Only

# STATEMENT OF

PAGE 1 / 16 =

FEC FORM 1			RGAN		ON											
1. NAME OF			Chaok if name	Ev	ample: If tu	ning tun		-	-		Office	Use (	Only			
COMMITTEE (ir	full)		Check if name changed)		ample: If ty er the lines		е	12E	FE4I	М5						
MILLER-ME	EKS F	OR CC	NGRES	S												
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ADDRESS (number a	nd street)	PO Box 3	33				1 1	1 1	ı	1 1	1 1	ı	1 1	1 1		. 1
(Check if a	·															
is changed		Ottumwa						. 10			2501					
			TY 🛦					STAT					 ZIP (	ODE A		Ш
								01711				•		,ODL	_	
COMMITTEE'S E-MA																
		tcdatwyl	er@gmail.com													Ш
		Optional	Second E-Mai	l Address												
COMMITTEE'S WEB  (Check if a is changed	address	drmillerm	•													
2. DATE 08	8 2	20 / Y	2024													
3. FEC IDENTIFIC	CATION N	UMBER >	. C	C005588	25	-										
4. IS THIS STATEN	MENT	NEW	(N) <b>OF</b>	?	× аме	ENDED (	(A)									
I certify that I have e	examined t	his Stateme	nt and to the	best of my	knowledge	and be	lief it is	s true,	, corr	ect a	nd co	mple	te.			
Type or Print Name	of Treasure	er <u>Datwyler</u>	Thomas, , ,													
Signature of Treasure	er <u>Dat</u> v	wyler, Thomas	S, , ,				_ 1	Date	IM	08	/	20	1		24	Y
NOTE: Submission of	false, error		omplete informa	-		_	_				ne pei	nalties	of 5	2 U.S.	C. §3	30109.
Office Use					For further Federal El Toll Free 8	ection Cor	nmissior							<b>RM</b> 5/2012)	1	_

Local 202-694-1100

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 conformation below.)	andidate
	Name of Candidate MILLER-MEEKS, MARIANNETTE JANE, , ,	
	Candidate Party Affiliation  REP  Office Sought:  House  Senate  President	State IA  District 01
	(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.	District
	Name of Candidate	
	Party Committee:	
	(d) This committee is a (National, State or subordinate) committee of the Republican, et	c.) Party
	Political Action Committee (PAC):	
	(e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization on line 6.	organization is a:
	Corporation Corporation w/o Capital Stock Labor Orga	ınization
	Membership Organization Trade Association Cooperative	Э
	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 for committee. (i.e., nonconnected committee)	und 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 n committees/organizations, at least one of which is an authorized committee of a federal candidate.	nore political
	(j) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or no committees/organizations, none of which is an authorized committee of a federal candidate.	nore political
	Committees Participating in Joint Fundraiser	
	1 C	

	FEC <b>Form 1</b> (Revised	02/2009)	 Page <b>3</b>
V	Vrite or Type Committee Name	· · · · · · · · · · · · · · · · · · ·	- ago <b>o</b>
	MILLER-MEEKS	S FOR CONGRESS	
6.	Name of Any Connected C	Organization, Affiliated Committee, Joint Fundraising Representative,	or Leadership PAC Sponsor
	Take Back The House	se 2022	
	Mailing Address	PO Box 30844	
		Bethesda	20824-0844
		CITY ▲ STATE ▲	ZIP CODE ▲
	Relationship: Connected	d Organization Affiliated Organization X Joint Fundraising Representa	tive Leadership PAC Sponso
7.	Custodian of Records: Identification books and records.	tify by name, address (phone number optional) and position of the person	in possession of committee
	The state of the s	Thomas, , ,	
	Full Name	PO Box 183	
	Mailing Address		
		Hudson	54016
		CITY ▲ STATE ▲	ZIP CODE ▲
	Title or Position ▼		
	Treasurer	Telephone number	715 - 338 - 8544
8.	Treasurer: List the name ar any designated agent (e.g.,	nd address (phone number optional) of the treasurer of the committee; assistant treasurer).	and the name and address of
	Full Name Datwyler, of Treasurer	Thomas, , ,	
	Mailing Address	PO Box 183	
		1	
		Hudson	54016
	Title or Position ▼	CITY ▲ STATE ▲	ZIP CODE ▲
	Treasurer	Telephone number	715  -  338  -  8544

Telephone number

Full Name of Designated Agent  Mailing Address  CITY ▲ STATE ▲ ZIP CODE ▲  Title or Position ▼  Telephone number  Telep	FEC Form 1	(Revised 02/2009)	Page <b>4</b>
CITY ▲ STATE ▲ ZIP CODE ▲  Title or Position ▼  Telephone number	Designated		
Title or Position ▼    Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.  Name of Bank, Depository, etc.    EagleBank	Mailing Address		
Title or Position ▼    Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.  Name of Bank, Depository, etc.    EagleBank			
Title or Position ▼    Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.  Name of Bank, Depository, etc.    EagleBank			
Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.  Name of Bank, Depository, etc.  EagleBank  Mailing Address  Telephone number  Telephone number			ZIP CODE ▲
Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.  Name of Bank, Depository, etc.  EagleBank  Mailing Address    Bethesda	Title or Position <b>▼</b>	<b>,</b>	
Name of Bank, Depository, etc.    EagleBank		Telephone number	
Mailing Address    FagleBank			ds accounts, rents
Mailing Address    T815 Woodmont Avenue	Name of Bank, D	epository, etc.	
Mailing Address  Bethesda  CITY ▲  STATE ▲  ZIP CODE ▲  Name of Bank, Depository, etc.  U.S. Bancorp  Mailing Address  MN  STATE ▲  STATE ▲  MN  STATE ▲  MN  STATE ▲  MN  STATE ▲  STATE ▲  STATE A  STA		EagleBank	
CITY ▲ STATE ▲ ZIP CODE ▲  Name of Bank, Depository, etc.  U.S. Bancorp  Mailing Address  Minneapolis  MN 55402	Mailing Address	7815 Woodmont Avenue	
CITY ▲ STATE ▲ ZIP CODE ▲  Name of Bank, Depository, etc.  U.S. Bancorp  Mailing Address  Minneapolis  MN 55402			
Name of Bank, Depository, etc.  U.S. Bancorp  Mailing Address  Minneapolis  MN 55402		Bethesda MD 20814	
Mailing Address    800 Nicollet Mall		CITY ▲ STATE ▲	ZIP CODE ▲
Mailing Address    800 Nicollet Mall	Name of Bank, D	epository, etc.	
Minneapolis MN 55402		U.S. Bancorp	
	Mailing Address	800 Nicollet Mall	
CITY ▲ STATE ▲ ZIP CODE ▲		Minneapolis MN 55402	
		CITY ▲ STATE ▲	ZIP CODE ▲

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

(h). Joint Fundraisi	ng Participant:		
1.		FEC ID number	С
2.		FEC ID number	С
3.		FEC ID number	С
4.		FEC ID number	С
Name of Any Connected	l Organization, Affiliated Committee, Joint Fund	draising Representative	e, or Leadership PAC Sponse
MILLER-MEEKS VIC	CTORY FUND		
Mailing Address	PO BOX 183		
	HUDSON	WI	54016
Relationship:	CITY A	STATE ▲	ZIP CODE ▲
Connecte		nt Fundraising Representa	Leadership PAC Spo
Connecte  Designated Agent: Identi  Full Name	ed Organization Affiliated Committee X Joi	nt Fundraising Representa	Leadership PAC Spo
Connecte  Designated Agent: Identif	ed Organization Affiliated Committee X Joi	nt Fundraising Representa	Leadership PAC Spo
Connecte  Designated Agent: Identi  Full Name	ed Organization Affiliated Committee X Joi	nt Fundraising Representa	Leadership PAC Spo
Connecte  Designated Agent: Identi  Full Name	ed Organization Affiliated Committee X Joi		
Connecte  Designated Agent: Identi  Full Name	Affiliated Committee X Joinfy by name, address (phone number – optional)	nt Fundraising Representa	Leadership PAC Spo
Connecte  Designated Agent: Identification  Full Name  Mailing Address	Affiliated Committee X Joint J		
Connected  Designated Agent: Identify  Full Name  Mailing Address  TITLE OR POSITION  Banks or Other Deposite afety deposit boxes or management of the content of the conte	Affiliated Committee	STATE A	ZIP CODE A
Connected Pesignated Agent: Identify Full Name Mailing Address  TITLE OR POSITION Sanks or Other Deposite afety deposit boxes or make the period of Bank, Depository, etc.	Affiliated Committee X Joint J	STATE A	ZIP CODE A

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

(h). <b>Joint Fundrais</b>	ng rantcipant.		
1.		FEC ID number	С
2.		FEC ID number	C
3.		FEC ID number	С
4.		FEC ID number	C
lame of Any Connecte	d Organization, Affiliated Committee, Joint Fu	ndraising Representativ	e, or Leadership PAC Spon
GOP WINNING WC	-		·, · · · · · · · · · · · · · · · · · ·
Mailing Address	228 S. Washington Street		
	Suite 115		
	Alexandria	, , , ,   VA	22314
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
Connect	ed Organization Affiliated Committee X July July 1997 Affiliated Committee X July 1997 Affiliated C	oint Fundraising Represent	ative Leadership PAC Sp
Connect			ative Leadership PAC Sp
Connect esignated Agent: Ident			ative Leadership PAC Sp
esignated Agent: Ident			Leadership PAC Sp
esignated Agent: Ident			ative Leadership PAC Sp
esignated Agent: Ident	ify by name, address (phone number – optional)		Leadership PAC Sp
esignated Agent: Ident Full Name Mailing Address  TITLE OR POSITION	ify by name, address (phone number – optional)		
esignated Agent: Ident Full Name Mailing Address  TITLE OR POSITION	ories: List all banks or other depositories in white aintains funds.	STATE A  Telephone Number  ch the committee deposit	ZIP CODE A
esignated Agent: Ident Full Name Mailing Address  TITLE OR POSITION Tanks or Other Deposite afety deposit boxes or name of Bank, Truist	ories: List all banks or other depositories in white aintains funds.	STATE A  Telephone Number  ch the committee deposit	ZIP CODE A
esignated Agent: Ident Full Name Mailing Address  TITLE OR POSITION  anks or Other Deposite afety deposit boxes or name of Bank, epository, etc.	cify by name, address (phone number – optional)  CITY   Ories: List all banks or other depositories in white naintains funds.	STATE A  Telephone Number  ch the committee deposit	ZIP CODE A
esignated Agent: Ident Full Name Mailing Address  TITLE OR POSITION  anks or Other Deposite afety deposit boxes or name of Bank, epository, etc.	cify by name, address (phone number – optional)  CITY   Ories: List all banks or other depositories in white naintains funds.	STATE A  Telephone Number  ch the committee deposit	ZIP CODE A

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

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1			FEC ID nur	nber C	
3.			FEC ID nur	nber C	
4.			FEC ID nur	nber C	
Name of Any Conn	nected Organization,	Affiliated Committee, Joint	Fundraising Represe	ntative, o	r Leadership PAC Spons
2022 PHASE 1	PATRIOT DAY JFO			1 1 1	
Mailing Addres	228 S. WAS	HINGTON STREET			
	SUITE 115				
	ALEXANDR	IA		/A	22314
Relationship:		CITY A	STA	TE A	ZIP CODE ▲
			D		
	Identify by name, add	ress (phone number – optio	nal)		
Full Name	Identify by name, add	ress (phone number – optio	nal)	1 1 1	
	Identify by name, add	ress (phone number – optio	nal)		
Full Name	Identify by name, add	ress (phone number – optio	nal)		
Full Name	Identify by name, add				ZIR CODE A
Full Name		ress (phone number – optio	nal)	E <b>A</b>	ZIP CODE A

## 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	С
3.		FEC ID number	С
4.		FEC ID number	С
7.			
Name of Any Connected	Organization, Affiliated Committee, Joint F	undraising Representativ	e, or Leadership PAC Spons
RECONNECTING U	RBAN AND RURAL AMERICAN LIFE		
	228 S. WASHINGTON ST.		
Mailing Address	STE. 115		
	ALEXANDRIA	VA	22314
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
	Affiliated Committee X  fy by name, address (phone number – optional	Joint Fundraising Represent	Leadership PAC Spo
			Leadership PAC Spo
Designated Agent: Identi			Leadership PAC Spo
Designated Agent: Identi			Leadership PAC Spo
Designated Agent: Identi			Leadership PAC Spo
Designated Agent: Identi	fy by name, address (phone number – optiona		Leadership PAC Spo
Designated Agent: Identi  Full Name    Mailing Address	fy by name, address (phone number – optiona	i)	
Designated Agent: Identi  Full Name    Mailing Address	fy by name, address (phone number – optional line) by name, address (phone num	STATE A	
Pesignated Agent: Identi Full Name Mailing Address  TITLE OR POSITION	fy by name, address (phone number – optional content of the conten	STATE A Telephone Number	ZIP CODE A
Pesignated Agent: Identic Full Name Mailing Address  TITLE OR POSITION Mailing Address  Banks or Other Deposition fafety deposit boxes or mailing and mailing and mailing Address	fy by name, address (phone number – optional content of the conte	STATE A Telephone Number	ZIP CODE A
Pesignated Agent: Identic Full Name Mailing Address  TITLE OR POSITION Mailing Address  Banks or Other Deposition fafety deposit boxes or mailing and mailing and mailing Address	fy by name, address (phone number – optional content of the conten	STATE A Telephone Number	ZIP CODE A
Pesignated Agent: Identic Full Name	fy by name, address (phone number – optional content of the conte	STATE A Telephone Number	ZIP CODE A
Pesignated Agent: Identify Full Name Mailing Address  TITLE OR POSITION  Banks or Other Deposite Safety deposit boxes or make the sa	cories: List all banks or other depositories in waintains funds.	STATE A Telephone Number	ZIP CODE A
Pesignated Agent: Identify Full Name Mailing Address  TITLE OR POSITION  Banks or Other Deposite Safety deposit boxes or make the sa	cories: List all banks or other depositories in waintains funds.	STATE A Telephone Number	ZIP CODE A

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h). Joint Fundraisi	ng Participant:		
1.		FEC ID number	С
2.		FEC ID number	С
3.		FEC ID number	С
4.		FEC ID number	C
ame of Any Connected	l Organization, Affiliated Committee, Joint Fur	ndraising Representative	e, or Leadership PAC Spons
VAN DUYNE MILLE	R-MEEKS PAC		
Mailing Address	PO BOX 341027		
	AUSTIN	TX	78734
Dalatianahia	OITV.	STATE ▲	ZIP CODE ▲
	CITY ▲  ed Organization	int Fundraising Represent	ative Leadership PAC Sp
Connecte	ed Organization Affiliated Committee X Jo	int Fundraising Representa	ative Leadership PAC Sp
Connecte esignated Agent: Identi	ed Organization Affiliated Committee X Jo	int Fundraising Representa	Leadership PAC Sp
esignated Agent: Identi	ed Organization Affiliated Committee X Jo	int Fundraising Representa	Leadership PAC Sp
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esignated Agent: Identi	Affiliated Committee X Journal of the second	sint Fundraising Representation	Leadership PAC Sp
esignated Agent: Identi  Full Name  Mailing Address	Affiliated Committee X Journal of the second		
esignated Agent: Identi  Full Name  Mailing Address  TITLE OR POSITION	Affiliated Committee X Journal of the price	STATE A Telephone Number	ZIP CODE A
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	sing Participant:		
1.		FEC ID number	С
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		_	
ame of Any Connecte	ed Organization, Affiliated Committee, Joint F	undraising Representativ	e, or Leadership PAC Spons
2022 PHASE 2 PA	TRIOT DAY JFC		
Mailing Address	228 S. WASHINGTON STREET		
	SUITE 115		
	ALEXANDRIA	ı ı VA ı	22314
	ALEXANDRIA		
	CITY A	STATE ▲  Joint Fundraising Represent	ZIP CODE ▲ ative Leadership PAC Sp
Connec	CITY ▲ ted Organization	STATE ▲  Joint Fundraising Represent	
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esignated Agent: Iden Full Name	CITY ▲ ted Organization	STATE ▲  Joint Fundraising Represent	
esignated Agent: Iden Full Name	CITY ▲ ted Organization	STATE ▲  Joint Fundraising Represent	
esignated Agent: Iden Full Name Mailing Address	ted Organization	STATE ▲  Joint Fundraising Represent	
esignated Agent: Iden Full Name	ted Organization	STATE A  Joint Fundraising Represent	ative Leadership PAC Sp

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h). <b>Joint Fundraisi</b>	ig i articipant.		
1.		FEC ID number	С
2.		FEC ID number	C
3.		FEC ID number	С
4.		FEC ID number	С
-	Organization, Affiliated Committee, Joint Fun	draising Representative	e, or Leadership PAC Spon
PROTECT THE HOU	JSE 2024		
Mailing Address	PO Box 30844		
	Bethesda	MD MD	20824
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
Connecte	d Organization Affiliated Committee X Jo	int Fundraising Represent	ative Leadership PAC Sp
Connecte		int Fundraising Represent	ative Leadership PAC Sp
Connecte esignated Agent: Identi		int Fundraising Represent	ative Leadership PAC Sp
esignated Agent: Identi		int Fundraising Represent	ative Leadership PAC Sp
esignated Agent: Identi		int Fundraising Represent	Leadership PAC Sp
esignated Agent: Identi	fy by name, address (phone number – optional)	int Fundraising Represent	Leadership PAC Sp
esignated Agent: Identi  Full Name  Mailing Address	fy by name, address (phone number – optional)  CITY		
esignated Agent: Identification  Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposite afety deposit boxes or mame of Bank, epository, etc.	fy by name, address (phone number – optional)  CITY   CITY   pries: List all banks or other depositories in which aintains funds.	STATE A Telephone Number	ZIP CODE A
esignated Agent: Identification  Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposite afety deposit boxes or mane of Bank,	fy by name, address (phone number – optional)  CITY   CITY   pries: List all banks or other depositories in which aintains funds.	STATE A  Telephone Number	ZIP CODE A
esignated Agent: Identification  Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposite afety deposit boxes or mame of Bank, epository, etc.	fy by name, address (phone number – optional)  CITY   CITY   pries: List all banks or other depositories in which aintains funds.	STATE A  Telephone Number	ZIP CODE A

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	ng Participant:		
1.		FEC ID number	С
2		FEC ID number	С
3.		FEC ID number	С
4.		FEC ID number	С
ame of Any Connected	Organization, Affiliated Committee, Joint Fund	draising Representative	e, or Leadership PAC Spon
IOWA VICTORY FU	ND		
Mailing Address	824 S. MILLEDGE AVE STE 101		
J			
	ATHENS	GA	30605
Relationship:	CITY ▲	STATE A	ZIP CODE ▲
			. п
	Affiliated Committee X Joi	nt Fundraising Representa	Leadership FAC 3
esignated Agent: Identi		nt Fundraising Represent	Leaueisiiip FAC 3
esignated Agent: Identi		nt Fundraising Represent	Leavership FAC 3
esignated Agent: Identi		nt Fundraising Representa	Leavership FAC 3
esignated Agent: Identi		nt Fundraising Representa	Leadership PAC Sp
esignated Agent: Identi	fy by name, address (phone number – optional)	STATE A	ZIP CODE A
esignated Agent: Identi  Full Name  Mailing Address	fy by name, address (phone number – optional)		
esignated Agent: Identi  Full Name  Mailing Address	fy by name, address (phone number – optional)	STATE A	
Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposit afety deposit boxes or mailing and mailing an	fy by name, address (phone number – optional)  CITY   CITY   Ories: List all banks or other depositories in which	STATE A Telephone Number	ZIP CODE A
esignated Agent: Identi  Full Name  Mailing Address  TITLE OR POSITION	fy by name, address (phone number – optional)  CITY   CITY   Ories: List all banks or other depositories in which paintains funds.	STATE A Telephone Number	ZIP CODE A
Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposit afety deposit boxes or mame of Bank,	fy by name, address (phone number – optional)  CITY   CITY   Ories: List all banks or other depositories in which paintains funds.	STATE A Telephone Number	ZIP CODE A
Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposite afety deposit boxes or mame of Bank, epository, etc.	fy by name, address (phone number – optional)  CITY   CITY   Ories: List all banks or other depositories in which paintains funds.	STATE A Telephone Number	ZIP CODE A
Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposite afety deposit boxes or mame of Bank, epository, etc.	fy by name, address (phone number – optional)  CITY   CITY   Ories: List all banks or other depositories in which paintains funds.	STATE A Telephone Number	ZIP CODE A

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

5(g) c	or(h). <b>Joint Fundraisin</b>	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 Fundrai	sing Representative	e, or Leadership PAC Sponsor
	GOP WINNING WOM	EN 2024		
	Mailing Address	228 S WASHINGTON ST		
	Ç	STE 115		
		ALEXANDRIA	VA	22314
	Relationship:	CITY A	STATE ▲	ZIP CODE ▲
	Connected	Organization Affiliated Committee X Joint F	undraising Representa	ative Leadership PAC Sponsor
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 A	STATE A	ZIP CODE A
8.	Full Name	CITY A	STATE A	ZIP CODE <b>A</b>
9.	Full Name  Mailing Address  TITLE OR POSITION  Banks or Other Depositor safety deposit boxes or matching and the pository, etc.	CITY   CITY   Tele  ies: List all banks or other depositories in which the intains funds.	ephone Number	s funds, holds accounts, rents
	Full Name  Mailing Address  TITLE OR POSITION  Banks or Other Depositor safety deposit boxes or ma  Name of Bank,	CITY   CITY   Tele  ies: List all banks or other depositories in which the intains funds.	ephone Number	s funds, holds accounts, rents

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1.			
1.		FEC ID number	C
2.		FEC ID number	С
3.		FEC ID number	С
4.		FEC ID number	C
Name of Any Connecte	d Organization, Affiliated Committee, Joint	Fundraising Representativ	re, or Leadership PAC Spons
AMERICAN BATTL	EGROUND FUND		
	DO DOV 00044		
Mailing Address	PO BOX 30844		
	BETHESDA	MD	20824
			71D 00DE 4
	ted Organization	STATE  Joint Fundraising Representation  al)	
Connec	ted Organization Affiliated Committee	Joint Fundraising Represent	
Connect Connec	ted Organization Affiliated Committee	Joint Fundraising Represent	
Connect Connec	ted Organization Affiliated Committee	Joint Fundraising Represent	
Connect Connec	ted Organization Affiliated Committee	Joint Fundraising Represent	
Connect Connec	ted Organization Affiliated Committee X tify by name, address (phone number – option	Joint Fundraising Represent	
Connect Connec	ted Organization Affiliated Committee X tify by name, address (phone number – option	al)	Leadership PAC Spo

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

EADERSHII	rganization, Affilia P FUND 2024	ated Committee, Join	FEC II	D number D number D number	C C C or Leadership PAC Spons
EADERSHII	320 1ST ST SE	ated Committee, Join	FEC II	D number	C
EADERSHII	320 1ST ST SE	ated Committee, Join	FEC II	D number	C
EADERSHII	320 1ST ST SE	ated Committee, Join			
EADERSHII	320 1ST ST SE	ated Committee, Join	Fundraising Re	presentative,	or Leadership PAC Spons
EADERSHII	P FUND 2024  320 1ST ST SE	ated Committee, Join	t Fundraising Re	presentative,	or Leadership PAC Spons
ldress	320 1ST ST SE				
·	WASHINGTON				
·	WASHINGTON				
				DC	20003
ip:		CITY A		STATE ▲	ZIP CODE ▲
ress					
POSITION ▼		CITY A		STATE ▲	ZIP CODE ▲
			Telephone N	lumber	
	ent: Identify b	ent: Identify by name, address  ress  POSITION	ent: Identify by name, address (phone number – option ress  CITY   POSITION   The propositories: List all banks or other depositories in	ent: Identify by name, address (phone number – optional)  ress  CITY   Telephone N  r Depositories: List all banks or other depositories in which the commit	ent: Identify by name, address (phone number – optional)  ress  CITY   STATE   Telephone Number  Telephone Number

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Page	of 10	

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