PAGE 1 / 11 ·

STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. MILLER-MEEKS FOR CONGRESS PO Box 33 ADDRESS (number and street) (Check if address is changed) Ottumwa 52501 CITY A STATE A ZIP CODE ▲ COMMITTEE'S E-MAIL ADDRESS tcdatwyler@gmail.com (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) drmillermeeks.com (Check if address is changed) DATE 28 2023 C00558825 FEC IDENTIFICATION NUMBER > 3. X IS THIS STATEMENT NEW (N) OR AMENDED (A) I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete. Datwyler, Thomas, , , Type or Print Name of Treasurer Datwyler, Thomas, , , [Electronically Filed] 01 28 2023 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 52 U.S.C. §30109. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS. Office For further information contact: FEC FORM 1 Federal Election Commission Use

Toll Free 800-424-9530 Only

Local 202-694-1100

(Revised 06/2012)

E	EC Form 1 (Revised 03/2022)	Page 2
	TYPE OF COMMITTEE:	
	Candidate Committee:	
	(a) This committee is a principal campaign committee. (Complete the candidate information below.)	
	(b) This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the information below.)	candidate
	Name of Candidate MILLER-MEEKS, MARIANNETTE JANE, , ,	
	Candidate Party Affiliation REP Sought: House Senate President	State IA District 01
	(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.	
	Name of Candidate	
	Party Committee:	
	(d) This committee is a (National, State or subordinate) committee of the Republican, e	tc.) Party
	Political Action Committee (PAC):	
	(e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected	organization is a:
	Corporation Corporation w/o Capital Stock Labor Org	anization
	Membership Organization Trade Association Cooperative	/e
	In addition, this committee is a Lobbyist/Registrant PAC.	
	(f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated committee. (i.e., nonconnected committee)	fund or party
	In addition, this committee is a Lobbyist/Registrant PAC.	
	In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
	(g) This committee is an independent expenditure-only political committee (Super PAC).	
	In addition, this committee is a Lobbyist/Registrant PAC.	
	(h) This committee is a political committee with both contribution and non-contribution accounts (Hybrid PAC).
	In addition, this committee is a Lobbyist/Registrant PAC.	
	Joint Fundraising Representative:	
	(i) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or recommittees/organizations, at least one of which is an authorized committee of a federal candidate.	more political
	(j) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or committees/organizations, none of which is an authorized committee of a federal candidate.	more political
	Committees Participating in Joint Fundraiser	
	1	

	_				
_	FEC Form 1 (Revised 0	02/2009)			Page 3
٧	Vrite or Type Committee Name				
	MILLER-MEEK	KS FOR CONGRES	SS		
6.		rganization, Affiliated Committee,	Joint Fundraising Repres	sentative, or Leader	ship PAC Sponsor
	Take Back The Hous	Se 2022			
	Mailing Address	PO Box 30844			
		Bethesda		MD 20824-	0844
		CITY ▲	S	STATE A	ZIP CODE ▲
	Relationship: Connected	Organization Affiliated Organizati	on X Joint Fundraising F	Representative	Leadership PAC Sponso
7.	Custodian of Records: Ident books and records.	tify by name, address (phone number	optional) and position of	the person in posses	sion of committee
	Datwyler, T	Fhomas, , ,			
	Full Name				
	Mailing Address	PO Box 183			
		Hudson		WI 54016	
		CITY ▲	S	STATE A	ZIP CODE ▲
	Title or Position ▼				
	Treasurer		Telephone numb	er 715 – _	338 - 8544
8.	Treasurer: List the name an any designated agent (e.g.,	d address (phone number optiona assistant treasurer).	al) of the treasurer of the c	committee; and the n	ame and address of
	Full Name Datwyler, 7	Γhomas, , ,			
	of Treasurer				
	Mailing Address	PO Box 183			
		Hudson		WI 54016	
	Title or Position ▼	CITY ▲	S	STATE A	ZIP CODE ▲
	Treasurer		Telephone numb	er	338

	FEC Form 1	(Revised 02/2009)	Page 4
	Full Name of Designated Agent		
	Mailing Address		
	Title or Position ▼	CITY ▲ STATE ▲	ZIP CODE ▲
	Title of Position \		
-	Banks or Other safety deposit box	Depositories: List all banks or other depositories in which the committee deposits funds, has or maintains funds.	olds accounts, rents
	Name of Bank, D	epository, etc.	
		EagleBank	
	Mailing Address	7815 Woodmont Avenue	
		Bethesda MD 2081	14
		CITY ▲ STATE ▲	ZIP CODE ▲
	Name of Bank, D	epository, etc.	
		U.S. Bancorp	
	Mailing Address	800 Nicollet Mall	
		Minneapolis MN 5540	02
		CITY ▲ STATE ▲	ZIP CODE ▲

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

Page ____ **of** ____11__

5(g) or (h).	Joint Fundraising	g Participant:					
1.				FE	C ID number	С	
2.				FE	C ID number	С	
3.			<u> </u>	FE	C ID number	С	
4.				FE	C ID number	C	
	of Any Connected		liated Committee, Joir	nt Fundraising	Representative	e, or Leadership	PAC Sponsor
N	Mailing Address	PO BOX 183					
		HUDSON			WI	54016	I-I
F	Relationship:		CITY A		STATE ▲	ZIP (CODE A
	Connected	Organization	Affiliated Committee	Joint Fundra	aising Representa	ative Leaders	ship PAC Sponsor
8. Design	nated Agent: Identify	by name, address	s (phone number – opt	ional)			
Ful	I Name						
Ma	illing Address						
Ma	illing Address						
Ma	illing Address]-[
	illing Address TLE OR POSITION	□	CITY A		STATE A	ZIP CO	
		V	CITY A	Telephor	STATE A	ZIP CC	DDE A
P. Banks safety of Name of Deposit	TLE OR POSITION or Other Depositor deposit boxes or ma	ies: List all banks	or other depositories i		ne Number		
P. Banks safety of Name of Deposit	or Other Depositor deposit boxes or ma of Bank, Chain I tory, etc.	ies: List all banks intains funds. Bridge Bank	or other depositories i		ne Number		
9. Banks safety of Name of Deposit	or Other Depositor deposit boxes or ma of Bank, Chain I tory, etc.	ies: List all banks intains funds. Bridge Bank	or other depositories i		ne Number		

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

Page ____ **of** _____11___

h). Joint Fundraisi r	ig Participant:		\sim
1.		FEC ID number	C
2.		FEC ID number	C
3.		FEC ID number	C
4.		FEC ID number	С
ame of Any Connected	Organization, Affiliated Committee, Joint Fundr	aising Representative	e, or Leadership PAC Spon
GOP WINNING V	VOMEN		
Mailing Address	228 S. Washington Street		
·	Suite 115		
	Alexandria	VA VA	22314
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
	1 0 1 1	E	
	d Organization Affiliated Committee X Joint y by name, address (phone number – optional)	Fundraising Representa	Leadership PAC S
		Fundraising Representa	Leadership PAC S
esignated Agent: Identif		Fundraising Representa	Leadership PAC S
esignated Agent: Identif		Fundraising Representa	Leadership PAC S
esignated Agent: Identify Full Name Mailing Address	y by name, address (phone number – optional)		
esignated Agent: Identif	y by name, address (phone number – optional) CITY	STATE A	
esignated Agent: Identify Full Name Mailing Address	y by name, address (phone number – optional) CITY		
Full Name Mailing Address TITLE OR POSITION anks or Other Depositor afety deposit boxes or mail	y by name, address (phone number – optional) CITY Te	STATE A	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Depositor afety deposit boxes or material depositions are as a second and the second and	y by name, address (phone number – optional) CITY Te	STATE A	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Depositor afety deposit boxes or material depositions are as a second and the second and	y by name, address (phone number – optional) CITY Te	STATE A	ZIP CODE A
Full Name	y by name, address (phone number – optional) CITY CITY Te pries: List all banks or other depositories in which aintains funds.	STATE A	ZIP CODE A
Full Name	y by name, address (phone number – optional) CITY CITY Te pries: List all banks or other depositories in which aintains funds.	STATE A	ZIP CODE A

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

FEC Form 1S (Revised 02/2017)

Page _____ **of** _____

5(g)	or(h). Joint Fundraisin	g Participant:		
	1.	 	FEC ID number	C
	2.		FEC ID number	C
	3.		FEC ID number	C
	4.		FEC ID number	C
6.	=	Organization, Affiliated Committee, Joint Fundr	aising Representative,	or Leadership PAC Sponsor
	2022 PHASE 1 PA	ATRIOT DAY JFC		
	Mailing Address	228 S. WASHINGTON STREET		
		SUITE 115		
		ALEXANDRIA	VA	22314
	Relationship:	CITY A	STATE ▲	ZIP CODE ▲
	Connected	d Organization	Fundraising Representat	ive Leadership PAC Sponsor
8.	Designated Agent: Identify	by name, address (phone number - optional)		
	1			
	Full Name			
	Full Name			
		CITY A	STATE A	ZIP CODE A
	Mailing Address	•		
	Mailing Address	•	STATE ▲	
9.	Mailing Address TITLE OR POSITION	ries: List all banks or other depositories in which	STATE ▲	ZIP CODE A
9.	Mailing Address TITLE OR POSITION Banks or Other Deposito safety deposit boxes or maintain the safety deposit boxes or m	ries: List all banks or other depositories in which aintains funds.	STATE ▲	ZIP CODE A
9.	Mailing Address TITLE OR POSITION Banks or Other Deposito safety deposit boxes or maintain the safety deposit boxes or m	ries: List all banks or other depositories in which	STATE ▲	ZIP CODE A
9.	Mailing Address TITLE OR POSITION Banks or Other Deposito safety deposit boxes or mail Name of Bank, Wells I	ries: List all banks or other depositories in which aintains funds.	STATE ▲	ZIP CODE A
9.	Mailing Address TITLE OR POSITION Banks or Other Deposito safety deposit boxes or mail Name of Bank, Depository, etc.	ries: List all banks or other depositories in which aintains funds. Fargo Bank	STATE ▲	ZIP CODE A
9.	Mailing Address TITLE OR POSITION Banks or Other Deposito safety deposit boxes or mail Name of Bank, Depository, etc.	ries: List all banks or other depositories in which aintains funds. Fargo Bank	STATE ▲	ZIP CODE A

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

Page ____ **of** _____11___

h). Joint Fundraisi r	ig i artioipant.		
1.		FEC ID number	C
2.		FEC ID number	C
3.		FEC ID number	С
4.		FEC ID number	С
	Organization, Affiliated Committee, Joint Fundr		e, or Leadership PAC Spon
RECONNECTING	G URBAN AND RURAL AMERICAN L	_ 	
	228 S. WASHINGTON ST.		
Mailing Address	STE. 115		
	ALEXANDRIA	VA	22314
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
		Fundraising Represent	ative Leadership PAC Sp
	d Organization Affiliated Committee Joint y by name, address (phone number – optional)	Fundraising Represent	ative Leadership PAC Sp
esignated Agent: Identif		Fundraising Represent	ative Leadership PAC Sp
esignated Agent: Identif		Fundraising Represent	ative Leadership PAC Sp
esignated Agent: Identif		Fundraising Represent	ative Leadership PAC Sp
esignated Agent: Identif Full Name Mailing Address	y by name, address (phone number – optional)	Fundraising Represent	
esignated Agent: Identif	y by name, address (phone number – optional) CITY		
esignated Agent: Identif Full Name	y by name, address (phone number – optional) CITY Te	STATE A	ZIP CODE A
esignated Agent: Identif Full Name	y by name, address (phone number – optional) CITY Te	STATE A	ZIP CODE A
esignated Agent: Identif Full Name Mailing Address TITLE OR POSITION anks or Other Depositor	y by name, address (phone number – optional) CITY Te	STATE A	ZIP CODE A
esignated Agent: Identification Full Name	y by name, address (phone number – optional) CITY Te	STATE A	ZIP CODE A
esignated Agent: Identify Full Name Mailing Address TITLE OR POSITION anks or Other Deposited afety deposit boxes or mail	y by name, address (phone number – optional) CITY Te	STATE A	ZIP CODE A
esignated Agent: Identification Full Name	y by name, address (phone number – optional) CITY Te	STATE A	ZIP CODE A

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

Page ____ **of** _____11___

h). Joint Fundraisir	g Participant:				
1				FEC ID number	С
2.				FEC ID number	С
3.				FEC ID number	С
4.				FEC ID number	С
			Joint Fundra	ising Representativ	ve, or Leadership PAC Spor
VAN DUYNE MIL	LER-MEEKS	S PAC			
	PO BOX 3410	27			
Mailing Address					
	ALIOTIN			T)/	70704
	AUSTIN			L TX	78734
Relationship:		CITY ▲	_	STATE A	ZIP CODE ▲
Connecto	d Organization	Affiliated Committee	Υ loint Γ	Jundraiaina Danrasan	totivo Loodovohin DAC C
	d Organization	Affiliated Committee		Fundraising Represen	tative Leadership PAC S
				Fundraising Represen	tative Leadership PAC S
esignated Agent: Identif				Fundraising Represen	Leadership PAC S
esignated Agent: Identif				Fundraising Represen	Leadership PAC S
esignated Agent: Identif	y by name, addre		optional)		Leadership PAC S
esignated Agent: Identif	y by name, addre	ss (phone number –	optional)		
esignated Agent: Identify Full Name Mailing Address	y by name, addre	ss (phone number –	optional)		
Full Name Mailing Address TITLE OR POSITION	y by name, addre	ss (phone number –	optional)	STATE A	
Full Name Mailing Address TITLE OR POSITION anks or Other Depositor of the deposit boxes or maintenance in the control of the	y by name, addre	ss (phone number –	optional)	STATE A	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Deposito afety deposit boxes or ma	y by name, addre	ss (phone number –	optional)	STATE A	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Deposito afety deposit boxes or ma	y by name, addre	ss (phone number –	optional)	STATE A	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Depositor deposit boxes or maintenance of Bank, epository, etc.	y by name, addre	ss (phone number –	optional)	STATE A	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Depositor detay deposit boxes or material depository, etc	y by name, addre	ss (phone number –	optional)	STATE A	ZIP CODE A

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

FEC Form 1S (Revised 02/2017)

Page ____ **of** _____

	g Participant:		
1.		FEC ID number	C
2.		FEC ID number	C
3.		FEC ID number	С
4.		FEC ID number	С
=	Organization, Affiliated Committee, Joint Fu	ndraising Representative	e, or Leadership PAC Spor
2022 PHASE 2 PA	ATRIOT DAY JFC		
Mailing Address	228 S. WASHINGTON STREET		
	SUITE 115		
	ALEXANDRIA	VA	22314
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
Connector	I Organization Affiliated Committee	loint Fundraising Represent	ative Leadership PAC S
esignated Agent: Identify	by name, address (phone number - optional)	
esignated Agent: Identify	by name, address (phone number – optional)	
	by name, address (phone number – optional		
Full Name	by name, address (phone number – optional		
Full Name	by name, address (phone number – optional		
Full Name	CITY		ZIP CODE A
Full Name	CITY		
Full Name Mailing Address TITLE OR POSITION	CITY A	STATE A Telephone Number	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Depositor affety deposit boxes or maintenance.	CITY A	STATE A Telephone Number	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Depositor aftery deposit boxes or main ame of Bank,	CITY A	STATE A Telephone Number	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Depositor aftery deposit boxes or main ame of Bank,	CITY A	STATE A Telephone Number	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Depositor of the deposit boxes or main arms of Bank, epository, etc.	CITY A	STATE A Telephone Number	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Depositor of the deposit boxes or main arms of Bank, epository, etc.	CITY A	STATE A Telephone Number	ZIP CODE A

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

FEC Form 1S (Revised 02/2017)

Page ____ **of** ____

1		550	D	C
			D number	
_ I		FEC	D number	C
3.		FEC	D number	C
4		FEC	D number	C
	Organization, Affiliated Committee	, Joint Fundraising Re	presentative	e, or Leadership PAC Spon
PROTECT THE H	OUSE 2024			
Mailing Address	PO Box 30844			
	Bethesda		MD	20824
Relationship:	CITY A		STATE A	ZIP CODE ▲
	Organization Affiliated Committee by name, address (phone number -		у портозопа	tive Leadership PAC S
Full Name				
Mailing Address				
	CITY ▲		STATE A	ZIP CODE A
	Y			
TITLE OR POSITION		Telephone	Number	
anks or Other Depositor afety deposit boxes or ma ame of Bank, epository, etc.	ries: List all banks or other deposito intains funds.			s funds, holds accounts, ren
				s funds, holds accounts, ren