

# FEC FORM 3

# REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **TYPE OR PRINT** ▼

Example: If typing, type over the lines.

12FE4M5

Miller-Meeks for Congress

ADDRESS (number and street) ▼

P.O. Box 1570

Check if different than previously reported. (ACC)

Ottumwa

IA

52501

2. **FEC IDENTIFICATION NUMBER** ▼

C C00558825

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

3. IS THIS REPORT  NEW (N) **OR**  AMENDED (A)

IA

02

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  /  /  in the State of

5. Covering Period

/  /

through

/  /

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 Charles Seberg

[Electronically Filed]

Date

/  /

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

Office Use Only

FEC FORM 3 (Revised 02/2003)

**SUMMARY PAGE**  
of Receipts and Disbursements

Write or Type Committee Name  
**Miller-Meeks for Congress**

Report Covering the Period: From:  /  /  To:  /  /

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))....	112485.71	903672.55
(b) Total Contribution Refunds (from Line 20(d)) .....	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	112485.71	903672.55
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17) .....	213763.44	873803.79
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	351.10
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	213763.44	873452.69
8. Cash on Hand at Close of Reporting Period (from Line 27).....	10949.24	
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on 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

Report of Receipts and Disbursements

- 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: 10 / 16 / 2014 To: 11 / 24 / 2014

I. RECEIPTS

COLUMN A Total this Period	COLUMN B Election Cycle Total as of 11 / 04 / 2014 (date of general election)	COLUMN C Total for 11 / 05 / 2014 (date after general election)
<b>11. CONTRIBUTIONS</b> (other than loans) FROM:		
<b>(a) Individuals/Persons Other than Political Committees</b>		
<b>(i) Itemized (use Schedule A)</b>		
55045.00	498189.24	0.00
<b>(ii) Unitemized</b>		
19992.30	187462.15	250.00
<b>(iii) Total of contributions from individuals</b>		
75037.30	685651.39	250.00
<b>(b) Political Party Committees</b>		
0.00	0.00	0.00
<b>(c) Other Political Committees</b>		
36100.00	201530.00	0.00

**POST-ELECTION DETAILED SUMMARY PAGE**

Report of Receipts and Disbursements

FEC Form 3 (Revised 1/01)

PAGE 4 / 91

COLUMN A Total this Period	COLUMN B Election Cycle Total as of * (date of general election) (* See page 5 for date)	COLUMN C Total for * (date after general election) through * (last day of reporting period) (* See page 5 for dates)
(d) The Candidate		
1348.41	16491.16	63.99
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c) and (d))		
112485.71	903672.55	313.99
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES		
0.00	5000.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate		
20000.00	20000.00	0.00
(b) All Other Loans		
0.00	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b))		
20000.00	20000.00	0.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, rebates, etc.)		
0.00	351.10	0.00
15. OTHER RECEIPTS (Dividends, Interest, etc.)		
300.00	6150.00	0.00
16. TOTAL RECEIPTS (add 11(e), 12, 13(c), 14 and 15)		
132785.71	935173.65	313.99

**POST-ELECTION DETAILED SUMMARY PAGE**

Report of Receipts and Disbursements

FEC Form 3 (Revised 1/01)

PAGE 5 / 91

Write or Type Committee Name

Miller-Meeks for Congress

Report Covering the Period: From:  /  /  To:  /  /

**II. DISBURSEMENTS**

COLUMN A Total this Period	COLUMN B Election Cycle Total as of * (date of general election) (* See page 5 for date)	COLUMN C Total for * (date after general election) through * (last day of reporting period) (* See page 5 for dates)
<b>17. OPERATING EXPENDITURES</b>		
213763.44	873803.79	50734.61
<b>18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES</b>		
0.00	0.00	0.00
<b>19. LOAN REPAYMENTS:</b>		
(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
<b>20. REFUNDS OF CONTRIBUTIONS TO:</b>		
(a) Individuals/Persons Other Than Political Committees		
0.00	0.00	0.00
(b) Political Party Committees		
0.00	0.00	0.00

**POST-ELECTION DETAILED SUMMARY PAGE**

Report of Receipts and Disbursements

FEC Form 3 (Revised 1/01)

PAGE 6 / 91

COLUMN A Total this Period	COLUMN B Election Cycle Total as of * (date of general election) (* See page 5 for date)	COLUMN C Total for * (date after general election) through * (last day of reporting period) (* See page 5 for dates)
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(c) Other Political Committees (such as PACs)

0.00	0.00	0.00
------	------	------

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

0.00	0.00	0.00
------	------	------

**21. OTHER DISBURSEMENTS**

0.00	0.00	0.00
------	------	------

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

213763.44	873803.79	50734.61
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**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))

112485.71	903672.55	313.99
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**IV. NET OPERATING EXPENDITURES**

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

213763.44	873452.69	50734.61
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**V. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	91926.97
24. TOTAL RECIEPTS THIS PERIOD (from Line 16).....	132785.71
25. SUBTOTAL (add Line 23 and Line 24).....	224712.68
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	213763.44
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25)	10949.24

**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 OF 91
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 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)  
**Dr. Harold Adams**

Mailing Address 1020 Teg Dr

City Iowa City State IA Zip Code 52246

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

Name of Employer University of Iowa Health Occupation physician

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1250.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 20 / 2014

**Transaction ID : SA11AI.15265**

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
**Pat Ainley**

Mailing Address P.O. Box 3908

City Crestline State CA Zip Code 92325

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

Name of Employer Ainley Enterprises Llc Occupation Property Management

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
220.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 29 / 2014

**Transaction ID : SA11AI.13691**

Amount of Each Receipt this Period  
100.00

**C.** Full Name (Last, First, Middle Initial)  
**Dale Andres**

Mailing Address 500 Grand Oaks Dr

City West Des Moines State IA Zip Code 50265

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

Name of Employer Pathology Associates Occupation physician

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 11 / 02 / 2014

**Transaction ID : SA11AI.14968**

Amount of Each Receipt this Period  
500.00

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

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

1100.00

**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 OF 91
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Miller-Meeks for Congress**

Full Name (Last, First, Middle Initial) <b>A. Karen Balderston</b>		Date of Receipt M M / D D / Y Y Y Y 10 / 27 / 2014
Mailing Address 3978 Sutton Rd		<b>Transaction ID : SA11AI.12470</b>
City Central City	State IA	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00
Name of Employer R & K Farm	Occupation farmer	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 300.00	

Full Name (Last, First, Middle Initial) <b>B. William Barnes</b>		Date of Receipt M M / D D / Y Y Y Y 10 / 27 / 2014
Mailing Address 622 10th St		<b>Transaction ID : SA11AI.12466</b>
City Dewitt	State IA	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Barnes Foodland	Occupation owner	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00	

Full Name (Last, First, Middle Initial) <b>C. Rita Bawden</b>		Date of Receipt M M / D D / Y Y Y Y 10 / 19 / 2014
Mailing Address 2820 E 42nd Ct		<b>Transaction ID : SA11AI.15078</b>
City Davenport	State IA	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer none	Occupation volunteer/activist	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1050.00
<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: (check only one)	PAGE 9 OF 91
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 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)  
**William Bernau**

Mailing Address 10 Oakridge Ave

City Iowa City State IA Zip Code 52246

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

Name of Employer Peoples Savings Bank Occupation Executive

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
4000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 21 / 2014

**Transaction ID : SA11AI.11974**

Amount of Each Receipt this Period  
1000.00

**B.** Full Name (Last, First, Middle Initial)  
**Kerry Beyer**

Mailing Address 2725 E 65th St

City Davenport State IA Zip Code 52807

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

Name of Employer Beyer & Rock Investments Occupation executive

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 29 / 2014

**Transaction ID : SA11AI.12487**

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
**Sudershan Bhatia**

Mailing Address 3743 Forest Gate Dr NE

City Iowa City State IA Zip Code 52240

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

Name of Employer University of Iowa Occupation physician

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 11 / 01 / 2014

**Transaction ID : SA11AI.15198**

Amount of Each Receipt this Period  
250.00

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

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

1500.00

**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 10 OF 91
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 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)  
**Scott Bogguss**

Mailing Address 2545 Hunters Ridge Rd

City Marion State IA Zip Code 50302

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

Name of Employer Simmons Perrine Moyer Bergman Occupation attorney

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **600.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 21 / 2014

**Transaction ID : SA11AI.15008**

Amount of Each Receipt this Period  
**100.00**

**B.** Full Name (Last, First, Middle Initial)  
**Brandon Bourgeois**

Mailing Address 204 Ridge Dr

City Fairfax State IA Zip Code 52228

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

Name of Employer Cedar Rapids OB/GYN Specialist Occupation physician

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1500.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 24 / 2014

**Transaction ID : SA11AI.15233**

Amount of Each Receipt this Period  
**500.00**

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

Mailing Address 4555 E 46th St

City Des Moines State IA Zip Code 50317

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

Name of Employer none Occupation retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 27 / 2014

**Transaction ID : SA11AI.12468**

Amount of Each Receipt this Period  
**250.00**

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>850.00</b>
<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 11 OF 91  
(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)  
**Cynthia Bradford**

Mailing Address 608 Stanton Young Blvd

City State Zip Code  
Oklahoma City OK 73104

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

Name of Employer Occupation  
Dean McGee Eye Institute physician

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 26 / 2014

**Transaction ID : SA11AI.15227**

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
**Randall Brenton**

Mailing Address 5495 Lakeview Dr

City State Zip Code  
Clear Lake IA 50428

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

Name of Employer Occupation  
Self Physician

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
300.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 17 / 2014

**Transaction ID : SA11AI.15047**

Amount of Each Receipt this Period  
300.00

**C.** Full Name (Last, First, Middle Initial)  
**Nita K Brooks**

Mailing Address 9 Oak Park Dr

City State Zip Code  
Bettendorf IA 52722

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

Name of Employer Occupation  
self homemaker

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 29 / 2014

**Transaction ID : SA11AI.15221**

Amount of Each Receipt this Period  
390.00

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

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

940.00

**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 12 OF 91
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Miller-Meeks for Congress**

Full Name (Last, First, Middle Initial) <b>Peter Brownell</b>		Date of Receipt M M / D D / Y Y Y Y 10 / 29 / 2014
Mailing Address 200 S Front St		<b>Transaction ID : SA11AI.12488</b>
City Montezuma	State IA	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2600.00
Name of Employer Brownells Inc	Occupation executive	Election Cycle-to-Date 5200.00
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		

Full Name (Last, First, Middle Initial) <b>Dennis Campbell</b>		Date of Receipt M M / D D / Y Y Y Y 10 / 21 / 2014
Mailing Address 2457 Hwy 30		<b>Transaction ID : SA11AI.14995</b>
City Dewitt	State ID	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer self	Occupation farmer	Election Cycle-to-Date 500.00
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		

Full Name (Last, First, Middle Initial) <b>Laurie Canady</b>		Date of Receipt M M / D D / Y Y Y Y 10 / 17 / 2014
Mailing Address 64 Arbury Dr		<b>Transaction ID : SA11AI.15271</b>
City Iowa City	State IA	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer self	Occupation homemaker	Election Cycle-to-Date 500.00
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		

<b>SUBTOTAL</b> of Receipts This Page (optional).....	3600.00
<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: (check only one)	PAGE 13 OF 91
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 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)  
**Gary Carlson**

Mailing Address 104 Deerpath Ln

City Muscatine State IA Zip Code 52761

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

Name of Employer HNI Corporation Occupation executive

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
300.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 16 / 2014

**Transaction ID : SA11AI.15025**

Amount of Each Receipt this Period  
50.00

**B.** Full Name (Last, First, Middle Initial)  
**Harry Cockrell**

Mailing Address 6320 N Harrison St

City Davenport State IA Zip Code 52806

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

Name of Employer Employer Support of the Guard Occupation executive

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 24 / 2014

**Transaction ID : SA11AI.12034**

Amount of Each Receipt this Period  
1500.00

**C.** Full Name (Last, First, Middle Initial)  
**Albert Cram**

Mailing Address 903 Highwood St

City Iowa City State IA Zip Code 52246

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

Name of Employer self Occupation physician

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
275.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 17 / 2014

**Transaction ID : SA11AI.15055**

Amount of Each Receipt this Period  
50.00

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

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

1600.00

**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 14 OF 91
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 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)  
**Albert Cram**

Mailing Address 903 Highwood St

City Iowa City State IA Zip Code 52246

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

Name of Employer self Occupation physician

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
325.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 30 / 2014

**Transaction ID : SA11AI.15207**

Amount of Each Receipt this Period  
50.00

**B.** Full Name (Last, First, Middle Initial)  
**Albert Cram**

Mailing Address 903 Highwood St

City Iowa City State IA Zip Code 52246

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

Name of Employer self Occupation physician

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
425.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 11 / 02 / 2014

**Transaction ID : SA11AI.15193**

Amount of Each Receipt this Period  
100.00

**C.** Full Name (Last, First, Middle Initial)  
**Ross DeValois**

Mailing Address 18 Bedford Ct

City Iowa City State IA Zip Code 52240

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

Name of Employer MidAmerican Securities Occupation financial planner

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
600.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 24 / 2014

**Transaction ID : SA11AI.15247**

Amount of Each Receipt this Period  
100.00

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

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

250.00

**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 15 OF 91
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Miller-Meeks for Congress**

Full Name (Last, First, Middle Initial) <b>David Dickey</b>		Date of Receipt M M / D D / Y Y Y Y 10 / 19 / 2014
Mailing Address 407 E 4th St		<b>Transaction ID : SA11AI.15084</b>
City Packwood	State IA	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Harold Dickey Transport	Occupation executive	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1320.00	

Full Name (Last, First, Middle Initial) <b>Carol Earnhardt</b>		Date of Receipt M M / D D / Y Y Y Y 10 / 27 / 2014
Mailing Address 1738 E 43rd St		<b>Transaction ID : SA11AI.12474</b>
City Davenport	State IA	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Scott County, Iowa	Occupation Supervisor	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 750.00	

Full Name (Last, First, Middle Initial) <b>Joan Evans</b>		Date of Receipt M M / D D / Y Y Y Y 10 / 29 / 2014
Mailing Address 22 Century Oaks		<b>Transaction ID : SA11AI.12519</b>
City Bettendorf	State IA	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer None	Occupation Retired	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 210.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1050.00
<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: (check only one)	PAGE 16 OF 91
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 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)  
**Elizabeth Frazee**

Mailing Address 119 Hillside Dr

City State Zip Code  
Eldridge IA 52748

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

Name of Employer none Occupation retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
M M / D D / Y Y Y Y  
10 / 24 / 2014

**Transaction ID : SA11AI.15234**

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
**John Freeland**

Mailing Address 501 W Vine St

City State Zip Code  
Mt. Pleasant IA 52641

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

Name of Employer none Occupation retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
650.00

Date of Receipt  
M M / D D / Y Y Y Y  
10 / 30 / 2014

**Transaction ID : SA11AI.12507**

Amount of Each Receipt this Period  
100.00

**C.** Full Name (Last, First, Middle Initial)  
**Gretchen Fuerste**

Mailing Address 20922 Country Squire Lane

City State Zip Code  
Dubuque IA 52001

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

Name of Employer Fuerste Eye Clinic Occupation physician

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
300.00

Date of Receipt  
M M / D D / Y Y Y Y  
10 / 27 / 2014

**Transaction ID : SA11AI.12472**

Amount of Each Receipt this Period  
300.00

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

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

650.00



**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 17 OF 91
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 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)  
**Greg Ganske**

Mailing Address 5206 Waterbury Rd

City State Zip Code  
Des Moines IA 50312

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

Name of Employer self Occupation physician

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1250.00

Date of Receipt  
M M / D D / Y Y Y Y  
10 / 20 / 2014

**Transaction ID : SA11AI.11890**

Amount of Each Receipt this Period  
1000.00

**B.** Full Name (Last, First, Middle Initial)  
**Richard Garrels**

Mailing Address 2257 - 235th St

City State Zip Code  
Mt. Pleasant IA 52641

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

Name of Employer retired Occupation retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1250.00

Date of Receipt  
M M / D D / Y Y Y Y  
10 / 27 / 2014

**Transaction ID : SA11AI.12475**

Amount of Each Receipt this Period  
500.00

**C.** Full Name (Last, First, Middle Initial)  
**Dorothy Gee**

Mailing Address 1242 Lichfield Dr

City State Zip Code  
Hiawatha IA 52233

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

Name of Employer retired Occupation retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
M M / D D / Y Y Y Y  
10 / 19 / 2014

**Transaction ID : SA11AI.15091**

Amount of Each Receipt this Period  
100.00

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

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

1600.00

**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 18 OF 91
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Miller-Meeks for Congress**

Full Name (Last, First, Middle Initial) <b>A. Karen Gehrs</b>		Date of Receipt M M / D D / Y Y Y Y 10 / 25 / 2014
Mailing Address 100 Timber Ln		<b>Transaction ID : SA11AI.12457</b>
City Coralville	State IA	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer University of Iowa Hospitals	Occupation physician	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2500.00	

Full Name (Last, First, Middle Initial) <b>B. James Gibler</b>		Date of Receipt M M / D D / Y Y Y Y 10 / 21 / 2014
Mailing Address 1208 Hutchinson Ave		<b>Transaction ID : SA11AI.11978</b>
City Ottumwa	State IA	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2600.00
Name of Employer none	Occupation retired	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2650.00	

Full Name (Last, First, Middle Initial) <b>C. James Gibler</b>		Date of Receipt M M / D D / Y Y Y Y 10 / 22 / 2014
Mailing Address 1208 Hutchinson Ave		<b>Transaction ID : SA11AI.12274</b>
City Ottumwa	State IA	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period -50.00
Name of Employer none	Occupation retired	Reattribute: Meeks, Curt 10/22/14
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2600.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	3050.00
<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: (check only one)	PAGE 19 OF 91
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Miller-Meeks for Congress**

Full Name (Last, First, Middle Initial) <b>A. Sara Gibler</b>		Date of Receipt M M / D D / Y Y Y Y 10 / 21 / 2014
Mailing Address 1208 Hutchinson Ave		<b>Transaction ID : SA11AI.11979</b>
City Ottumwa	State IA	
Zip Code 52501		Amount of Each Receipt this Period 2600.00
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2600.00
Name of Employer none	Occupation retired	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2600.00	

Full Name (Last, First, Middle Initial) <b>B. James Hahn</b>		Date of Receipt M M / D D / Y Y Y Y 10 / 19 / 2014
Mailing Address 900 West 4th St		<b>Transaction ID : SA11AI.11878</b>
City Muscatine	State IA	
Zip Code 52761		Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer none	Occupation retired	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2470.00	

Full Name (Last, First, Middle Initial) <b>C. James Hahn</b>		Date of Receipt M M / D D / Y Y Y Y 10 / 27 / 2014
Mailing Address 900 West 4th St		<b>Transaction ID : SA11AI.12480</b>
City Muscatine	State IA	
Zip Code 52761		Amount of Each Receipt this Period 600.00
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 600.00
Name of Employer none	Occupation retired	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 3070.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	4200.00
<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: (check only one)	PAGE 20 OF 91
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 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)  
**James Hahn**

Mailing Address 900 West 4th St

City Muscatine State IA Zip Code 52761

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

Name of Employer none Occupation retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2970.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 29 / 2014

**Transaction ID : SA11AI.14957**

Amount of Each Receipt this Period  
 -100.00

Reattribute: Kaufmann, Jeffrey 10/29/14

**B.** Full Name (Last, First, Middle Initial)  
**Raymond Harre**

Mailing Address 13150 106th Ave

City Davenport State IA Zip Code 52804

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

Name of Employer RG Radiology Group Occupation physician

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 27 / 2014

**Transaction ID : SA11AI.12473**

Amount of Each Receipt this Period  
 300.00

**C.** Full Name (Last, First, Middle Initial)  
**Kim Hoffman**

Mailing Address 2748 Eagle Heights Ct

City Bettendorf State IA Zip Code 52722

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

Name of Employer Bettendorf Community Schools Occupation director of student services

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 29 / 2014

**Transaction ID : SA11AI.12486**

Amount of Each Receipt this Period  
 2000.00

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

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

2200.00

**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 21 OF 91
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Miller-Meeks for Congress**

Full Name (Last, First, Middle Initial) <b>A. Teresa Horton</b>		Date of Receipt M M / D D / Y Y Y Y 11 / 02 / 2014
Mailing Address 311 Cedar St		<b>Transaction ID : SA11AI.15196</b>
City Tipton	State IA	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Jan Dendinger Real Estate	Occupation Realtor	Election Cycle-to-Date 275.00
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		

Full Name (Last, First, Middle Initial) <b>B. Kelly Housby</b>		Date of Receipt M M / D D / Y Y Y Y 10 / 24 / 2014
Mailing Address 5003 Harwood Dr		<b>Transaction ID : SA11AI.10213</b>
City Des Moines	State IA	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Housby Mack Inc.	Occupation executive	Election Cycle-to-Date 2000.00
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		

Full Name (Last, First, Middle Initial) <b>C. Helen Howe</b>		Date of Receipt M M / D D / Y Y Y Y 10 / 19 / 2014
Mailing Address 101 W Mississippi Dr		<b>Transaction ID : SA11AI.15092</b>
City Muscatine	State IA	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer self	Occupation homemaker	Election Cycle-to-Date 5550.00
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1500.00
<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: (check only one)	PAGE 22 OF 91
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 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)  
**Marc Iverson**

Mailing Address 5200 Bevington Place

City State Zip Code  
Charlotte NC 28277

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

Name of Employer Occupation  
None retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
M M / D D / Y Y Y Y  
10 / 30 / 2014

**Transaction ID : SA11AI.12498**

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
**Judy Jamison**

Mailing Address 3307 Maplecrest Rd

City State Zip Code  
Bettendorf IA 52722

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

Name of Employer Occupation  
none retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
270.00

Date of Receipt  
M M / D D / Y Y Y Y  
10 / 27 / 2014

**Transaction ID : SA11AI.15225**

Amount of Each Receipt this Period  
150.00

**C.** Full Name (Last, First, Middle Initial)  
**A Tim Johnson**

Mailing Address 810 Benton Dr

City State Zip Code  
Iowa City IA 52240

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

Name of Employer Occupation  
University of Iowa physician

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
M M / D D / Y Y Y Y  
10 / 25 / 2014

**Transaction ID : SA11AI.12458**

Amount of Each Receipt this Period  
500.00

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

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

1150.00

**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 23 OF 91
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 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)  
**Richard Jurgens**

Mailing Address 3008 Jordan Grv

City State Zip Code  
West Des Moines IA 52065

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

Name of Employer Occupation  
retired retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2000.00

Date of Receipt  
M M / D D / Y Y Y Y  
10 / 28 / 2014

**Transaction ID : SA11AI.12258**

Amount of Each Receipt this Period  
1000.00

**B.** Full Name (Last, First, Middle Initial)  
**John Kammermeyer**

Mailing Address 116 Ferson Ave

City State Zip Code  
Iowa City IA 52246

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

Name of Employer Occupation  
Iowa City Allergy Clinic physician

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
3500.00

Date of Receipt  
M M / D D / Y Y Y Y  
11 / 01 / 2014

**Transaction ID : SA11AI.14437**

Amount of Each Receipt this Period  
400.00

**C.** Full Name (Last, First, Middle Initial)  
**Jeffrey Kaufmann**

Mailing Address 2125 Old Muscatine Rd

City State Zip Code  
Wilton IA 52778

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

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
100.00

Date of Receipt  
M M / D D / Y Y Y Y  
10 / 29 / 2014

**Transaction ID : SA11AI.14958**

Amount of Each Receipt this Period  
100.00

Reattribute: Hahn, James 10/27/14

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

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

1500.00

**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 24 OF 91
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 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)  
**Kenneth Keith**

Mailing Address 3305 142nd Ave

City Ottumwa State IA Zip Code 52501

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

Name of Employer Keith Law Firm PC Occupation attorney

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
 \_\_\_\_\_ 400.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 27 / 2014

**Transaction ID : SA11AI.12465**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 100.00

**B.** Full Name (Last, First, Middle Initial)  
**Gage Kent**

Mailing Address 3300 Tipton Rd

City Muscatine State IA Zip Code 52761

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

Name of Employer Kent Corporation Occupation executive

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
 \_\_\_\_\_ 2600.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 24 / 2014

**Transaction ID : SA11AI.12044**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 2600.00

**C.** Full Name (Last, First, Middle Initial)  
**Mark Kilmer**

Mailing Address 2345 Fairhaven Rd

City Davenport State IA Zip Code 52803

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

Name of Employer The Republic Companies Occupation Executive

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
 \_\_\_\_\_ 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 27 / 2014

**Transaction ID : SA11AI.12254**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 1000.00

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

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

\_\_\_\_\_ 3700.00

\_\_\_\_\_



**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 25 OF 91
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 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)  
**Scott King**

Mailing Address 10585 Rutledge Rd

City	State	Zip Code
Ottumwa	IA	52501

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

Name of Employer	Occupation
Foot and Ankle Clinic	physician

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 11 / 02 / 2014

**Transaction ID : SA11AI.12496**

Amount of Each Receipt this Period  
1000.00

**B.** Full Name (Last, First, Middle Initial)  
**Jerome Kjer**

Mailing Address 11 Bear Creek Estates Dr

City	State	Zip Code
Ottumwa	IA	52501

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

Name of Employer	Occupation
Southern Iowa Transit	Manager

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
600.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 24 / 2014

**Transaction ID : SA11AI.15242**

Amount of Each Receipt this Period  
100.00

**C.** Full Name (Last, First, Middle Initial)  
**Roger Leahy**

Mailing Address 2096 Nutmeg Ave

City	State	Zip Code
Farifield	IA	52556

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

Name of Employer	Occupation
Overland Sheepskin Co.	owner

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
900.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 31 / 2014

**Transaction ID : SA11AI.15200**

Amount of Each Receipt this Period  
100.00

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

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

1200.00

**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 26 OF 91
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 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)  
**Ronald Lee**

Mailing Address 1120 Mercer St

City Burlington State IA Zip Code 52601

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

Name of Employer self Occupation physician

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 16 / 2014

**Transaction ID : SA11AI.15016**

Amount of Each Receipt this Period  
 250.00

**B.** Full Name (Last, First, Middle Initial)  
**Cecily Lesko**

Mailing Address 1005 Clifton Ave

City Clifton State NJ Zip Code 07013

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

Name of Employer North Jersey Eye Associates Occupation physician

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 20 / 2014

**Transaction ID : SA11AI.15267**

Amount of Each Receipt this Period  
 250.00

**C.** Full Name (Last, First, Middle Initial)  
**Lyle Long**

Mailing Address 1212 17th St

City Bettendorf State IA Zip Code 52722

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

Name of Employer none Occupation retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 24 / 2014

**Transaction ID : SA11AI.15236**

Amount of Each Receipt this Period  
 100.00

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

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

600.00

**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 27 OF 91
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 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)  
**Benjamin Mason**

Mailing Address 1110 Eagle Ridge Rd

City Cedar Falls	State IA	Zip Code 50613
---------------------	-------------	-------------------

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

Name of Employer Wolk Eye Clinic	Occupation physician
-------------------------------------	-------------------------

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 11 / 02 / 2014

**Transaction ID : SA11AI.15187**

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
**John McGillicuddy**

Mailing Address 2209 MacBride Dr

City Iowa City	State IA	Zip Code 52246
-------------------	-------------	-------------------

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

Name of Employer McGillicuddy Corrigan Agronomic	Occupation agronomist
---	--------------------------

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
300.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 24 / 2014

**Transaction ID : SA11AI.15250**

Amount of Each Receipt this Period  
100.00

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

Mailing Address 8701 Washington St

City Downers Grove	State IL	Zip Code 60516
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FEC ID number of contributing federal political committee. **C**

Name of Employer none	Occupation retired
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Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2750.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 27 / 2014

**Transaction ID : SA11AI.12479**

Amount of Each Receipt this Period  
500.00

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

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

850.00

**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 28 OF 91
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Miller-Meeks for Congress**

Full Name (Last, First, Middle Initial) <b>A. Curt Meeks</b>		Date of Receipt M M / D D / Y Y Y Y 10 / 22 / 2014
Mailing Address 11674 90th St		<b>Transaction ID : SA11AI.12275</b>
City Ottumwa	State IA	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer Ottumwa Regional Health Center	Occupation Compliance Officer	Reattribute: Gibler, James 10/21/14
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 892.62	

Full Name (Last, First, Middle Initial) <b>B. Brady Meldrem</b>		Date of Receipt M M / D D / Y Y Y Y 10 / 27 / 2014
Mailing Address 11801 Rutledge Rd		<b>Transaction ID : SA11AI.12246</b>
City Ottumwa	State IA	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Norris Asphalt	Occupation executive	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2000.00	

Full Name (Last, First, Middle Initial) <b>C. Jane Nicholson</b>		Date of Receipt M M / D D / Y Y Y Y 10 / 28 / 2014
Mailing Address 2396 Pilgrim Path		<b>Transaction ID : SA11AI.12484</b>
City Oskaloosa	State IA	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Mahaska Drug	Occupation Pharmacist	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1550.00
<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: (check only one)	PAGE 29 OF 91
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 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)  
**William Olin**

Mailing Address 426 Mahaska Dr

City Iowa City State IA Zip Code 52246

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

Name of Employer self Occupation dentist

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 11 / 02 / 2014

**Transaction ID : SA11AI.14440**

Amount of Each Receipt this Period  
 250.00

**B.** Full Name (Last, First, Middle Initial)  
**Bruce Rastetter**

Mailing Address 10640 Co. Hwy. D20

City Alden State IA Zip Code 50006

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

Name of Employer Summit Group Occupation Executive

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 28 / 2014

**Transaction ID : SA11AI.12284**

Amount of Each Receipt this Period  
 2600.00

**C.** Full Name (Last, First, Middle Initial)  
**Hall Roberts**

Mailing Address P.O. Box 10

City Postville State IA Zip Code 52162

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

Name of Employer Hall Roberts' Son Inc. Occupation Executive

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 22 / 2014

**Transaction ID : SA11AI.15124**

Amount of Each Receipt this Period  
 250.00

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

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

3100.00

**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 30 OF 91
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 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)  
**Scott Rude**

Mailing Address 1035 Tamarack Trail

City Iowa City State IA Zip Code 52245

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

Name of Employer CIVCO Medical Solutions Occupation executive

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **350.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
 11 / 02 / 2014

**Transaction ID : SA11AI.15197**

Amount of Each Receipt this Period  
**150.00**

**B.** Full Name (Last, First, Middle Initial)  
**Stephen Russell**

Mailing Address 422 Butternut Lane

City Iowa City State IA Zip Code 52246

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

Name of Employer University of Iowa Occupation Physician

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1400.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 29 / 2014

**Transaction ID : SA11AI.12520**

Amount of Each Receipt this Period  
**200.00**

**C.** Full Name (Last, First, Middle Initial)  
**Nicholas Ryan**

Mailing Address 2209 North Shore Dr

City Clear Lake State IA Zip Code 50428

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

Name of Employer Concordia Group Occupation Executive

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 23 / 2014

**Transaction ID : SA11AI.12035**

Amount of Each Receipt this Period  
**1000.00**

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

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

**1350.00**

**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 31 OF 91
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 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)  
**Linda Sample**

Mailing Address 11687 90th St

City Ottumwa State IA Zip Code 52501

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

Name of Employer Ottumwa Community Schools Occupation School Secretary

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 30 / 2014

**Transaction ID : SA11AI.12510**

Amount of Each Receipt this Period  
500.00

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

Mailing Address 13247 - !30th St

City Wapello State IA Zip Code 52653

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

Name of Employer State of Iowa Occupation legislator

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 17 / 2014

**Transaction ID : SA11AI.15063**

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
**Kevin Schlutz**

Mailing Address 14812 N Ave

City Columbus Junction State IA Zip Code 52738

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

Name of Employer Central Iowa KFC Inc Occupation executive

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 30 / 2014

**Transaction ID : SA11AI.15208**

Amount of Each Receipt this Period  
100.00

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

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

850.00

**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 32 OF 91
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Miller-Meeks for Congress**

Full Name (Last, First, Middle Initial) <b>Michael Scott</b>		Date of Receipt M M / D D / Y Y Y Y 10 / 24 / 2014
Mailing Address 515 Sunset Ridge		<b>Transaction ID : SA11AI.15241</b>
City Dubuque	State IA	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer self	Occupation physician	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2100.00	

Full Name (Last, First, Middle Initial) <b>Kenny Seng</b>		Date of Receipt M M / D D / Y Y Y Y 10 / 29 / 2014
Mailing Address 8692 South 1150 East		<b>Transaction ID : SA11AI.12500</b>
City Spanish Fork	State UT	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Kenny Seng Construction	Occupation Contractor	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00	

Full Name (Last, First, Middle Initial) <b>Patricia Siemsen</b>		Date of Receipt M M / D D / Y Y Y Y 11 / 01 / 2014
Mailing Address 27025 Glynn's Creek Ct		<b>Transaction ID : SA11AI.14433</b>
City Eldridge	State IA	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 150.00
Name of Employer none	Occupation volunteer	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 450.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	750.00
<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: (check only one)	PAGE 33 OF 91
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 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)  
**John Skelley**

Mailing Address 718 Cypress St

City State Zip Code  
Wilton IA 52778

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

Name of Employer Occupation  
Gerdau Ameristeel executive

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
275.00

Date of Receipt  
M M / D D / Y Y Y Y  
10 / 30 / 2014

**Transaction ID : SA11AI.15204**

Amount of Each Receipt this Period  
25.00

**B.** Full Name (Last, First, Middle Initial)  
**David Stanley**

Mailing Address P.O. Box 209

City State Zip Code  
Muscatine IA 52761

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

Name of Employer Occupation  
Self Attorney

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y  
10 / 27 / 2014

**Transaction ID : SA11AI.12247**

Amount of Each Receipt this Period  
1000.00

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

Mailing Address 2975 Hwy 22

City State Zip Code  
Muscatine IA 52761

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

Name of Employer Occupation  
self veterinarian

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y  
10 / 23 / 2014

**Transaction ID : SA11AI.12033**

Amount of Each Receipt this Period  
1000.00

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

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

2025.00

**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 34 OF 91
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 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)  
**Roger Stetson**

Mailing Address 9225 Cascade Ave #2204

City West Des Moines	State IA	Zip Code 50266
-------------------------	-------------	-------------------

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

Name of Employer Stetson Building Products	Occupation Chairman
---	------------------------

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		21		2014

**Transaction ID : SA11AI.15001**

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
**Charles Sukup**

Mailing Address 2418 Vine Ave

City Dougherty	State IA	Zip Code 50433
-------------------	-------------	-------------------

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

Name of Employer Sukup Manufacturing Company	Occupation executive
---	-------------------------

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		25		2014

**Transaction ID : SA11AI.12243**

Amount of Each Receipt this Period  
1000.00

**C.** Full Name (Last, First, Middle Initial)  
**Deborah 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 Public Interest Institute	Occupation Research Analyst
---	--------------------------------

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2500.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		27		2014

**Transaction ID : SA11AI.12476**

Amount of Each Receipt this Period  
200.00

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

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

1450.00

**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 35 OF 91
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Miller-Meeks for Congress**

**A. Deborah Thornton**  
 Full Name (Last, First, Middle Initial)  
 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 Public Interest Institute Occupation Research Analyst  
 Receipt For: 2014  
 Primary  General  
 Other (specify)  
 Election Cycle-to-Date 2700.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 02 / 2014  
**Transaction ID : SA11AI.14969**  
 Amount of Each Receipt this Period  
 200.00

**B. Margaret Tinsman**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3541 E Kimberly Rd  
 City Davenport State IA Zip Code 52807  
 FEC ID number of contributing federal political committee. C  
 Name of Employer none Occupation retired  
 Receipt For: 2014  
 Primary  General  
 Other (specify)  
 Election Cycle-to-Date 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 21 / 2014  
**Transaction ID : SA11AI.15262**  
 Amount of Each Receipt this Period  
 130.00

**C. Dennis Tripp**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2238 Oak Tree Rd  
 City Muscatine State IA Zip Code 52761  
 FEC ID number of contributing federal political committee. C  
 Name of Employer Stanley Consultants Inc. Occupation engineer  
 Receipt For: 2014  
 Primary  General  
 Other (specify)  
 Election Cycle-to-Date 340.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 03 / 2014  
**Transaction ID : SA11AI.15184**  
 Amount of Each Receipt this Period  
 100.00

**SUBTOTAL** of Receipts This Page (optional).....  
**TOTAL** This Period (last page this line number only).....

430.00

**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 36 OF 91
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 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)  
**Patrick Weiler**

Mailing Address 10 Deer Run Dr

City Pella State IA Zip Code 52109

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

Name of Employer Weiler, Inc Occupation Executive

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 28 / 2014

**Transaction ID : SA11AI.12263**

Amount of Each Receipt this Period  
 2600.00

Reattribute: Weiler, Sharon 10/28/14

**B.** Full Name (Last, First, Middle Initial)  
**Sharon Weiler**

Mailing Address 10 Deer Run Dr

City Pella State IA Zip Code 50219

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

Name of Employer Hewlett-Packard Occupation information analyst

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 28 / 2014

**Transaction ID : SA11AI.12259**

Amount of Each Receipt this Period  
 600.00

**C.** Full Name (Last, First, Middle Initial)  
**Kim Whalen**

Mailing Address 2140 Saint Andrews Cir

City Bettendorf State IA Zip Code 52722

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

Name of Employer Heart of America Group Occupation Executive

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 27 / 2014

**Transaction ID : SA11AI.12256**

Amount of Each Receipt this Period  
 1000.00

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

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

4200.00

**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 37 OF 91
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 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)  
**Heather Winegard**

Mailing Address 11351 60th St

City Burlington State IA Zip Code 52601

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

Name of Employer none Occupation homemaker

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 04 / 2014

**Transaction ID : SA11AI.14978**

Amount of Each Receipt this Period  
 2600.00

**B.** Full Name (Last, First, Middle Initial)  
**Randy Winegard**

Mailing Address 300 Kirkwood St

City Burlington State IA Zip Code 52601

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

Name of Employer Winegard Co. Occupation Executive

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 04 / 2014

**Transaction ID : SA11AI.14980**

Amount of Each Receipt this Period  
 2600.00

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

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

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

5200.00

55045.00

**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 38 OF 91
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 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)  
**AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE**

Mailing Address 25 MASSACHUSETTS AVENUE, NW  
SUITE 600

City WASHINGTON State DC Zip Code 20001

FEC ID number of contributing federal political committee. **C** C00000422

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 01 / 2014

**Transaction ID : SA11C.14418**

Amount of Each Receipt this Period  
3000.00

**B.** Full Name (Last, First, Middle Initial)  
**AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE**

Mailing Address 1061 AMERICAN LANE

City SCHAUMBURG State IL Zip Code 60173

FEC ID number of contributing federal political committee. **C** C00255752

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
10000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 01 / 2014

**Transaction ID : SA11C.14413**

Amount of Each Receipt this Period  
1000.00

**C.** Full Name (Last, First, Middle Initial)  
**ASSOCIATION FOR ADVANCED LIFE UNDERWRITING PAC (AALU PAC)**

Mailing Address 11921 FREEDOM DRIVE  
SUITE 1100

City RESTON State VA Zip Code 20190

FEC ID number of contributing federal political committee. **C** C00447565

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
100.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 27 / 2014

**Transaction ID : SA11C.14963**

Amount of Each Receipt this Period  
100.00

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

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

4100.00

**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 39 OF 91
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 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)  
**CITIZENS TO ELECT PHIL ROE TO CONGRESS**

Mailing Address PO BOX 3218

City	State	Zip Code
JOHNSON CITY	TN	37602

FEC ID number of contributing federal political committee. **C** C00444471

Name of Employer	Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 20 / 2014

**Transaction ID : SA11C.11881**

Amount of Each Receipt this Period

1000.00

**B.** Full Name (Last, First, Middle Initial)  
**CONSERVATIVE OPPURTUNITY LEADERSHIP AND ENTERPRISE PAC (COLE PAC)**

Mailing Address 12176 CHANCERY STATION CIRCLE

City	State	Zip Code
RESTON	VA	20190

FEC ID number of contributing federal political committee. **C** C00404392

Name of Employer	Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 11 / 01 / 2014

**Transaction ID : SA11C.14416**

Amount of Each Receipt this Period

2000.00

**C.** Full Name (Last, First, Middle Initial)  
**CONSERVATIVES RESTORING EXCELLENCE (CRE-PAC)**

Mailing Address PO BOX 98629

City	State	Zip Code
RALEIGH	NC	27624

FEC ID number of contributing federal political committee. **C** C00502187

Name of Employer	Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 20 / 2014

**Transaction ID : SA11C.11882**

Amount of Each Receipt this Period

1000.00

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

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

4000.00

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

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

FOR LINE NUMBER: PAGE 40 OF 91  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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NAME OF COMMITTEE (In Full)  
**Miller-Meeks for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**DEFENDING AND INVESTING IN AMERICA'S NEW ENDEAVORS PAC (DIANE PAC)**

Mailing Address **PO BOX 1437**

City **GALLATIN** State **TN** Zip Code **37066**

FEC ID number of contributing federal political committee. **C C00499996**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**3000.00**

Date of Receipt  
 M  M /  D  D /  Y  Y  Y  Y  
**10 / 27 / 2014**

**Transaction ID : SA11C.12257**

Amount of Each Receipt this Period  
**2500.00**

**B.** Full Name (Last, First, Middle Initial)  
**GOOD FUND, THE**

Mailing Address **PO BOX 3404**

City **ALEXANDRIA** State **VA** Zip Code **22302**

FEC ID number of contributing federal political committee. **C C00409185**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**3000.00**

Date of Receipt  
 M  M /  D  D /  Y  Y  Y  Y  
**10 / 27 / 2014**

**Transaction ID : SA11C.12253**

Amount of Each Receipt this Period  
**3000.00**

**C.** Full Name (Last, First, Middle Initial)  
**ICE PAC**

Mailing Address **PO BOX 752**

City **LONG LAKE** State **MN** Zip Code **55356**

FEC ID number of contributing federal political committee. **C C00484667**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**2000.00**

Date of Receipt  
 M  M /  D  D /  Y  Y  Y  Y  
**11 / 01 / 2014**

**Transaction ID : SA11C.14419**

Amount of Each Receipt this Period  
**1000.00**

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

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

**6500.00**



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

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

FOR LINE NUMBER: PAGE 41 OF 91  
(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 BOLTON PAC**

Mailing Address 610 S. BOULEVARD

City State Zip Code  
TAMPA FL 33606

FEC ID number of contributing federal political committee. **C C00542431**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5000.00

Date of Receipt  
M M / D D / Y Y Y Y  
10 / 20 / 2014

**Transaction ID : SA11C.11887**

Amount of Each Receipt this Period  
5000.00

**B.** Full Name (Last, First, Middle Initial)  
**JONI ERNST FOR US SENATE INC**

Mailing Address PO BOX 93441

City State Zip Code  
DES MOINES IA 50393

FEC ID number of contributing federal political committee. **C C00546788**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y  
11 / 02 / 2014

**Transaction ID : SA11C.14975**

Amount of Each Receipt this Period  
1000.00

**C.** Full Name (Last, First, Middle Initial)  
**LUKE MESSER FOR CONGRESS**

Mailing Address PO BOX 917

City State Zip Code  
SHELBYVILLE IN 46176

FEC ID number of contributing federal political committee. **C C00460667**

Name of Employer Occupation

Receipt For: 2013  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y  
10 / 23 / 2014

**Transaction ID : SA11C.14994**

Amount of Each Receipt this Period  
500.00

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

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

6500.00

**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 42 OF 91
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 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)  
**LUMMIS FOR CONGRESS**

Mailing Address PO BOX 52188

City: CASPER State: WY Zip Code: 82609

FEC ID number of contributing federal political committee: **C** C00443580

Name of Employer: Occupation:

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date: 1000.00

Date of Receipt: 10 / 19 / 2014

**Transaction ID : SA11C.15103**

Amount of Each Receipt this Period: 500.00

**B.** Full Name (Last, First, Middle Initial)  
**MCDONALDS CORPORATION POLITICAL ACTION COMMITTEE**

Mailing Address 2111 MCDONALDS DR DEPT 213

City: OAK BROOK State: IL Zip Code: 60523

FEC ID number of contributing federal political committee: **C** C00063164

Name of Employer: Occupation:

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date: 2500.00

Date of Receipt: 11 / 03 / 2014

**Transaction ID : SA11C.14961**

Amount of Each Receipt this Period: 2500.00

**C.** Full Name (Last, First, Middle Initial)  
**NATSO INC. NATSO PAC**

Mailing Address 1330 BRADDOCK PLACE, SUITE 501

City: ALEXANDRIA State: VA Zip Code: 22314

FEC ID number of contributing federal political committee: **C** C00097865

Name of Employer: Occupation:

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date: 500.00

Date of Receipt: 11 / 01 / 2014

**Transaction ID : SA11C.14420**

Amount of Each Receipt this Period: 500.00

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

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

3500.00

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

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

FOR LINE NUMBER: PAGE 43 OF 91  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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NAME OF COMMITTEE (In Full)  
**Miller-Meeks for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**NEW PIONEERS PAC**

Mailing Address 228 S WASHINGTON ST STE 115

City State Zip Code  
ALEXANDRIA VA 22314

FEC ID number of contributing federal political committee. **C** C00459123

Name of Employer Occupation

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
5000.00

Date of Receipt  
M M / D D / Y Y Y Y  
10 / 28 / 2014

**Transaction ID : SA11C.12265**

Amount of Each Receipt this Period  
2500.00

**B.** Full Name (Last, First, Middle Initial)  
**OORAH! POLITICAL ACTION COMMITTEE**

Mailing Address PO BOX 1053

City State Zip Code  
BLOOMINGTON IN 47402

FEC ID number of contributing federal political committee. **C** C00551853

Name of Employer Occupation

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y  
10 / 28 / 2014

**Transaction ID : SA11C.12266**

Amount of Each Receipt this Period  
1000.00

**C.** Full Name (Last, First, Middle Initial)  
**OUR COUNTRY DESERVES BETTER PAC - TEAPARTYEXPRESS.ORG**

Mailing Address PO BOX 984

City State Zip Code  
WILLOWS CA 95988

FEC ID number of contributing federal political committee. **C** C00454074

Name of Employer Occupation

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y  
11 / 01 / 2014

**Transaction ID : SA11C.14414**

Amount of Each Receipt this Period  
1000.00

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

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

4500.00

**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 44 OF 91
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Miller-Meeks for Congress**

**A. PIONEER POLITICAL ACTION COMMITTEE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 701 8TH STREET, NW  
 SUITE 500  
 City WASHINGTON State DC Zip Code 20001  
 FEC ID number of contributing federal political committee. **C C00325357**  
 Name of Employer Occupation  
 Receipt For: 2014  
 Primary  General  
 Other (specify)  
 Election Cycle-to-Date  
 5000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 30 / 2014  
**Transaction ID : SA11C.12502**  
 Amount of Each Receipt this Period  
 4000.00

**B. PROMOTING OUR REPUBLICAN TEAM PAC**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 8331 LITTLE HARBOR DRIVE  
 City CINCINNATI State OH Zip Code 45244  
 FEC ID number of contributing federal political committee. **C C00440032**  
 Name of Employer Occupation  
 Receipt For: 2014  
 Primary  General  
 Other (specify)  
 Election Cycle-to-Date  
 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 24 / 2014  
**Transaction ID : SA11C.12046**  
 Amount of Each Receipt this Period  
 1000.00

**C. REINVENTING A NEW DIRECTION - RANDPAC**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO BOX 72598  
 City NEWPORT State KY Zip Code 41072  
 FEC ID number of contributing federal political committee. **C C00493924**  
 Name of Employer Occupation  
 Receipt For: 2014  
 Primary  General  
 Other (specify)  
 Election Cycle-to-Date  
 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 20 / 2014  
**Transaction ID : SA11C.11885**  
 Amount of Each Receipt this Period  
 1000.00

**SUBTOTAL** of Receipts This Page (optional).....  
**TOTAL** This Period (last page this line number only).....

6000.00

**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 45 OF 91
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 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)  
**USA FIRST PAC**

Mailing Address 8705B COLESVILLE RD #149

City State Zip Code  
SILVER SPRING MD 20910

FEC ID number of contributing federal political committee. **C** C00567685

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 02 / 2014

**Transaction ID : SA11C.14976**

Amount of Each Receipt this Period  
 1000.00

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

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

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

1000.00

36100.00

**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 46 OF 91
<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input checked="" type="checkbox"/> 11d 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)  
**MARIANNETTE JANE MILLER-MEEKS**

Mailing Address 11674 90TH ST

City OTTUMWA	State IA	Zip Code 52501
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C H8IA02043**

Name of Employer self	Occupation physician
-----------------------	-------------------------

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**10008.99**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		16		2014

**Transaction ID : SA11D.15292**

Amount of Each Receipt this Period  

32.00
-------

In-kind - travel

**B.** Full Name (Last, First, Middle Initial)  
**MARIANNETTE JANE MILLER-MEEKS**

Mailing Address 11674 90TH ST

City OTTUMWA	State IA	Zip Code 52501
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C H8IA02043**

Name of Employer self	Occupation physician
-----------------------	-------------------------

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**10075.83**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		17		2014

**Transaction ID : SA11D.15294**

Amount of Each Receipt this Period  

66.84
-------

In-kind - travel

**C.** Full Name (Last, First, Middle Initial)  
**MARIANNETTE JANE MILLER-MEEKS**

Mailing Address 11674 90TH ST

City OTTUMWA	State IA	Zip Code 52501
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C H8IA02043**

Name of Employer self	Occupation physician
-----------------------	-------------------------

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**10105.33**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		17		2014

**Transaction ID : SA11D.15296**

Amount of Each Receipt this Period  

29.50
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In-kind - travel

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

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

128.34
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**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 47 OF 91
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input checked="" type="checkbox"/> 11d 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)  
**MARIANNETTE JANE MILLER-MEEKS**

Mailing Address 11674 90TH ST

City OTTUMWA	State IA	Zip Code 52501
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C H8IA02043**

Name of Employer self	Occupation physician
-----------------------	-------------------------

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
**10128.15**

Date of Receipt  

M M	/	D D	/	Y Y Y Y
10		18		2014

**Transaction ID : SA11D.15298**

Amount of Each Receipt this Period  

22.82
-------

In-kind - travel

**B.** Full Name (Last, First, Middle Initial)  
**MARIANNETTE JANE MILLER-MEEKS**

Mailing Address 11674 90TH ST

City OTTUMWA	State IA	Zip Code 52501
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C H8IA02043**

Name of Employer self	Occupation physician
-----------------------	-------------------------

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
**10201.02**

Date of Receipt  

M M	/	D D	/	Y Y Y Y
10		18		2014

**Transaction ID : SA11D.15300**

Amount of Each Receipt this Period  

72.87
-------

In-kind - travel

**C.** Full Name (Last, First, Middle Initial)  
**MARIANNETTE JANE MILLER-MEEKS**

Mailing Address 11674 90TH ST

City OTTUMWA	State IA	Zip Code 52501
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C H8IA02043**

Name of Employer self	Occupation physician
-----------------------	-------------------------

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
**10244.07**

Date of Receipt  

M M	/	D D	/	Y Y Y Y
10		18		2014

**Transaction ID : SA11D.15302**

Amount of Each Receipt this Period  

43.05
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In-kind - travel

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

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

138.74
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**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 48 OF 91
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input checked="" type="checkbox"/> 11d 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)  
**MARIANNETTE JANE MILLER-MEEKS**

Mailing Address 11674 90TH ST

City OTTUMWA	State IA	Zip Code 52501
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C H8IA02043**

Name of Employer self	Occupation physician
-----------------------	-------------------------

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
**10274.07**

Date of Receipt  

M M	/	D D	/	Y Y Y Y
10		18		2014

**Transaction ID : SA11D.15304**

Amount of Each Receipt this Period  
**30.00**

In-kind - travel

**B.** Full Name (Last, First, Middle Initial)  
**MARIANNETTE JANE MILLER-MEEKS**

Mailing Address 11674 90TH ST

City OTTUMWA	State IA	Zip Code 52501
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C H8IA02043**

Name of Employer self	Occupation physician
-----------------------	-------------------------

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
**10299.72**

Date of Receipt  

M M	/	D D	/	Y Y Y Y
10		18		2014

**Transaction ID : SA11D.15306**

Amount of Each Receipt this Period  
**25.65**

In-kind - travel

**C.** Full Name (Last, First, Middle Initial)  
**MARIANNETTE JANE MILLER-MEEKS**

Mailing Address 11674 90TH ST

City OTTUMWA	State IA	Zip Code 52501
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C H8IA02043**

Name of Employer self	Occupation physician
-----------------------	-------------------------

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
**10304.01**

Date of Receipt  

M M	/	D D	/	Y Y Y Y
10		18		2014

**Transaction ID : SA11D.15308**

Amount of Each Receipt this Period  
**4.29**

In-kind - signs

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

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

**59.94**



**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 49 OF 91
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input checked="" type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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**A.** Full Name (Last, First, Middle Initial)  
**MARIANNETTE JANE MILLER-MEEKS**

Mailing Address 11674 90TH ST

City OTTUMWA	State IA	Zip Code 52501
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C H8IA02043**

Name of Employer self	Occupation physician
-----------------------	-------------------------

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
**10383.26**

Date of Receipt  

M M	/	D D	/	Y Y Y Y
10		19		2014

**Transaction ID : SA11D.15310**

Amount of Each Receipt this Period  

79.25
-------

In-kind - lodging

**B.** Full Name (Last, First, Middle Initial)  
**MARIANNETTE JANE MILLER-MEEKS**

Mailing Address 11674 90TH ST

City OTTUMWA	State IA	Zip Code 52501
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C H8IA02043**

Name of Employer self	Occupation physician
-----------------------	-------------------------

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
**10402.26**

Date of Receipt  

M M	/	D D	/	Y Y Y Y
10		19		2014

**Transaction ID : SA11D.15312**

Amount of Each Receipt this Period  

19.00
-------

In-kind - parking

**C.** Full Name (Last, First, Middle Initial)  
**MARIANNETTE JANE MILLER-MEEKS**

Mailing Address 11674 90TH ST

City OTTUMWA	State IA	Zip Code 52501
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C H8IA02043**

Name of Employer self	Occupation physician
-----------------------	-------------------------

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
**10428.26**

Date of Receipt  

M M	/	D D	/	Y Y Y Y
10		20		2014

**Transaction ID : SA11D.15314**

Amount of Each Receipt this Period  

26.00
-------

In-kind - travel

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

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

124.25
--------

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

FOR LINE NUMBER: (check only one)	PAGE 50 OF 91
<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a
<input type="checkbox"/> 11c 13b	<input checked="" type="checkbox"/> 11d 14
<input type="checkbox"/> 15	

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

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NAME OF COMMITTEE (In Full)  
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**MARIANNETTE JANE MILLER-MEEKS**

Mailing Address 11674 90TH ST

City OTTUMWA	State IA	Zip Code 52501
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C H8IA02043**

Name of Employer self	Occupation physician
-----------------------	-------------------------

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**10442.26**

Date of Receipt  

M M	/	D D	/	Y Y Y Y
10		20		2014

**Transaction ID : SA11D.15316**

Amount of Each Receipt this Period  
**14.00**

In-kind - parking

**B.** Full Name (Last, First, Middle Initial)  
**MARIANNETTE JANE MILLER-MEEKS**

Mailing Address 11674 90TH ST

City OTTUMWA	State IA	Zip Code 52501
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C H8IA02043**

Name of Employer self	Occupation physician
-----------------------	-------------------------

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**10449.46**

Date of Receipt  

M M	/	D D	/	Y Y Y Y
10		20		2014

**Transaction ID : SA11D.15318**

Amount of Each Receipt this Period  
**7.20**

In-kind - travel

**C.** Full Name (Last, First, Middle Initial)  
**MARIANNETTE JANE MILLER-MEEKS**

Mailing Address 11674 90TH ST

City OTTUMWA	State IA	Zip Code 52501
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C H8IA02043**

Name of Employer self	Occupation physician
-----------------------	-------------------------

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**10469.46**

Date of Receipt  

M M	/	D D	/	Y Y Y Y
10		22		2014

**Transaction ID : SA11D.15320**

Amount of Each Receipt this Period  
**20.00**

In-kind - travel

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

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

**41.20**

**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 51 OF 91
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input checked="" type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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Mailing Address 11674 90TH ST

City OTTUMWA	State IA	Zip Code 52501
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C H8IA02043**

Name of Employer self	Occupation physician
-----------------------	-------------------------

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
**10501.46**

Date of Receipt  

M M	/	D D	/	Y Y Y Y
10		22		2014

**Transaction ID : SA11D.15322**

Amount of Each Receipt this Period  

32.00
-------

 In-kind - travel

**B.** Full Name (Last, First, Middle Initial)  
**MARIANNETTE JANE MILLER-MEEKS**

Mailing Address 11674 90TH ST

City OTTUMWA	State IA	Zip Code 52501
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C H8IA02043**

Name of Employer self	Occupation physician
-----------------------	-------------------------

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
**10597.86**

Date of Receipt  

M M	/	D D	/	Y Y Y Y
10		22		2014

**Transaction ID : SA11D.15324**

Amount of Each Receipt this Period  

96.40
-------

 In-kind - printing

**C.** Full Name (Last, First, Middle Initial)  
**MARIANNETTE JANE MILLER-MEEKS**

Mailing Address 11674 90TH ST

City OTTUMWA	State IA	Zip Code 52501
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C H8IA02043**

Name of Employer self	Occupation physician
-----------------------	-------------------------

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
**10622.11**

Date of Receipt  

M M	/	D D	/	Y Y Y Y
10		23		2014

**Transaction ID : SA11D.15326**

Amount of Each Receipt this Period  

24.25
-------

 In-kind - travel

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

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

152.65
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**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 52 OF 91
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input checked="" type="checkbox"/> 11d 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)  
**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 H8IA02043**

Name of Employer self Occupation physician

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**10665.03**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 25 2014

**Transaction ID : SA11D.15328**

Amount of Each Receipt this Period  
 42.92

In-kind - travel

**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 H8IA02043**

Name of Employer self Occupation physician

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**10703.58**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 25 2014

**Transaction ID : SA11D.15330**

Amount of Each Receipt this Period  
 38.55

In-kind - travel

**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 H8IA02043**

Name of Employer self Occupation physician

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**10742.23**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 25 2014

**Transaction ID : SA11D.15332**

Amount of Each Receipt this Period  
 38.65

In-kind - travel

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

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

**120.12**

**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 53 OF 91
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input checked="" type="checkbox"/> 11d 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)  
**MARIANNETTE JANE MILLER-MEEKS**

Mailing Address 11674 90TH ST

City OTTUMWA	State IA	Zip Code 52501
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C H8IA02043**

Name of Employer self	Occupation physician
-----------------------	-------------------------

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
**10771.01**

Date of Receipt  

M M	/	D D	/	Y Y Y Y
10		25		2014

**Transaction ID : SA11D.15334**

Amount of Each Receipt this Period  

84.09
-------

In-kind - travel

**B.** Full Name (Last, First, Middle Initial)  
**MARIANNETTE JANE MILLER-MEEKS**

Mailing Address 11674 90TH ST

City OTTUMWA	State IA	Zip Code 52501
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C H8IA02043**

Name of Employer self	Occupation physician
-----------------------	-------------------------

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
**10788.31**

Date of Receipt  

M M	/	D D	/	Y Y Y Y
10		25		2014

**Transaction ID : SA11D.15336**

Amount of Each Receipt this Period  

17.30
-------

In-kind - transportation

**C.** Full Name (Last, First, Middle Initial)  
**MARIANNETTE JANE MILLER-MEEKS**

Mailing Address 11674 90TH ST

City OTTUMWA	State IA	Zip Code 52501
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C H8IA02043**

Name of Employer self	Occupation physician
-----------------------	-------------------------

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
**10826.32**

Date of Receipt  

M M	/	D D	/	Y Y Y Y
10		26		2014

**Transaction ID : SA11D.15338**

Amount of Each Receipt this Period  

38.01
-------

In-kind - travel

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

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

84.09
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**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 54 OF 91
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input checked="" type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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**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 H8IA02043**

Name of Employer self Occupation physician

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**10856.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 27 / 2014

**Transaction ID : SA11D.15340**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 29.68

In-kind - travel

**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 H8IA02043**

Name of Employer self Occupation physician

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**10886.69**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 27 / 2014

**Transaction ID : SA11D.15343**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 30.69

In-kind - travel

**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 H8IA02043**

Name of Employer self Occupation physician

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**10918.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 28 / 2014

**Transaction ID : SA11D.15345**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 31.31

In-kind - travel

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

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

\_\_\_\_\_ 91.68

\_\_\_\_\_

**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 55 OF 91
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input checked="" type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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Mailing Address 11674 90TH ST

City OTTUMWA	State IA	Zip Code 52501
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C H8IA02043**

Name of Employer self	Occupation physician
-----------------------	-------------------------

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
**30968.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		29		2014

**Transaction ID : SA11D.15346**

Amount of Each Receipt this Period  

50.00
-------

 In-kind - travel

**B.** Full Name (Last, First, Middle Initial)  
**MARIANNETTE JANE MILLER-MEEKS**

Mailing Address 11674 90TH ST

City OTTUMWA	State IA	Zip Code 52501
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C H8IA02043**

Name of Employer self	Occupation physician
-----------------------	-------------------------

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
**30998.50**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		30		2014

**Transaction ID : SA11D.15348**

Amount of Each Receipt this Period  

30.50
-------

 In-kind - travel

**C.** Full Name (Last, First, Middle Initial)  
**MARIANNETTE JANE MILLER-MEEKS**

Mailing Address 11674 90TH ST

City OTTUMWA	State IA	Zip Code 52501
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C H8IA02043**

Name of Employer self	Occupation physician
-----------------------	-------------------------

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
**31037.30**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		31		2014

**Transaction ID : SA11D.15350**

Amount of Each Receipt this Period  

38.80
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 In-kind - travel

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

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

119.30
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**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 56 OF 91
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input checked="" type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
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**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 H8IA02043**

Name of Employer self Occupation physician

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**31069.31**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**10 31 2014**

**Transaction ID : SA11D.15352**

Amount of Each Receipt this Period  
**32.01**  
 In-kind - travel

**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 H8IA02043**

Name of Employer self Occupation physician

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**31122.65**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**11 02 2014**

**Transaction ID : SA11D.15354**

Amount of Each Receipt this Period  
**53.34**  
 In-kind - travel

**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 H8IA02043**

Name of Employer self Occupation physician

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**31148.08**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**11 03 2014**

**Transaction ID : SA11D.15356**

Amount of Each Receipt this Period  
**25.43**  
 In-kind - travel

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

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

**110.78**



**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 57 OF 91
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input checked="" type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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**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 H8IA02043**

Name of Employer self Occupation physician

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**31235.40**

Date of Receipt  
 M M / D D / Y Y Y Y  
**11 / 03 / 2014**

**Transaction ID : SA11D.15358**

Amount of Each Receipt this Period  
**87.32**

In-kind - travel

**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 H8IA02043**

Name of Employer self Occupation physician

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**31261.41**

Date of Receipt  
 M M / D D / Y Y Y Y  
**11 / 04 / 2014**

**Transaction ID : SA11D.15360**

Amount of Each Receipt this Period  
**26.01**

In-kind - travel

**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 H8IA02043**

Name of Employer self Occupation physician

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**31.81**

Date of Receipt  
 M M / D D / Y Y Y Y  
**11 / 05 / 2014**

**Transaction ID : SA11D.15362**

Amount of Each Receipt this Period  
**31.81**

In-kind - travel

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

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

**145.14**

**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 58 OF 91
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input checked="" type="checkbox"/> 11d 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)  
**MARIANNETTE JANE MILLER-MEEKS**

Mailing Address 11674 90TH ST

City OTTUMWA State IA Zip Code 52501

FEC ID number of contributing federal political committee. **C** H8IA02043

Name of Employer self Occupation physician

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
63.99

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 06 / 2014

**Transaction ID : SA11D.15364**

Amount of Each Receipt this Period  
 32.18

In-kind - travel

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

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

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

32.18

1348.41

**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 59 OF 91
	<input type="checkbox"/> 11a 12 <input checked="" type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 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)  
**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** H8IA02043

Name of Employer self Occupation physician

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
30918.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 29 / 2014

**Transaction ID : SA13A.15291**

Amount of Each Receipt this Period  
20000.00

Campaign Loan

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

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

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

20000.00

20000.00



**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 61 OF 91	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Miller-Meeks for Congress**

Full Name (Last, First, Middle Initial)  
**A. Arena Communications**

Mailing Address 1780 W Sequoia Vista Circle

City Salt Lake City State UT Zip Code 84104

Purpose of Disbursement Advertising - internet

Candidate Name Miller-Meeks for Congress

Office Sought:  House  Senate  President

Disbursement For: 2014  Primary  General  Other (specify)

State: IA District: 02

Date of Disbursement: 10 / 28 / 2014

Amount of Each Disbursement this Period: 1182.00

Transaction ID : SB17.15146

Category/Type: 004

Full Name (Last, First, Middle Initial)  
**B. Arena Communications**

Mailing Address 1780 W Sequoia Vista Circle

City Salt Lake City State UT Zip Code 84104

Purpose of Disbursement Advertising - internet

Candidate Name Miller-Meeks for Congress

Office Sought:  House  Senate  President

Disbursement For: 2014  Primary  General  Other (specify)

State: IA District: 02

Date of Disbursement: 11 / 04 / 2014

Amount of Each Disbursement this Period: 1000.00

Transaction ID : SB17.15159

Category/Type: 004

Full Name (Last, First, Middle Initial)  
**c. Capitol Resources**

Mailing Address 700 Pleasant St

City Brooklyn State IA Zip Code 52211

Purpose of Disbursement Phone banks

Candidate Name Miller-Meeks for Congress

Office Sought:  House  Senate  President

Disbursement For: 2014  Primary  General  Other (specify)

State: IA District: 02

Date of Disbursement: 10 / 17 / 2014

Amount of Each Disbursement this Period: 252.25

Transaction ID : SB17.15131

Category/Type: 004

**SUBTOTAL** of Disbursements This Page (optional) ..... 2434.25

**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 62 OF 91			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**Miller-Meeks for Congress**

Full Name (Last, First, Middle Initial) <b>A. Decker Consulting Services</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 17 / 2014
Mailing Address 244 - 14th Place NE		Amount of Each Disbursement this Period 14378.64 <b>Transaction ID : SB17.15178</b>
City Washington State DC Zip Code 20002	Purpose of Disbursement Finance Consulting 003 Category/Type	
Candidate Name <b>Miller-Meeks for Congress</b>		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IA District: 02	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) <b>B. Alex Fulton</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 23 / 2014
Mailing Address 130 15th St		Amount of Each Disbursement this Period 263.04 <b>Transaction ID : SB17.15138</b>
City Silvis State IL Zip Code 61282	Purpose of Disbursement Mileage Reimbursement 001 Category/Type	
Candidate Name <b>Miller-Meeks for Congress</b>		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IA District: 02	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) <b>c. Alex Fulton</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 12 / 2014
Mailing Address 130 15th St		Amount of Each Disbursement this Period 2466.00 <b>Transaction ID : SB17.15170</b>
City Silvis State IL Zip Code 61282	Purpose of Disbursement wages 001 Category/Type	
Candidate Name <b>Miller-Meeks for Congress</b>		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IA District: 02	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	17107.68
<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)		PAGE 63 OF 91	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Miller-Meeks for Congress**

Full Name (Last, First, Middle Initial) <b>A. Tracie Gibler</b>		Date of Disbursement MM / DD / YYYY 11 / 17 / 2014
Mailing Address 1208 Hutchinson Ave		Amount of Each Disbursement this Period 2466.00 <b>Transaction ID : SB17.15180</b>
City Ottumwa	State IA	
Purpose of Disbursement wages	001	Category/ Type
Candidate Name <b>Miller-Meeks for Congress</b>		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: IA	District: 02	

Full Name (Last, First, Middle Initial) <b>B. Austin Harris</b>		Date of Disbursement MM / DD / YYYY 10 / 20 / 2014
Mailing Address 30046 - 570th St		Amount of Each Disbursement this Period 1500.00 <b>Transaction ID : SB17.15134</b>
City Moulton	State IA	
Purpose of Disbursement Wages	001	Category/ Type
Candidate Name <b>Miller-Meeks for Congress</b>		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: IA	District: 02	

Full Name (Last, First, Middle Initial) <b>c. Matthew Horihan</b>		Date of Disbursement MM / DD / YYYY 11 / 12 / 2014
Mailing Address P.O. Box 743		Amount of Each Disbursement this Period 3400.00 <b>Transaction ID : SB17.15171</b>
City West Branch	State IA	
Purpose of Disbursement wages	001	Category/ Type
Candidate Name <b>Miller-Meeks for Congress</b>		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: IA	District: 02	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	7366.00
<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)	PAGE 64 OF 91			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**Miller-Meeks for Congress**

**A. KRKN Radio**

Full Name (Last, First, Middle Initial)  
Mailing Address 416 E Main St

City Ottumwa State IA Zip Code 52501

Purpose of Disbursement Advertising - radio

Candidate Name Miller-Meeks for Congress

Office Sought:  House  Senate  President  
State: IA District: 02

Disbursement For: 2014  
 Primary  General  
 Other (specify)

Date of Disbursement: 11 / 03 / 2014

Amount of Each Disbursement this Period: 1200.00

Transaction ID : SB17.15157

Category/Type: 004

**B. Kum & Go - Ottumwa**

Full Name (Last, First, Middle Initial)  
Mailing Address 2508 N Court St

City Ottumwa State IA Zip Code 52501

Purpose of Disbursement travel

Candidate Name Miller-Meeks for Congress

Office Sought:  House  Senate  President  
State: IA District: 02

Disbursement For: 2014  
 Primary  General  
 Other (specify)

Date of Disbursement: 10 / 16 / 2014

Amount of Each Disbursement this Period: 32.00

Transaction ID : SB17.15367

[MEMO ITEM]

Category/Type: 002

**C. Kum & Go - Ottumwa**

Full Name (Last, First, Middle Initial)  
Mailing Address 2508 N Court St

City Ottumwa State IA Zip Code 52501

Purpose of Disbursement travel

Candidate Name Miller-Meeks for Congress

Office Sought:  House  Senate  President  
State: IA District: 02

Disbursement For: 2014  
 Primary  General  
 Other (specify)

Date of Disbursement: 10 / 22 / 2014

Amount of Each Disbursement this Period: 32.00

Transaction ID : SB17.15372

[MEMO ITEM]

Category/Type: 002

**SUBTOTAL** of Disbursements This Page (optional) ..... 1200.00

**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 65 OF 91			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**Miller-Meeks for Congress**

Full Name (Last, First, Middle Initial) <b>A. Kum &amp; Go - Ottumwa</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 25 / 2014
Mailing Address 2508 N Court St		Amount of Each Disbursement this Period 28.78
City Ottumwa State IA Zip Code 52501	Purpose of Disbursement travel	
Candidate Name <b>Miller-Meeks for Congress</b>		Transaction ID : SB17.15375 <b>[MEMO ITEM]</b>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IA District: 02	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
Category/Type 002		

Full Name (Last, First, Middle Initial) <b>B. Blake Lanum</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 29 / 2014
Mailing Address First Avenue		Amount of Each Disbursement this Period 418.88
City Coralville State IA Zip Code 52241	Purpose of Disbursement Mileage Reimbursement	
Candidate Name <b>Miller-Meeks for Congress</b>		Transaction ID : SB17.15149
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IA District: 02	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
Category/Type 001		

Full Name (Last, First, Middle Initial) <b>c. Blake Lanum</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 10 / 2014
Mailing Address First Avenue		Amount of Each Disbursement this Period 2833.00
City Coralville State IA Zip Code 52241	Purpose of Disbursement wages	
Candidate Name <b>Miller-Meeks for Congress</b>		Transaction ID : SB17.15165
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IA District: 02	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
Category/Type 001		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	3251.88
<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)		PAGE 66 OF 91	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Miller-Meeks for Congress**

Full Name (Last, First, Middle Initial) <b>A. Blake Lanum</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 10 / 2014
Mailing Address First Avenue		Amount of Each Disbursement this Period 712.41 <b>Transaction ID : SB17.15166</b>
City Coralville	State IA	
Purpose of Disbursement mileage reimbursement	Category/ Type 001	
Candidate Name <b>Miller-Meeks for Congress</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)
State: IA	District: 02	

Full Name (Last, First, Middle Initial) <b>B. MacDonald Letter Service</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 12 / 2014
Mailing Address 1632 Ohio St		Amount of Each Disbursement this Period 6207.84 <b>Transaction ID : SB17.15172</b>
City Des Moines	State IA	
Purpose of Disbursement printing	Category/ Type 003	
Candidate Name <b>Miller-Meeks for Congress</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)
State: IA	District: 02	

Full Name (Last, First, Middle Initial) <b>C. MARIANNETTE JANE MILLER-MEEKS</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 16 / 2014
Mailing Address 11674 90TH ST		Amount of Each Disbursement this Period 32.00 <b>Transaction ID : SB17.15293</b>
City OTTUMWA	State IA	
Purpose of Disbursement In-kind - travel	Category/ Type 002	
Candidate Name <b>Miller-Meeks for Congress</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)
State: IA	District: 02	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	6952.25
<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)	PAGE 67 OF 91			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**Miller-Meeks for Congress**

Full Name (Last, First, Middle Initial) <b>A. MARIANNETTE JANE MILLER-MEEKS</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 17 / 2014
Mailing Address 11674 90TH ST		Amount of Each Disbursement this Period 66.84 <b>Transaction ID : SB17.15295</b>
City OTTUMWA	State IA	
Zip Code 52501	Purpose of Disbursement In-kind - travel	Category/ Type 002
Candidate Name <b>Miller-Meeks for Congress</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: IA District: 02	

Full Name (Last, First, Middle Initial) <b>B. MARIANNETTE JANE MILLER-MEEKS</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 17 / 2014
Mailing Address 11674 90TH ST		Amount of Each Disbursement this Period 29.50 <b>Transaction ID : SB17.15297</b>
City OTTUMWA	State IA	
Zip Code 52501	Purpose of Disbursement In-kind - travel	Category/ Type 002
Candidate Name <b>Miller-Meeks for Congress</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: IA District: 02	

Full Name (Last, First, Middle Initial) <b>C. MARIANNETTE JANE MILLER-MEEKS</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 18 / 2014
Mailing Address 11674 90TH ST		Amount of Each Disbursement this Period 22.82 <b>Transaction ID : SB17.15299</b>
City OTTUMWA	State IA	
Zip Code 52501	Purpose of Disbursement In-kind - travel	Category/ Type 002
Candidate Name <b>Miller-Meeks for Congress</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: IA District: 02	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	119.16
<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)	PAGE 68 OF 91			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**Miller-Meeks for Congress**

Full Name (Last, First, Middle Initial) <b>A. MARIANNETTE JANE MILLER-MEEKS</b>		Date of Disbursement M M / D D / Y Y Y Y <b>10 / 18 / 2014</b>
Mailing Address 11674 90TH ST		Amount of Each Disbursement this Period <b>72.87</b> Transaction ID : SB17.15301
City OTTUMWA	State IA	
Zip Code 52501	Purpose of Disbursement In-kind - travel	Category/ Type <b>002</b>
Candidate Name <b>Miller-Meeks for Congress</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: IA District: 02	

Full Name (Last, First, Middle Initial) <b>B. MARIANNETTE JANE MILLER-MEEKS</b>		Date of Disbursement M M / D D / Y Y Y Y <b>10 / 18 / 2014</b>
Mailing Address 11674 90TH ST		Amount of Each Disbursement this Period <b>43.05</b> Transaction ID : SB17.15303
City OTTUMWA	State IA	
Zip Code 52501	Purpose of Disbursement In-kind - travel	Category/ Type <b>002</b>
Candidate Name <b>Miller-Meeks for Congress</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: IA District: 02	

Full Name (Last, First, Middle Initial) <b>C. MARIANNETTE JANE MILLER-MEEKS</b>		Date of Disbursement M M / D D / Y Y Y Y <b>10 / 18 / 2014</b>
Mailing Address 11674 90TH ST		Amount of Each Disbursement this Period <b>30.00</b> Transaction ID : SB17.15305
City OTTUMWA	State IA	
Zip Code 52501	Purpose of Disbursement In-kind - travel	Category/ Type <b>002</b>
Candidate Name <b>Miller-Meeks for Congress</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: IA District: 02	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>145.92</b>
<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)	PAGE 69 OF 91			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**Miller-Meeks for Congress**

**A. MARIANNETTE JANE MILLER-MEEKS**

Full Name (Last, First, Middle Initial)  
MARIANNETTE JANE MILLER-MEEKS

Mailing Address 11674 90TH ST

City OTTUMWA State IA Zip Code 52501

Purpose of Disbursement In-kind - travel

Candidate Name Miller-Meeks for Congress

Office Sought:  House  Senate  President

Disbursement For: 2014  Primary  General  Other (specify)

State: IA District: 02

Date of Disbursement: 10 / 18 / 2014

Amount of Each Disbursement this Period: 25.65

Transaction ID : SB17.15307

Category/Type: 002

**B. MARIANNETTE JANE MILLER-MEEKS**

Full Name (Last, First, Middle Initial)  
MARIANNETTE JANE MILLER-MEEKS

Mailing Address 11674 90TH ST

City OTTUMWA State IA Zip Code 52501

Purpose of Disbursement In-kind - signs

Candidate Name Miller-Meeks for Congress

Office Sought:  House  Senate  President

Disbursement For: 2014  Primary  General  Other (specify)

State: IA District: 02

Date of Disbursement: 10 / 18 / 2014

Amount of Each Disbursement this Period: 4.29

Transaction ID : SB17.15309

Category/Type: 004

**C. MARIANNETTE JANE MILLER-MEEKS**

Full Name (Last, First, Middle Initial)  
MARIANNETTE JANE MILLER-MEEKS

Mailing Address 11674 90TH ST

City OTTUMWA State IA Zip Code 52501

Purpose of Disbursement In-kind - lodging

Candidate Name Miller-Meeks for Congress

Office Sought:  House  Senate  President

Disbursement For: 2014  Primary  General  Other (specify)

State: IA District: 02

Date of Disbursement: 10 / 19 / 2014

Amount of Each Disbursement this Period: 79.25

Transaction ID : SB17.15311

Category/Type: 002

**SUBTOTAL** of Disbursements This Page (optional) ..... 109.19

**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 70 OF 91			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**Miller-Meeks for Congress**

Full Name (Last, First, Middle Initial) <b>A. MARIANNETTE JANE MILLER-MEEKS</b>		Date of Disbursement M M / D D / Y Y Y Y <b>10 / 19 / 2014</b>
Mailing Address <b>11674 90TH ST</b>		Amount of Each Disbursement this Period <b>19.00</b> <b>Transaction ID : SB17.15313</b>
City <b>OTTUMWA</b> State <b>IA</b> Zip Code <b>52501</b>	Purpose of Disbursement In-kind - parking <b>002</b> Category/Type	
Candidate Name <b>Miller-Meeks for Congress</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify)	
State: <b>IA</b> District: <b>02</b>		

Full Name (Last, First, Middle Initial) <b>B. MARIANNETTE JANE MILLER-MEEKS</b>		Date of Disbursement M M / D D / Y Y Y Y <b>10 / 20 / 2014</b>
Mailing Address <b>11674 90TH ST</b>		Amount of Each Disbursement this Period <b>26.00</b> <b>Transaction ID : SB17.15315</b>
City <b>OTTUMWA</b> State <b>IA</b> Zip Code <b>52501</b>	Purpose of Disbursement In-kind - travel <b>002</b> Category/Type	
Candidate Name <b>Miller-Meeks for Congress</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify)	
State: <b>IA</b> District: <b>02</b>		

Full Name (Last, First, Middle Initial) <b>C. MARIANNETTE JANE MILLER-MEEKS</b>		Date of Disbursement M M / D D / Y Y Y Y <b>10 / 20 / 2014</b>
Mailing Address <b>11674 90TH ST</b>		Amount of Each Disbursement this Period <b>14.00</b> <b>Transaction ID : SB17.15317</b>
City <b>OTTUMWA</b> State <b>IA</b> Zip Code <b>52501</b>	Purpose of Disbursement In-kind - parking <b>002</b> Category/Type	
Candidate Name <b>Miller-Meeks for Congress</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify)	
State: <b>IA</b> District: <b>02</b>		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>59.00</b>
<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)		PAGE 71 OF 91	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Miller-Meeks for Congress**

Full Name (Last, First, Middle Initial) <b>A. MARIANNETTE JANE MILLER-MEEKS</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 20 / 2014
Mailing Address 11674 90TH ST		Amount of Each Disbursement this Period 7.20 <b>Transaction ID : SB17.15319</b>
City OTTUMWA	State IA	
Zip Code 52501	Purpose of Disbursement In-kind - travel	Category/ Type 002
Candidate Name <b>Miller-Meeks for Congress</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: IA District: 02	

Full Name (Last, First, Middle Initial) <b>B. MARIANNETTE JANE MILLER-MEEKS</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 22 / 2014
Mailing Address 11674 90TH ST		Amount of Each Disbursement this Period 20.00 <b>Transaction ID : SB17.15321</b>
City OTTUMWA	State IA	
Zip Code 52501	Purpose of Disbursement In-kind - travel	Category/ Type 002
Candidate Name <b>Miller-Meeks for Congress</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: IA District: 02	

Full Name (Last, First, Middle Initial) <b>C. MARIANNETTE JANE MILLER-MEEKS</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 22 / 2014
Mailing Address 11674 90TH ST		Amount of Each Disbursement this Period 32.00 <b>Transaction ID : SB17.15323</b>
City OTTUMWA	State IA	
Zip Code 52501	Purpose of Disbursement In-kind - travel	Category/ Type 002
Candidate Name <b>Miller-Meeks for Congress</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: IA District: 02	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	59.20
<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)	PAGE 72 OF 91		
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21			

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NAME OF COMMITTEE (In Full)  
**Miller-Meeks for Congress**

Full Name (Last, First, Middle Initial) <b>A. MARIANNETTE JANE MILLER-MEEKS</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 22 / 2014
Mailing Address 11674 90TH ST		Amount of Each Disbursement this Period 96.40 <b>Transaction ID : SB17.15325</b>
City OTTUMWA	State IA	
Zip Code 52501	Purpose of Disbursement In-kind - printing	Category/ Type 003
Candidate Name <b>Miller-Meeks for Congress</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: IA District: 02	

Full Name (Last, First, Middle Initial) <b>B. MARIANNETTE JANE MILLER-MEEKS</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 23 / 2014
Mailing Address 11674 90TH ST		Amount of Each Disbursement this Period 24.25 <b>Transaction ID : SB17.15327</b>
City OTTUMWA	State IA	
Zip Code 52501	Purpose of Disbursement In-kind - travel	Category/ Type 002
Candidate Name <b>Miller-Meeks for Congress</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: IA District: 02	

Full Name (Last, First, Middle Initial) <b>C. MARIANNETTE JANE MILLER-MEEKS</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 25 / 2014
Mailing Address 11674 90TH ST		Amount of Each Disbursement this Period 42.92 <b>Transaction ID : SB17.15329</b>
City OTTUMWA	State IA	
Zip Code 52501	Purpose of Disbursement In-kind - travel	Category/ Type 002
Candidate Name <b>Miller-Meeks for Congress</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: IA District: 02	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	163.57
<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)	PAGE 73 OF 91			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**Miller-Meeks for Congress**

Full Name (Last, First, Middle Initial) <b>A. MARIANNETTE JANE MILLER-MEEKS</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 25 / 2014
Mailing Address 11674 90TH ST		Amount of Each Disbursement this Period 38.55 <b>Transaction ID : SB17.15331</b>
City OTTUMWA	State IA	
Purpose of Disbursement In-kind - travel	002	Category/ Type
Candidate Name <b>Miller-Meeks for Congress</b>		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: IA	District: 02	

Full Name (Last, First, Middle Initial) <b>B. MARIANNETTE JANE MILLER-MEEKS</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 25 / 2014
Mailing Address 11674 90TH ST		Amount of Each Disbursement this Period 38.65 <b>Transaction ID : SB17.15333</b>
City OTTUMWA	State IA	
Purpose of Disbursement In-kind - travel	002	Category/ Type
Candidate Name <b>Miller-Meeks for Congress</b>		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: IA	District: 02	

Full Name (Last, First, Middle Initial) <b>C. MARIANNETTE JANE MILLER-MEEKS</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 25 / 2014
Mailing Address 11674 90TH ST		Amount of Each Disbursement this Period 28.78 <b>Transaction ID : SB17.15335</b>
City OTTUMWA	State IA	
Purpose of Disbursement In-kind - travel	002	Category/ Type
Candidate Name <b>Miller-Meeks for Congress</b>		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: IA	District: 02	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	105.98
<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)		PAGE 74 OF 91	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Miller-Meeks for Congress**

Full Name (Last, First, Middle Initial) <b>A. MARIANNETTE JANE MILLER-MEEKS</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 25 / 2014
Mailing Address 11674 90TH ST		Amount of Each Disbursement this Period 17.30 <b>Transaction ID : SB17.15337</b>
City OTTUMWA	State IA	
Zip Code 52501	Purpose of Disbursement In-kind - transportation	Category/ Type 002
Candidate Name <b>Miller-Meeks for Congress</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: IA District: 02	

Full Name (Last, First, Middle Initial) <b>B. MARIANNETTE JANE MILLER-MEEKS</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 26 / 2014
Mailing Address 11674 90TH ST		Amount of Each Disbursement this Period 38.01 <b>Transaction ID : SB17.15339</b>
City OTTUMWA	State IA	
Zip Code 52501	Purpose of Disbursement In-kind - travel	Category/ Type 002
Candidate Name <b>Miller-Meeks for Congress</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: IA District: 02	

Full Name (Last, First, Middle Initial) <b>C. MARIANNETTE JANE MILLER-MEEKS</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 27 / 2014
Mailing Address 11674 90TH ST		Amount of Each Disbursement this Period 29.68 <b>Transaction ID : SB17.15341</b>
City OTTUMWA	State IA	
Zip Code 52501	Purpose of Disbursement In-kind - travel	Category/ Type 002
Candidate Name <b>Miller-Meeks for Congress</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: IA District: 02	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	84.99
<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)	PAGE 75 OF 91			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**Miller-Meeks for Congress**

Full Name (Last, First, Middle Initial) <b>A. MARIANNETTE JANE MILLER-MEEKS</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 27 / 2014
Mailing Address 11674 90TH ST		Amount of Each Disbursement this Period 30.69 <b>Transaction ID : SB17.15344</b>
City OTTUMWA	State IA	
Purpose of Disbursement In-kind - travel	002	Category/ Type
Candidate Name <b>Miller-Meeks for Congress</b>		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: IA	District: 02	

Full Name (Last, First, Middle Initial) <b>B. MARIANNETTE JANE MILLER-MEEKS</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 29 / 2014
Mailing Address 11674 90TH ST		Amount of Each Disbursement this Period 50.00 <b>Transaction ID : SB17.15347</b>
City OTTUMWA	State IA	
Purpose of Disbursement In-kind - travel	002	Category/ Type
Candidate Name <b>Miller-Meeks for Congress</b>		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: IA	District: 02	

Full Name (Last, First, Middle Initial) <b>C. MARIANNETTE JANE MILLER-MEEKS</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 30 / 2014
Mailing Address 11674 90TH ST		Amount of Each Disbursement this Period 30.50 <b>Transaction ID : SB17.15349</b>
City OTTUMWA	State IA	
Purpose of Disbursement In-kind - travel	002	Category/ Type
Candidate Name <b>Miller-Meeks for Congress</b>		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: IA	District: 02	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	111.19
<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)		PAGE 76 OF 91	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Miller-Meeks for Congress**

Full Name (Last, First, Middle Initial) <b>A. MARIANNETTE JANE MILLER-MEEKS</b>		Date of Disbursement M M / D D / Y Y Y Y <b>10 / 31 / 2014</b>
Mailing Address 11674 90TH ST		Amount of Each Disbursement this Period <b>38.80</b> Transaction ID : SB17.15351
City OTTUMWA	State IA	
Zip Code 52501	Purpose of Disbursement In-kind - travel	Category/ Type <b>002</b>
Candidate Name <b>Miller-Meeks for Congress</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: IA District: 02	

Full Name (Last, First, Middle Initial) <b>B. MARIANNETTE JANE MILLER-MEEKS</b>		Date of Disbursement M M / D D / Y Y Y Y <b>10 / 31 / 2014</b>
Mailing Address 11674 90TH ST		Amount of Each Disbursement this Period <b>32.01</b> Transaction ID : SB17.15353
City OTTUMWA	State IA	
Zip Code 52501	Purpose of Disbursement In-kind - travel	Category/ Type <b>002</b>
Candidate Name <b>Miller-Meeks for Congress</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: IA District: 02	

Full Name (Last, First, Middle Initial) <b>C. MARIANNETTE JANE MILLER-MEEKS</b>		Date of Disbursement M M / D D / Y Y Y Y <b>11 / 02 / 2014</b>
Mailing Address 11674 90TH ST		Amount of Each Disbursement this Period <b>53.34</b> Transaction ID : SB17.15355
City OTTUMWA	State IA	
Zip Code 52501	Purpose of Disbursement In-kind - travel	Category/ Type <b>002</b>
Candidate Name <b>Miller-Meeks for Congress</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: IA District: 02	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>124.15</b>
<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)	PAGE 77 OF 91			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**Miller-Meeks for Congress**

Full Name (Last, First, Middle Initial) <b>A. MARIANNETTE JANE MILLER-MEEKS</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 03 / 2014
Mailing Address 11674 90TH ST		Amount of Each Disbursement this Period 25.43 <b>Transaction ID : SB17.15357</b>
City OTTUMWA	State IA	
Purpose of Disbursement In-kind - travel	Category/ Type 002	
Candidate Name <b>Miller-Meeks for Congress</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)
State: IA	District: 02	

Full Name (Last, First, Middle Initial) <b>B. MARIANNETTE JANE MILLER-MEEKS</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 03 / 2014
Mailing Address 11674 90TH ST		Amount of Each Disbursement this Period 87.32 <b>Transaction ID : SB17.15359</b>
City OTTUMWA	State IA	
Purpose of Disbursement In-kind - travel	Category/ Type 002	
Candidate Name <b>Miller-Meeks for Congress</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)
State: IA	District: 02	

Full Name (Last, First, Middle Initial) <b>C. MARIANNETTE JANE MILLER-MEEKS</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 04 / 2014
Mailing Address 11674 90TH ST		Amount of Each Disbursement this Period 26.01 <b>Transaction ID : SB17.15361</b>
City OTTUMWA	State IA	
Purpose of Disbursement In-kind - travel	Category/ Type 002	
Candidate Name <b>Miller-Meeks for Congress</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)
State: IA	District: 02	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	138.76
<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)		PAGE 78 OF 91	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Miller-Meeks for Congress**

Full Name (Last, First, Middle Initial) <b>A. Minuteman Press - Davenport</b>		Date of Disbursement M M / D D / Y Y Y Y <b>10 / 16 / 2014</b>
Mailing Address <b>3523 Eastern Ave #4</b>		Amount of Each Disbursement this Period <b>172.89</b> Transaction ID : <b>SB17.15129</b>
City <b>Davenport</b>	State <b>IA</b>	
Zip Code <b>52807</b>	Purpose of Disbursement <b>Printing</b>	Category/ Type <b>003</b>
Candidate Name <b>Miller-Meeks for Congress</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <b>2014</b>	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: <b>IA</b>	District: <b>02</b>	

Full Name (Last, First, Middle Initial) <b>B. Minuteman Press - Davenport</b>		Date of Disbursement M M / D D / Y Y Y Y <b>10 / 24 / 2014</b>
Mailing Address <b>3523 Eastern Ave #4</b>		Amount of Each Disbursement this Period <b>142.23</b> Transaction ID : <b>SB17.15140</b>
City <b>Davenport</b>	State <b>IA</b>	
Zip Code <b>52807</b>	Purpose of Disbursement <b>Printing</b>	Category/ Type <b>003</b>
Candidate Name <b>Miller-Meeks for Congress</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <b>2014</b>	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: <b>IA</b>	District: <b>02</b>	

Full Name (Last, First, Middle Initial) <b>c. Mondos Draft House</b>		Date of Disbursement M M / D D / Y Y Y Y <b>11 / 07 / 2014</b>
Mailing Address <b>516 2nd Ave</b>		Amount of Each Disbursement this Period <b>1045.80</b> Transaction ID : <b>SB17.15162</b>
City <b>Coralville</b>	State <b>IA</b>	
Zip Code <b>52241</b>	Purpose of Disbursement <b>Catering</b>	Category/ Type <b>001</b>
Candidate Name <b>Miller-Meeks for Congress</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <b>2014</b>	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: <b>IA</b>	District: <b>02</b>	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>1360.92</b>
<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)	PAGE 79 OF 91			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**Miller-Meeks for Congress**

Full Name (Last, First, Middle Initial) <b>A. Murphy USA</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 04 / 2014
Mailing Address 907 E Baker St		Amount of Each Disbursement this Period 26.01
City Mt. Pleasant	State IA	
Purpose of Disbursement travel	Zip Code 52641	Category/ Type 002
Candidate Name <b>Miller-Meeks for Congress</b>		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: IA District: 02	

Full Name (Last, First, Middle Initial) <b>B. North Court BP</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 17 / 2014
Mailing Address 1301 N Court St		Amount of Each Disbursement this Period 66.84
City Ottumwa	State IA	
Purpose of Disbursement travel	Zip Code 52501	Category/ Type 002
Candidate Name <b>Miller-Meeks for Congress</b>		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: IA District: 02	

Full Name (Last, First, Middle Initial) <b>c. North Court BP</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 18 / 2014
Mailing Address 1301 N Court St		Amount of Each Disbursement this Period 43.05
City Ottumwa	State IA	
Purpose of Disbursement travel	Zip Code 52501	Category/ Type 002
Candidate Name <b>Miller-Meeks for Congress</b>		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: IA District: 02	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<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)	PAGE 80 OF 91			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**Miller-Meeks for Congress**

Full Name (Last, First, Middle Initial) <b>A. North Court BP</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 25 / 2014
Mailing Address 1301 N Court St		Amount of Each Disbursement this Period 42.92
City Ottumwa	State IA	
Zip Code 52501		
Purpose of Disbursement travel	Category/ Type 002	
Candidate Name <b>Miller-Meeks for Congress</b>		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: IA District: 02		

Full Name (Last, First, Middle Initial) <b>B. North Court BP</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 27 / 2014
Mailing Address 1301 N Court St		Amount of Each Disbursement this Period 29.68
City Ottumwa	State IA	
Zip Code 52501		
Purpose of Disbursement travel	Category/ Type 002	
Candidate Name <b>Miller-Meeks for Congress</b>		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: IA District: 02		

Full Name (Last, First, Middle Initial) <b>c. North Court BP</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 30 / 2014
Mailing Address 1301 N Court St		Amount of Each Disbursement this Period 30.50
City Ottumwa	State IA	
Zip Code 52501		
Purpose of Disbursement travel	Category/ Type 002	
Candidate Name <b>Miller-Meeks for Congress</b>		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: IA District: 02		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<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)		PAGE 81 OF 91	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Miller-Meeks for Congress**

Full Name (Last, First, Middle Initial) <b>A. North Court BP</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 03 / 2014
Mailing Address 1301 N Court St		Amount of Each Disbursement this Period 25.43
City Ottumwa	State IA	
Zip Code 52501		
Purpose of Disbursement travel		Category/ Type 002
Candidate Name Miller-Meeks for Congress		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: IA	District: 02	

Full Name (Last, First, Middle Initial) <b>B. Office Max #320</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 22 / 2014
Mailing Address 320 W Kimberly Rd		Amount of Each Disbursement this Period 27.80
City Davenport	State IA	
Zip Code 52806		
Purpose of Disbursement Postage		Category/ Type 003
Candidate Name Miller-Meeks for Congress		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: IA	District: 02	

Full Name (Last, First, Middle Initial) <b>c. Ottumwa Printing</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 17 / 2014
Mailing Address 105 S Birch St		Amount of Each Disbursement this Period 426.40
City Ottumwa	State IA	
Zip Code 52501		
Purpose of Disbursement Signs		Category/ Type 004
Candidate Name Miller-Meeks for Congress		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: IA	District: 02	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	454.20
<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)	PAGE 82 OF 91			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**Miller-Meeks for Congress**

Full Name (Last, First, Middle Initial) <b>A. Oxford Communications LLC</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 13 / 2014
Mailing Address 121 S Alfred St		Amount of Each Disbursement this Period 250.00 <b>Transaction ID : SB17.15173</b>
City Alexandria	State VA	
Zip Code 22314	Purpose of Disbursement Advertising - telephone	Category/ Type 004
Candidate Name <b>Miller-Meeks for Congress</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: IA District: 02	

Full Name (Last, First, Middle Initial) <b>B. Penn &amp; Jeff BP</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 02 / 2014
Mailing Address 1147 N Jefferson		Amount of Each Disbursement this Period 53.34 <b>Transaction ID : SB17.15379</b> <b>[MEMO ITEM]</b>
City Ottumwa	State IA	
Zip Code 52501	Purpose of Disbursement travel	Category/ Type 002
Candidate Name <b>Miller-Meeks for Congress</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: IA District: 02	

Full Name (Last, First, Middle Initial) <b>c. Penn &amp; Jeff BP</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 05 / 2014
Mailing Address 1147 N Jefferson		Amount of Each Disbursement this Period 31.81 <b>Transaction ID : SB17.15382</b> <b>[MEMO ITEM]</b>
City Ottumwa	State IA	
Zip Code 52501	Purpose of Disbursement travel	Category/ Type 002
Candidate Name <b>Miller-Meeks for Congress</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: IA District: 02	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	250.00
<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)		PAGE 83 OF 91	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Miller-Meeks for Congress**

Full Name (Last, First, Middle Initial) <b>A. Persuasion Partners Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 17 / 2014
Mailing Address 106 E Doty Ste 300		Amount of Each Disbursement this Period 2500.00 <b>Transaction ID : SB17.15179</b>
City Madison State WI Zip Code 53703	Purpose of Disbursement Palm Cards Category/Type 004	
Candidate Name <b>Miller-Meeks for Congress</b>		Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IA District: 02		

Full Name (Last, First, Middle Initial) <b>B. Persuasion Partners Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 19 / 2014
Mailing Address 106 E Doty Ste 300		Amount of Each Disbursement this Period 348.00 <b>Transaction ID : SB17.15181</b>
City Madison State WI Zip Code 53703	Purpose of Disbursement Palm Cards Category/Type 004	
Candidate Name <b>Miller-Meeks for Congress</b>		Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IA District: 02		

Full Name (Last, First, Middle Initial) <b>C. REPUBLICANS INSPIRING SUCCESS &amp; EMPOWERMENT PROJECT (RISE PROJECT)</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 03 / 2014
Mailing Address PO BOX 2485		Amount of Each Disbursement this Period 12.52 <b>Transaction ID : SB17.14966</b>
City SPRINGFIELD State VA Zip Code 22152	Purpose of Disbursement Service Fees Category/Type 001	
Candidate Name <b>Miller-Meeks for Congress</b>		Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IA District: 02		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2860.52
<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)	PAGE 84 OF 91			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**Miller-Meeks for Congress**

Full Name (Last, First, Middle Initial) <b>A. Saint Avenue BP</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 18 / 2014
Mailing Address 302 E School Ave		Amount of Each Disbursement this Period 30.00
City Olds	State IA Zip Code 52647	
Purpose of Disbursement travel	Category/Type 002	Transaction ID : SB17.15371 <b>[MEMO ITEM]</b>
Candidate Name <b>Miller-Meeks for Congress</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: IA District: 02		

Full Name (Last, First, Middle Initial) <b>B. Saint Avenue BP</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 25 / 2014
Mailing Address 302 E School Ave		Amount of Each Disbursement this Period 38.65
City Olds	State IA Zip Code 52647	
Purpose of Disbursement travel	Category/Type 002	Transaction ID : SB17.15374 <b>[MEMO ITEM]</b>
Candidate Name <b>Miller-Meeks for Congress</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: IA District: 02		

Full Name (Last, First, Middle Initial) <b>c. Matthew Sauvage</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 27 / 2014
Mailing Address 1307 College Ave		Amount of Each Disbursement this Period 269.49
City Davenport	State IA Zip Code 52803	
Purpose of Disbursement Reimburse for Printing	Category/Type 003	Transaction ID : SB17.15144
Candidate Name <b>Miller-Meeks for Congress</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: IA District: 02		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	269.49
<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)	PAGE 85 OF 91			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**Miller-Meeks for Congress**

Full Name (Last, First, Middle Initial) <b>A. Scott County Republican Central Committee</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 17 / 2014
Mailing Address P.O. Box 534		Amount of Each Disbursement this Period 300.00 <b>Transaction ID : SB17.15133</b>
City Bettendorf State IA Zip Code 52722	Purpose of Disbursement Rent - office space 001 Category/Type	
Candidate Name <b>Miller-Meeks for Congress</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: IA District: 02		

Full Name (Last, First, Middle Initial) <b>B. Strategic Advance Services, LLC</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 14 / 2014
Mailing Address 611 Pennsylvania Ave SE #267		Amount of Each Disbursement this Period 2500.00 <b>Transaction ID : SB17.15175</b>
City Washington State DC Zip Code 20003	Purpose of Disbursement Travel 001 Category/Type	
Candidate Name <b>Miller-Meeks for Congress</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: IA District: 02		

Full Name (Last, First, Middle Initial) <b>c. Strategic Media Services</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 21 / 2014
Mailing Address 1911 North Fort Myer Dr		Amount of Each Disbursement this Period 73400.00 <b>Transaction ID : SB17.15135</b>
City Arlington State VA Zip Code 22209	Purpose of Disbursement Advertising - TV 004 Category/Type	
Candidate Name <b>Miller-Meeks for Congress</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: IA District: 02		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	76200.00
<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)	PAGE 86 OF 91			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**Miller-Meeks for Congress**

Full Name (Last, First, Middle Initial) <b>A. Strategic Media Services</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 28 / 2014
Mailing Address 1911 North Fort Myer Dr		Amount of Each Disbursement this Period 64710.00 <b>Transaction ID : SB17.15145</b>
City Arlington	State VA	
Zip Code 22209	Purpose of Disbursement Advertising - TV	Category/ Type 004
Candidate Name <b>Miller-Meeks for Congress</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: IA District: 02	

Full Name (Last, First, Middle Initial) <b>B. Strategic Media Services</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 30 / 2014
Mailing Address 1911 North Fort Myer Dr		Amount of Each Disbursement this Period 1582.00 <b>Transaction ID : SB17.15150</b>
City Arlington	State VA	
Zip Code 22209	Purpose of Disbursement Advertising - TV	Category/ Type 004
Candidate Name <b>Miller-Meeks for Congress</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: IA District: 02	

Full Name (Last, First, Middle Initial) <b>c. Strategic Media Services</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 03 / 2014
Mailing Address 1911 North Fort Myer Dr		Amount of Each Disbursement this Period 5093.00 <b>Transaction ID : SB17.15154</b>
City Arlington	State VA	
Zip Code 22209	Purpose of Disbursement Advertising - TV	Category/ Type 004
Candidate Name <b>Miller-Meeks for Congress</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: IA District: 02	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	71385.00
<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)	PAGE 87 OF 91			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**Miller-Meeks for Congress**

Full Name (Last, First, Middle Initial) <b>A. Stripe Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 04 / 2014
Mailing Address 3180 18th St		Amount of Each Disbursement this Period 617.26 <b>Transaction ID : SB17.15282</b>
City San Francisco	State CA	
Zip Code 94110	Purpose of Disbursement Credit Card Fee	Category/ Type 001
Candidate Name Miller-Meeks for Congress	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: IA District: 02	

Full Name (Last, First, Middle Initial) <b>B. The PhotoShop</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 16 / 2014
Mailing Address 203 E Main		Amount of Each Disbursement this Period 1300.00 <b>Transaction ID : SB17.15128</b>
City Ottumwa	State IA	
Zip Code 52501	Purpose of Disbursement Printing	Category/ Type 003
Candidate Name Miller-Meeks for Congress	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: IA District: 02	

Full Name (Last, First, Middle Initial) <b>c. The Tarrance Group</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 31 / 2014
Mailing Address 201 N Union St		Amount of Each Disbursement this Period 7660.00 <b>Transaction ID : SB17.15151</b>
City Alexandria	State VA	
Zip Code 22314	Purpose of Disbursement Polling	Category/ Type 001
Candidate Name Miller-Meeks for Congress	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: IA District: 02	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	9577.26
<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)	PAGE 88 OF 91			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**Miller-Meeks for Congress**

Full Name (Last, First, Middle Initial) <b>A. The Tarrance Group</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 20 / 2014
Mailing Address 201 N Union St		Amount of Each Disbursement this Period 10793.00 <b>Transaction ID : SB17.15183</b>
City Alexandria	State VA	
Zip Code 22314	Purpose of Disbursement Polling	Category/ Type 001
Candidate Name Miller-Meeks for Congress	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: IA District: 02	

Full Name (Last, First, Middle Initial) <b>B. Edgar Thornton III</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 07 / 2014
Mailing Address 631 Scott Park Dr		Amount of Each Disbursement this Period 300.00 <b>Transaction ID : SB17.15164</b>
City Iowa City	State IA	
Zip Code 52245	Purpose of Disbursement wages	Category/ Type 001
Candidate Name Miller-Meeks for Congress	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: IA District: 02	

Full Name (Last, First, Middle Initial) <b>c. U.S. Bancorp</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 17 / 2014
Mailing Address 800 Nicollet Mall		Amount of Each Disbursement this Period 319.93 <b>Transaction ID : SB17.15177</b>
City Minneapolis	State MN	
Zip Code 55402	Purpose of Disbursement Bank charge	Category/ Type 001
Candidate Name Miller-Meeks for Congress	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: IA District: 02	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	11412.93
<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)	PAGE 89 OF 91			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**Miller-Meeks for Congress**

Full Name (Last, First, Middle Initial) <b>A. U.S. Postal Service - Moline</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 22 / 2014
Mailing Address 514 17th St		Amount of Each Disbursement this Period 29.40
City Moline State IL Zip Code 61265	Purpose of Disbursement Postage 003 Category/Type	
Candidate Name <b>Miller-Meeks for Congress</b>		<b>Transaction ID : SB17.15136</b>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IA District: 02	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) <b>B. West 2nd Amoco</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 18 / 2014
Mailing Address 1049 W 2nd St		Amount of Each Disbursement this Period 72.87
City Ottumwa State IA Zip Code 52501	Purpose of Disbursement travel 002 Category/Type	
Candidate Name <b>Miller-Meeks for Congress</b>		<b>Transaction ID : SB17.15369</b> <b>[MEMO ITEM]</b>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IA District: 02	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) <b>c. West 2nd Amoco</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 28 / 2014
Mailing Address 1049 W 2nd St		Amount of Each Disbursement this Period 31.31
City Ottumwa State IA Zip Code 52501	Purpose of Disbursement travel 002 Category/Type	
Candidate Name <b>Miller-Meeks for Congress</b>		<b>Transaction ID : SB17.15377</b> <b>[MEMO ITEM]</b>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IA District: 02	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	29.40
<b>TOTAL</b> This Period (last page this line number only).....	213332.89

# SCHEDULE C (FEC Form 3) LOANS

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

FOR LINE NUMBER:  
(check only one)

13a  
 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.15291

Miller-Meeks for Congress

LOAN SOURCE Full Name (Last, First, Middle Initial)

[PERSONAL FUNDS]

Election: 2014

MARIANNETTE JANE MILLER-MEEKS

Primary

General

Other (specify) ▼

Mailing Address  
11674 90TH ST

City State ZIP Code  
OTTUMWA IA 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 / D D / Y Y Y Y  
10 / 29 / 2014

M M / D D / Y Y Y Y  
12/31/14

0.00 % (apr)

Yes  No

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

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:

**SUBTOTALS** This Period This Page (optional)..... ▶ 20000.00

**TOTALS** This Period (last page in this line only)..... ▶

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

# SCHEDULE C (FEC Form 3) LOANS

NAME OF COMMITTEE (In Full) **Miller-Meeks for Congress** Transaction ID : **SC/10.12493**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) <b>MARIANNETTE JANE MILLER-MEEKS</b>	Election: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 11674 90TH ST	

City	State	ZIP Code
OTTUMWA	IA	52501

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

**TERMS**

Date Incurred	Date Due	Interest Rate	Secured:
M 10 / D 29 / Y 2014	M / D / Y 11/24/2014	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: 0.00
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: 0.00
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: 0.00
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: 0.00

<b>SUBTOTALS</b> This Period This Page (optional).....	0.00
<b>TOTALS</b> This Period (last page in this line only).....	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.