PAGE 1 / 12 ·

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 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] 03 02 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	C 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 can information below.)	didate
	Name of Candidate MILLER-MEEKS, MARIANNETTE JANE, ,	
	Party Affiliation REP Sought: * House Senate President	State IA
	(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, etc.)	Party
	Political Action Committee (PAC):	
	(e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected org	anization is a:
	Corporation Corporation w/o Capital Stock Labor Organization	zation
	Membership Organization Trade Association Cooperative	
	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 function committee. (i.e., nonconnected committee)	d 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 mor committees/organizations, at least one of which is an authorized committee of a federal candidate.	e political
	(j) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or mor committees/organizations, none of which is an authorized committee of a federal candidate.	e political
	Committees Participating in Joint Fundraiser	
	1. C	

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ı	FEC Form 1 (Revised 0)	2/2009)		Page <b>3</b>
W	/rite or Type Committee Name	,		<u> </u>
	MILLER-MEEK	S FOR CONGRESS		
6.		ganization, Affiliated Committee, Joint	Fundraising Representative, or L	eadership PAC Sponsor
	Take Back The Hous	e 2022		I
	Mailing Address	PO Box 30844		
		I		
		Bethesda	, , MD , , , 2	20824-0844
		CITY ▲	STATE ▲	ZIP CODE ▲
	Relationship: Connected	Organization Affiliated Organization	<b>✗</b> Joint Fundraising Representative	Leadership PAC Sponso
7.	Custodian of Records: Identification books and records.	fy by name, address (phone number opt	ional) and position of the person in pe	ossession of committee
	Datwyler, TI	homas		
	Full Name	<del></del>		
	Mailing Address	PO Box 183		
		1		
		Hudson	l MI l t	54016
	Title on Desition —	CITY ▲	STATE ▲	ZIP CODE ▲
	Title or Position ▼		745	000 0544
	Treasurer		Telephone number 715	_ 338 8544
8.	Treasurer: List the name and any designated agent (e.g., a	d address (phone number optional) of assistant treasurer).	the treasurer of the committee; and	the name and address of
	Full Name Datwyler, Ti	homas, , ,		
	of Treasurer			
	Mailing Address	PO Box 183		
		Hudson	, , WI , , 5	54016
		CITY ▲	STATE ▲	ZIP CODE ▲
	Title or Position ▼			
	. <del>.</del>		715	000 0544

Telephone number

FEC Form 1	(Revised 02/2009)	Page <b>4</b>
Full Name of Designated Agent		
Mailing Address		
	CITY ▲ STATE ▲	ZIP CODE ▲
Title or Position		
	Telephone number	
Banks or Other safety deposit bo	<b>Depositories:</b> List all banks or other depositories in which the committee deposits fur xes or maintains funds.	nds, holds accounts, rents
Name of Bank, D	Depository, etc.	
	EagleBank	1
Mailing Address	7815 Woodmont Avenue	
	Bethesda MD	20814
	CITY ▲ STATE ▲	ZIP CODE ▲
Name of Bank, D	Depository, etc.	
	U.S. Bancorp	
Mailing Address	800 Nicollet Mall	
	Minneapolis   MN	55402
	CITY ▲ STATE ▲	ZIP CODE ▲

FEC Form 1S (Revised 02/2017)

Page \_5 **of** \_12\_\_

or(h). <b>Joint Fundraisi</b> r	ng Participant:		
1		FEC ID number	С
2		FEC ID number	C
3.		FEC ID number	C
4		FEC ID number	С
Name of Any Connected	Organization, Affiliated Committee, Joint Fund	raising Representative	e, or Leadership PAC Sponsor
	VICTORT FOND		
Mailing Address	PO BOX 183		
	HUDSON	wi	54016
Relationship:	CITY ▲	STATE A	ZIP CODE ▲
Connecte	d Organization Affiliated Committee	t Fundraising Representa	ative Leadership PAC Sponso
Designated Agent: Identif	y by name, address (phone number – optional)		
Mailing Address			
TITLE OF POSITION	_ CITY ▲	STATE A	ZIP CODE A
TITLE OR POSITION		elephone Number	
safety deposit boxes or m	bries: List all banks or other depositories in which aintains funds.  Bridge Bank  1445A Laughlin Avenue	the committee deposit	s funds, holds accounts, rents
	McLean	VA	22101

FEC Form 1S (Revised 02/2017)

h). <b>Joint Fundraisi</b>			
1.		FEC ID number	C
2.		FEC ID number	C
3		FEC ID number	С
4.		FEC ID number	С
ame of Any Connected	Organization, Affiliated Committee, Joint Fund	Iraising Representative	e, or Leadership PAC Spon
Mailing Address	228 S. Washington Street		
waning Addless	Suite 115		
	Alexandria	VA	22314
Relationship:	CITY ▲	STATE A	ZIP CODE ▲
Connecte	d Organization Affiliated Committee	nt Fundraising Representa	ative Leadership PAC Sp
	Affiliated Committee	nt Fundraising Representa	Leadership PAC Sp
esignated Agent: Identi		nt Fundraising Representa	Leadership PAC Sp
esignated Agent: Identi		nt Fundraising Representa	Leadership PAC Sp
esignated Agent: Identi			Leadership PAC Sp
esignated Agent: Identi	by by name, address (phone number – optional)		
esignated Agent: Identi  Full Name  Mailing Address	by by name, address (phone number – optional)  CITY		
esignated Agent: Identi  Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposite afety deposit boxes or management and the second and th	cories: List all banks or other depositories in which aintains funds.	STATE A	ZIP CODE A
esignated Agent: Identi  Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposite afety deposit boxes or management and the second and th	cories: List all banks or other depositories in which aintains funds.	STATE A	ZIP CODE A
esignated Agent: Identi  Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposite afety deposit boxes or mane of Bank, epository, etc	cy by name, address (phone number – optional)  CITY   CITY   Pries: List all banks or other depositories in which aintains funds.	STATE A	ZIP CODE A
esignated Agent: Identi  Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposite afety deposit boxes or mane of Bank, epository, etc	cy by name, address (phone number – optional)  CITY   CITY   Pries: List all banks or other depositories in which aintains funds.	STATE A	ZIP CODE A

FEC Form 1S (Revised 02/2017)

5(g)	or(h). <b>Joint Fundraisin</b>	g Participant:		
	1.		FEC ID number	C
	2.		FEC ID number	C
	3.		FEC ID number	C
	4.		FEC ID number	С
3.		Organization, Affiliated Committee, Joint Fundra	sing Representative	e, or Leadership PAC Sponsor
	2022 PHASE 1 PA	ATRIOT DAY JFC		
	Mailing Address	228 S. WASHINGTON STREET		
		SUITE 115		
		ALEXANDRIA	VA	22314
	Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
	Connected	Organization Affiliated Committee X Joint F	- - - - - - - - - - - - - - - - - - -	Leadership PAC Sponsor
8.	Designated Agent: Identify	by name, address (phone number - optional)		
	Full Name			
	Mailing Address			
		1		1
				1
		_ CITY ▲	STATE ▲	ZIP CODE ▲
	TITLE OR POSITION		ephone Number	[_] [_] [
		Tele	ephone Number	
a	Banks or Other Denositor	ies: List all banks or other depositories in which the	ne committee denosit	e funde holde accounte rente
<i>.</i>	safety deposit boxes or ma		ie committee deposit	runus, noius accounts, rems
	Name of Bank, Wells F	Fargo Bank		
	Mailing Address	8302 Woodmont Avenue		
	5			
		Bethesda	, , MD ,	20814

FEC Form 1S (Revised 02/2017)

5(g)	or(h). <b>Joint Fundraisin</b> g	Participant:		
	1.		FEC ID number	С
	2.		FEC ID number	C
	3.		FEC ID number	C
	4		FEC ID number	C
6.		Organization, Affiliated Committee, Joint Fundrais URBAN AND RURAL AMERICAN LIF		e, or Leadership PAC Sponsor
	Mailing Address	228 S. WASHINGTON ST.		
		ALEXANDRIA	,   VA	22314
	Relationship:	CITY ▲	STATE A	ZIP CODE ▲
	Connected	Organization Affiliated Committee	ndraising Representa	Leadership PAC Sponsor
8.	Designated Agent: Identify	by name, address (phone number - optional)		
	Full Name			
	Mailing Address	1		ı
	TITLE OR POSITION	CITY A	STATE A	ZIP CODE A
	TITLE OR POSITION	<b>Y</b>		ZIP CODE <b>A</b>
9.	Banks or Other Depositorisafety deposit boxes or mai	Teleposes: List all banks or other depositories in which the	STATE A	
9.	Banks or Other Depositorisafety deposit boxes or main Name of Bank, Depository, etc.	Telepoles: List all banks or other depositories in which the ntains funds.	STATE A	
9.	Banks or Other Depositorisafety deposit boxes or mai	Telepolies: List all banks or other depositories in which the ntains funds.  City Bank	STATE A	
9.	Banks or Other Depositorisafety deposit boxes or main Name of Bank, Depository, etc.	Teleposites: List all banks or other depositories in which the intains funds.  City Bank  2365 W Broad St	STATE A	s funds, holds accounts, rents
9.	Banks or Other Depositorisafety deposit boxes or main Name of Bank, Depository, etc.	Telepolies: List all banks or other depositories in which the ntains funds.  City Bank	STATE A	

FEC Form 1S (Revised 02/2017)

5(g)	or(h). <b>Joint Fundraisin</b>	g Participant:		
	1.	- 	FEC ID number	C
	2.		FEC ID number	C
	3.		FEC ID number	С
	4.		FEC ID number	C
6.		Organization, Affiliated Committee, Joint Fundr	aising Representative	, or Leadership PAC Sponsor
	VAN DUYNE MILI	LER-MEEKS PAC		
		PO POV 044007		
	Mailing Address	PO BOX 341027		
		AUSTIN	TX	78734
	Relationship:	CITY A	STATE ▲	ZIP CODE ▲
	Connected	Organization Affiliated Committee	Fundraising Representa	tive Leadership PAC Sponsor
_	Destance A. A. a. a. L. Lilla 199	harman adda a fahara a abaa a a Para N		
8.	Designated Agent: Identify	by name, address (phone number - optional)		
8.	Designated Agent: Identify  Full Name	by name, address (phone number – optional)		
8.		by name, address (phone number – optional)		
8.	Full Name	by name, address (phone number – optional)		
8.	Full Name	by name, address (phone number – optional)		
8.	Full Name	CITY	STATE A	ZIP CODE A
8.	Full Name	CITY A		
8.	Full Name	CITY A	STATE ▲	
	Full Name   _   _   _    Mailing Address  TITLE OR POSITION	CITY A  Tes: List all banks or other depositories in which	STATE A	ZIP CODE A
	Full Name	CITY A  CITY A  ries: List all banks or other depositories in which intains funds.	STATE A	ZIP CODE A
	Full Name Mailing Address  TITLE OR POSITION  Banks or Other Depositor safety deposit boxes or mail. Name of Bank,	CITY A  CITY A  ries: List all banks or other depositories in which intains funds.	STATE A slephone Number the committee deposits	ZIP CODE A
9.	Full Name  Mailing Address  TITLE OR POSITION  Banks or Other Depositor safety deposit boxes or main Name of Bank, Depository, etc.	CITY A  CITY A  ries: List all banks or other depositories in which intains funds.	STATE A slephone Number the committee deposits	ZIP CODE A
	Full Name  Mailing Address  TITLE OR POSITION  Banks or Other Depositor safety deposit boxes or main Name of Bank, Depository, etc.	CITY A  CITY A  ries: List all banks or other depositories in which intains funds.	STATE A slephone Number the committee deposits	ZIP CODE A

FEC Form 1S (Revised 02/2017)

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

h). <b>Joint Fundraisi</b> n			,   FE	C ID number	
				C ID number	С
2.				C ID number	C
3.					
4.			L L	C ID number	C
ame of Any Connected	Organization Affilia	ated Committee Join	nt Fundraising	Ponrocontatio	ve, or Leadership PAC Spor
2022 PHASE 2 P			iit i uiiuiaisiiig	Tiepreseman	re, or Leadership PAO Spor
Mailing Address	228 S. WASHING	TON STREET			
J	SUITE 115				
	ALEXANDRIA			, VA	22314
Relationship:		CITY A		STATE ▲	ZIP CODE A
		• <b>=</b>		0.7.1.2	2 0052 =
		Affiliated Committee  (phone number – opt	Joint Fundra	aising Represen	tative Leadership PAC S
Connected esignated Agent: Identify Full Name				aising Represen	tative Leadership PAC S
esignated Agent: Identify				aising Represen	tative Leadership PAC S
esignated Agent: Identify				aising Represen	tative Leadership PAC S
esignated Agent: Identify	by name, address		tional)	aising Represen	tative Leadership PAC S
esignated Agent: Identify	by name, address	(phone number – opt	tional)	state	
esignated Agent: Identify Full Name Mailing Address	by name, address	(phone number – opt	tional)		
Full Name Mailing Address	by name, address	(phone number – opt	tional)	STATE A	ZIP CODE A
Full Name Mailing Address	v by name, address	(phone number – opt	tional)	STATE A	
Full Name Mailing Address  TITLE OR POSITION	v by name, address	(phone number – opt	tional)	STATE A	ZIP CODE A
Full Name	ries: List all banks of	(phone number – opt	tional)	STATE A	ZIP CODE A
Full Name Mailing Address  TITLE OR POSITION  anks or Other Deposito afety deposit boxes or material depository, etc.	ries: List all banks of	(phone number – opt	tional)	STATE A	ZIP CODE A

FEC Form 1S (Revised 02/2017) for Lines 5(g) or (

or(h). <b>Joint Fundraisi</b> r	ng Participant:		
1.		FEC ID number	C
2.		FEC ID number	C
3.		FEC ID number	С
4.		FEC ID number	C
	Organization, Affiliated Committee, Joint Fu	ndraising Representative	e, or Leadership PAC Sponsor
PROTECT THE F	100SE 2024 		
Mailing Address	PO Box 30844		
	Bethesda	, , MD ,	20824
Relationship:			
	CITY ▲ d Organization	STATE ▲  loint Fundraising Represent	ZIP CODE ▲  ative Leadership PAC Spons
Full Name	y by name, address (phone number – optional		
Mailing Address			
Mailing Addiess			
Maining Address			
	CITY A	STATE A	ZIP CODE A
TITLE OR POSITION	CITY A		ZIP CODE <b>A</b>
TITLE OR POSITION	pries: List all banks or other depositories in wh	STATE ▲ Telephone Number	
Banks or Other Deposite safety deposit boxes or m  Name of Bank, Depository, etc.	pries: List all banks or other depositories in wh	STATE ▲ Telephone Number	

FEC Form 1S (Revised 02/2017)

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

h). <b>Joint Fundraisi</b>			
1.		FEC ID number	С
2.		FEC ID number	C
3.		FEC ID number	С
4.		FEC ID number	C
ame of Any Connected	Organization, Affiliated Committee, Joint Funds	raising Representative	e, or Leadership PAC Spons
IOWA VICTORY	FUND		
Mailing Address	824 S. MILLEDGE AVE STE 101		
	ATHENS	GA	30605
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
Connecte	d Organization Affiliated Committee	Fundraising Representa	Leadership PAC Sp
	d Organization Affiliated Committee Joint by by name, address (phone number – optional)	Fundraising Representa	Leadership PAC Sp
esignated Agent: Identif		Fundraising Representa	ative Leadership PAC Sp
esignated Agent: Identif		Fundraising Representa	ative Leadership PAC Sp
esignated Agent: Identif		Fundraising Representa	Leadership PAC Sp
esignated Agent: Identif  Full Name  Mailing Address	y by name, address (phone number – optional)	Fundraising Representation	Leadership PAC Sp
esignated Agent: Identif	y by name, address (phone number – optional)  CITY		
esignated Agent: Identif  Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposite afety deposit boxes or m  ame of Bank,	y by name, address (phone number – optional)  CITY   CITY   Te	STATE A	ZIP CODE A
esignated Agent: Identification Full Name	y by name, address (phone number – optional)  CITY   CITY   Te	STATE A	ZIP CODE A
esignated Agent: Identif  Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposite afety deposit boxes or m  ame of Bank,	y by name, address (phone number – optional)  CITY   CITY   Te	STATE A	ZIP CODE A
esignated Agent: Identification Full Name	y by name, address (phone number – optional)  CITY   CITY   Te	STATE A	ZIP CODE A