## 14031192908

FEC FORM

## STATEMENT OF ORGANIZATION

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FORM 1	Ur	IGANIZA	TION	·	U MAIITIU	MITTI CO
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1. NAME OF COMMITTEE (in		heck if name changed)	Example: If typing, type over the lines.	12FE4M5	y.u. ;	
Miller-Mee	ks for Cong	ress				لبيا
		1 1 1 1 1		1111		لبيب
ADDRESS (number a	nd street) 1167	74 - 90th S	<b>St</b>			للللل
(Check if ac is changed)	<b>~</b> 11	mwa		IA .	52501	
		Ci	тү	STATE	ZIP COL	E
COMMITTEE'S E-MA	IL ADDRESS (Please p	rovide only one e-m	nail address)			
Charle if	pusi	nerprop@	hotmail.com	<u> </u>		للبلل
(Check if is change						
COMMITTEE'S WEB	PAGE ADDRESS (URI					
Chock if	mille	rmeeksfor	congress.com			لبيب
(Check if is change		<del></del>		<del></del>		
2. DATE 03	3 20	14				
3. FEC IDENTIFIC	CATION NUMBER	C				
4. IS THIS STATE	MENT NEW (	N) OR	AMENDED (A)			
I certify that I have e	xamined this Statemen	t and to the best o	f my knowledge and belief it	is true, correct a	and complete.	
Type or Print Name	of Treasurer Cha	arles Sebe	erg	<del></del>	· · · · · · · · · · · · · · · · · · ·	
Signature of Treasure	er <u>Cho</u>	les Sel	reg	Date 03 <sup>st</sup>	′ 03° ′ 2	ž0'14
NOTE: Submission of		•	ay subject the person signing to SHOULD BE REPORTED W		the penalties of 2	U.S.C. §437g.
Office Use			For further information of Federal Election Commission Toll Free 800-424-9530		FEC FOR (Revised 02/2	

	FEC Fo	orm 1 (Revised 02/2009)	Page 2			
	TYPE OF C	COMMITTEE				
	Candidate	e 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. (Compleinformation below.)	ete the candidate			
	Name of Candidate	Mariannette Miller-Meeks				
	Candidate Party Affiliation	ion REP Office Sought: House Senate President	State IA  District 02			
(	(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.				
	Name of Candidate					
•	Party Con	nmittee:	Personal Per			
(	(d)		emocratic, epublican, etc.) Party.			
1	Political A	Action Committee (PAC):				
(	(e)	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its conne	cted organization is a:			
		Corporation Corporation w/o Capital Stock	Labor Organization			
			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 segr committee. (i.e., nonconnected committee)	egated 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.)				
J	oint Fund	draising Representative:				
(	g) []	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, at least one of which is an authorized committee of a faderal candidate.	or more political			
(1	r) [	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, none of which is an authorized committee of a federal candidate.	or more political			
	Com	nmittees Participating in Joint Fundraiser				
			Company of the Company of			
	1,	The state of the s				
	2.	·	. To provide the miles see a figure			
	3.	FEC ID number C				
	4.					

Mailing Address  CITY  STATE  ZIP CO
CITY STATE ZIP CO
CITY STATE ZIP CO
Relationship: Connected Organization Affiliated Committee Joint Fundraising Representative Leadership
Custodian of Records: Identify by name, address (phone number optional) and position of the person in possession
books and records.
Full Name   Mariannette Miller-Meeks
11674 - 90th St
Ottumwa
Title or Position CITY STATE ZIP CC
Candidate Telephone number [641] [683]
Mailing Address  11674 - 90th St Ottumwa IA 5250

CITY

Page 3

ZIP CODE

319 - 339 - 0313

STATE

Telephone number

FEC Form 1 (Revised 02/2009)

Write or Type Committee Name

Title or Position

Treasurer,

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			<del></del>
Full Name of Designated Agent			<del></del>
Mailing Address			لتتتتتت
	CITY	STATE	ZIP CODE
Title or Position		Telephone number	<b></b>
Banks or Other Deposit safety deposit boxes or n Name of Bank, Depositor		which the committee deposits fu	unds, holds accounts, rents
US	Bank , , , , , , , , , , , , , , , , , , ,		
Mailing Address	2504 N Court St		
	Ottumwa	<u> </u>	52501
	CITY	STATE	ZIP CODE
Name of Bank, Depositor	y, etc.		
Mailing Address			
		لا لىلى	<u> </u>
	УПС	STATE	ZIP CODE

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Received from Senate Public Records	Office	Date of Receipt
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Other (Specify):	Date of R	eceipt or Postmarked
R/		3/6/14
PREPARER		DATE PREPARED

PREPARER (8/2013)