address 355 Butternut Lane<br><hr/> City Iowa City State IA Zip Code 52246<br><hr/> Purpose of Disbursement In-kind - facilities/promotional event<br>Candidate Name<br><hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br><hr/> Disbursement For: 2008<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼   | <b>Transaction ID:</b> SB17.6561<br>Date of Disbursement<br>10 / 22 / 2008 | Amount of Each Disbursement this Period<br>2141.50<br><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

4634.16

**TOTAL** 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 42 / 46

|  |                              |                              |                              |
|--|------------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 17 | <input type="checkbox"/> 18  | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| <input type="checkbox"/> 20a           | <input type="checkbox"/> 20b | <input type="checkbox"/> 20c | <input type="checkbox"/> 21  |

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NAME OF COMMITTEE (In Full)  
MILLER-MEEKS FOR CONGRESS

|    |  |   |
|----|--|---|
| A. | Full Name (Last, First, Middle Initial)<br>James Nepola<br><br>Mailing Address 355 Butternut Ln<br><br>City Iowa City State IA Zip Code 52246<br><br>Purpose of Disbursement<br>In-kind - facilities/promotional event<br>Candidate Name<br><br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br><br>Disbursement For: 2008<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Transaction ID: SB17.6558<br>Date of Disbursement<br>10 / 22 / 2008<br><br>Amount of Each Disbursement this Period<br>2141.50<br><br><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  |
| B. | Full Name (Last, First, Middle Initial)<br>Ottumwa Printing<br><br>Mailing Address 105 S Birch Street<br><br>City Ottumwa State IA Zip Code 52501<br><br>Purpose of Disbursement<br>printing<br>Candidate Name<br><br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br><br>Disbursement For: 2008<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼                           | Transaction ID: SB17.6642<br>Date of Disbursement<br>11 / 24 / 2008<br><br>Amount of Each Disbursement this Period<br>663.40<br><br><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53   |
| C. | Full Name (Last, First, Middle Initial)<br>Robinson & Associates<br><br>Mailing Address 507 Main St.<br><br>City Brooklyn State IA Zip Code 52314<br><br>Purpose of Disbursement<br>mailing lists/invitations<br>Candidate Name<br><br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br><br>Disbursement For: 2008<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼          | Transaction ID: SB17.6481<br>Date of Disbursement<br>10 / 21 / 2008<br><br>Amount of Each Disbursement this Period<br>16000.00<br><br><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |

SUBTOTAL of Disbursements This Page (optional) ..... ▶

18804.90

TOTAL 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 43 / 46

|  |                              |                              |                              |
|--|------------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 17 | <input type="checkbox"/> 18  | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| <input type="checkbox"/> 20a           | <input type="checkbox"/> 20b | <input type="checkbox"/> 20c | <input type="checkbox"/> 21  |

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NAME OF COMMITTEE (In Full)  
MILLER-MEEKS FOR CONGRESS

|   |   |
|---|---|
| <b>A.</b><br>Full Name (Last, First, Middle Initial)<br>Robinson & Associates<br>Mailing Address 507 Main St.<br>City Brooklyn State IA Zip Code 52314<br>Purpose of Disbursement mailing lists/invitations<br>Candidate Name<br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br>Disbursement For: 2008<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | <b>Transaction ID:</b> SB17.6617<br><b>Date of Disbursement</b><br>M M / D D / Y Y Y Y<br>1 1 / 1 3 / 2 0 0 8   |
|   | Amount of Each Disbursement this Period<br>4144.19<br><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| <b>B.</b><br>Full Name (Last, First, Middle Initial)<br>Todd Versteegh<br>Mailing Address 408 Janes Blvd.<br>City Oxford State IA Zip Code 52322<br>Purpose of Disbursement salary<br>Candidate Name<br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br>Disbursement For: 2008<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼                          | <b>Transaction ID:</b> SB17.6480<br><b>Date of Disbursement</b><br>M M / D D / Y Y Y Y<br>1 0 / 2 1 / 2 0 0 8   |
|   | Amount of Each Disbursement this Period<br>1250.00<br><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |

**SUBTOTAL** of Disbursements This Page (optional) ..... ►

5394.19

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

100877.32

**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 44 / 46

|   |                              |                              |                              |
|---|------------------------------|------------------------------|------------------------------|
| <input type="checkbox"/> 17             | <input type="checkbox"/> 18  | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| <input checked="" type="checkbox"/> 20a | <input type="checkbox"/> 20b | <input type="checkbox"/> 20c | <input type="checkbox"/> 21  |

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NAME OF COMMITTEE (In Full)  
MILLER-MEEKS FOR CONGRESS

A.

Full Name (Last, First, Middle Initial)

Craig Nelson

Mailing Address 4409 Honey Grove Rd

City State Zip Code  
Ely IA 52227

Purpose of Disbursement  
Excess contribution

Candidate Name

010  
Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB20A.6640

Date of Disbursement

11 / 20 / 2008

Amount of Each Disbursement this Period

700.00

Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) .....

700.00

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

700.00

**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 45 / 46

|                              |   |                              |                              |
|------------------------------|---|------------------------------|------------------------------|
| <input type="checkbox"/> 17  | <input type="checkbox"/> 18             | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| <input type="checkbox"/> 20a | <input checked="" type="checkbox"/> 20b | <input type="checkbox"/> 20c | <input type="checkbox"/> 21  |

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NAME OF COMMITTEE (In Full)  
MILLER-MEEKS FOR CONGRESS

A.

Full Name (Last, First, Middle Initial)  
FOR AMERICAS REPUBLICAN MAJORITY PAC (FARM PAC)

Mailing Address 675 N Washington St. Suite 410

City Alexandria State VA Zip Code 22314

Purpose of Disbursement  
Exchanged cash for in-kind contribution

Candidate Name

010  
Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB20B.6490

Date of Disbursement

10 / 28 / 2008

Amount of Each Disbursement this Period

654.66

Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ..... ►

654.66

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

654.66

**SCHEDULE C (FEC Form 3)**

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

FOR LINE NUMBER:  
(check only one)  13a  
 13b

**LOANS**

NAME OF COMMITTEE (In Full)  
MILLER-MEEKS FOR CONGRESS

**Transaction ID: SC/10.6064**

|   |  |
|---|--|
| <b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial)<br>MARIANNETTE JANE MILLER-MEEKS - [PERSONAL FUN-DS] | Election:<br><input type="checkbox"/> Primary<br><input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |
| Mailing Address 11674 90TH ST   |  |
| City OTTUMWA State IA ZIP Code 52501  |  |

|                         |                            |   |
|-------------------------|----------------------------|---|
| Original Amount of Loan | Cumulative Payment To Date | Balance Outstanding at Close of This Period |
| 20000.00                | 0.00                       | 20000.00                                    |

**TERMS**

|                                  |           |                |   |
|----------------------------------|-----------|----------------|---|
| Date Incurred                    | Date Due  | Interest Rate  | Secured:  |
| M M 09<br>D D 24<br>Y Y Y Y 2008 | 10/5/2008 | 0.0000 % (apr) | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |

List All Endorsers or Guarantors (if any) to Loan Source

|   |  |
|---|--|
| Full Name (Last, First, Middle Initial) | Name of Employer   |
| Mailing Address                         | Occupation   |
| City State ZIP Code                     | Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/> |
| Full Name (Last, First, Middle Initial) | Name of Employer   |
| Mailing Address                         | Occupation   |
| City State ZIP Code                     | Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/> |
| Full Name (Last, First, Middle Initial) | Name of Employer   |
| Mailing Address                         | Occupation   |
| City State ZIP Code                     | Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/> |
| Full Name (Last, First, Middle Initial) | Name of Employer   |
| Mailing Address                         | Occupation   |
| City State ZIP Code                     | Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/> |

|   |  |
|---|--|
| <b>SUBTOTALS</b> This Period This Page (optional) .....       | <input style="width: 100%;" type="text" value="20000.00"/> |
| <b>TOTALS</b> This Period (last page in this line only) ..... | <input style="width: 100%;" type="text" value="20000.00"/> |

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.