

# 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 1103

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 06 / 03 / 2014 in the State of IA

(c) 30-Day **POST**-Election Report for the:

- General (30G)  Runoff (30R)  Special (30S)

Election on / / in the State of

5. Covering Period

04 / 01 / 2014 through 05 / 14 / 2014

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

05 / 22 / 2014

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								
-----------------	--	--	--	--	--	--	--	--

**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
<b>6. Net Contributions (other than loans)</b>		
(a) Total Contributions (other than loans) (from Line 11(e))....	80674.61	209831.44
(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)).....	80674.61	209831.44
<b>7. Net Operating Expenditures</b>		
(a) Total Operating Expenditures (from Line 17) .....	44587.13	49417.33
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	44587.13	49417.33
<b>8. Cash on Hand at Close of Reporting Period (from Line 27).....</b>	160414.11	
<b>9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....</b>	0.00	
<b>10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....</b>	0.00	

**For further information contact:**

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3 (Revised 12/2003)

Write or Type Committee Name

**Miller-Meeks for Congress**

Report Covering the Period: From: M M / D D / Y Y Y Y 04 / 01 / 2014 To: M M / D D / Y Y Y Y 05 / 14 / 2014

I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
<b>11. CONTRIBUTIONS (other than loans) FROM:</b>		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	64660.80	174360.80
(ii) Unitemized.....	11013.81	16713.81
(iii) TOTAL of contributions from individuals ▶	75674.61	191074.61
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	5000.00	17500.00
(d) The Candidate.....	0.00	1256.83
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	80674.61	209831.44
<b>12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES .....</b>	0.00	0.00
<b>13. LOANS:</b>		
(a) Made or Guaranteed by the Candidate.....	0.00	0.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0.00	0.00
<b>14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) .....</b>	0.00	0.00
<b>15. OTHER RECEIPTS (Dividends, Interest, etc.) .....</b>	0.00	0.00
<b>16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶</b>	80674.61	209831.44

**DETAILED SUMMARY PAGE**  
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	44587.13	49417.33
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES .....	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans .....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	0.00
21. OTHER DISBURSEMENTS .....	0.00	0.00
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ►	44587.13	49417.33

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	124326.63
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	80674.61
25. SUBTOTAL (add Line 23 and Line 24).....	205001.24
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	44587.13
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	160414.11

**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 5 OF 58
	<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)  
**Marie Andres**

Mailing Address 500 Grand Oaks Dr

City State Zip Code  
West Des Moines IA 50265

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  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 04 / 23 / 2014

**Transaction ID : SA11AI.6477**

Amount of Each Receipt this Period  
500.00

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

Mailing Address 29410 - 340th Ttl

City State Zip Code  
Adel IA 50003

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

Name of Employer Occupation  
Mercy Jordan Creek 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  
 04 / 05 / 2014

**Transaction ID : SA11AI.6502**

Amount of Each Receipt this Period  
1000.00

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

Mailing Address 1608 Packwood Rd

City State Zip Code  
Fairfield IA 52556

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

Name of Employer Occupation  
self farmer

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
285.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 05 / 14 / 2014

**Transaction ID : SA11AI.6865**

Amount of Each Receipt this Period  
250.00

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

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

1750.00

**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 6 OF 58
	<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)  
**John L Bender**

Mailing Address 2616 Logan Dr

City Loveland State CO Zip Code 80538

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

Name of Employer Miramont Family Medicine Occupation physician

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 04 / 14 / 2014

**Transaction ID : SA11AI.6466**

Amount of Each Receipt this Period  
 500.00

**B.** 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

Date of Receipt  
 M M / D D / Y Y Y Y  
 05 / 07 / 2014

**Transaction ID : SA11AI.6637**

Amount of Each Receipt this Period  
 1000.00

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

Mailing Address 819 Plantation Rd

City Gallatin State TN Zip Code 37066

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

Name of Employer Congress/Federal Government Occupation Representative

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 05 / 14 / 2014

**Transaction ID : SA11AI.6854**

Amount of Each Receipt this Period  
 1000.00

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

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

2500.00

**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 7 OF 58
	<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)  
**Christopher Blodi**

Mailing Address 13380 Hickory Ave

City Clive State IA Zip Code 50325

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

Name of Employer Iowa Retina Consultants Occupation physician

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 04 / 20 / 2014

**Transaction ID : SA11AI.6481**

Amount of Each Receipt this Period  
 1000.00

**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

Date of Receipt  
 M M / D D / Y Y Y Y  
 05 / 13 / 2014

**Transaction ID : SA11AI.6623**

Amount of Each Receipt this Period  
 1000.00

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

Mailing Address 17941 Loving Union Rd

City Disputanta State VA Zip Code 23842

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

Name of Employer U.S. Dept of Defense Occupation training specialist

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 04 / 30 / 2014

**Transaction ID : SA11AI.6387**

Amount of Each Receipt this Period  
 1000.00

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

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

3000.00

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

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

FOR LINE NUMBER: PAGE 8 OF 58  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     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)  
**Philipi Caropreso**

Mailing Address 1813 Grand Ave

City Keokuk State IA Zip Code 52632

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 Y Y  
 04 / 18 / 2014

**Transaction ID : SA11AI.6485**

Amount of Each Receipt this Period  
 250.00

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

Mailing Address 2849 Small Ct

City Camanche State IA Zip Code 52730

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

Name of Employer Clausen Supply Company 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  
 04 / 14 / 2014

**Transaction ID : SA11AI.6492**

Amount of Each Receipt this Period  
 250.00

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

Mailing Address 1630 Briar Ln

City Pella State IA Zip Code 50219

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

Name of Employer Pella Regional Health Center Occupation physician

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 12 / 2014

**Transaction ID : SA11AI.6629**

Amount of Each Receipt this Period  
 250.00

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

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

750.00



**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 9 OF 58
	<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. Anonymous Contributor**

Full Name (Last, First, Middle Initial)  
Anonymous Contributor

Mailing Address --

City -- State IA Zip Code 00001

FEC ID number of contributing federal political committee. C

Name of Employer -- Occupation --

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
210.00

Date of Receipt  
M M / D D / Y Y Y Y  
05 / 13 / 2014

**Transaction ID : SA11AI.6621**

Amount of Each Receipt this Period  
50.00

**B. Anonymous Contributor**

Full Name (Last, First, Middle Initial)  
Anonymous Contributor

Mailing Address --

City -- State IA Zip Code 00001

FEC ID number of contributing federal political committee. C

Name of Employer -- Occupation --

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
M M / D D / Y Y Y Y  
05 / 13 / 2014

**Transaction ID : SA11AI.6876**

Amount of Each Receipt this Period  
40.00

**C. Anonymous Contributor**

Full Name (Last, First, Middle Initial)  
Anonymous Contributor

Mailing Address --

City -- State IA Zip Code 00001

FEC ID number of contributing federal political committee. C

Name of Employer -- Occupation --

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
280.00

Date of Receipt  
M M / D D / Y Y Y Y  
05 / 14 / 2014

**Transaction ID : SA11AI.6622**

Amount of Each Receipt this Period  
30.00

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

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

120.00

**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 58
	<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**

Full Name (Last, First, Middle Initial) <b>Anonymous Contributor</b>		Date of Receipt M M / D D / Y Y Y Y 05 / 14 / 2014
Mailing Address --		<b>Transaction ID : SA11AI.6877</b>
City	State	Zip Code
--	IA	00001
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 35.40
Name of Employer	Occupation	
--	--	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date	
		315.40

Full Name (Last, First, Middle Initial) <b>Betty Deboef</b>		Date of Receipt M M / D D / Y Y Y Y 04 / 21 / 2014
Mailing Address 10972 170th St		<b>Transaction ID : SA11AI.6381</b>
City	State	Zip Code
What Cheer	IA	40268
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer	Occupation	
Deboef Farms Inc	executive	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date	
		250.00

Full Name (Last, First, Middle Initial) <b>Ross DeValois</b>		Date of Receipt M M / D D / Y Y Y Y 05 / 05 / 2014
Mailing Address 18 Bedford Ct		<b>Transaction ID : SA11AI.6394</b>
City	State	Zip Code
Iowa City	IA	52240
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer	Occupation	
MidAmerican Securities	financial planner	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date	
		250.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....	535.40
<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 11 OF 58
	<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)  
**Mary Ferentz**

Mailing Address 2886 Saddle Club Rd NE

City Iowa City State IA Zip Code 52240

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

Name of Employer self Occupation homemaker

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

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

**Transaction ID : SA11AI.6617**

Amount of Each Receipt this Period  
 2500.00

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

Mailing Address 336 West Club

City Carrolton State GA Zip Code 30117

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

Date of Receipt  
 M M / D D / Y Y Y Y  
 04 / 09 / 2014

**Transaction ID : SA11AI.6494**

Amount of Each Receipt this Period  
 500.00

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

Mailing Address 800 N 1st St  
P.O. Box 689

City Wausau State WI Zip Code 54402

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

Name of Employer Eye Clinic of Wisconsin Occupation physician

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 04 / 10 / 2014

**Transaction ID : SA11AI.6747**

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: (check only one)	PAGE 12 OF 58
	<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**

Full Name (Last, First, Middle Initial) <b>A. Marta Ford</b>		Date of Receipt M M / D D / Y Y Y Y 04 / 24 / 2014	
Mailing Address 115 S 3rd Ave E		<b>Transaction ID : SA11AI.6469</b>	
City State Zip Code Newton IA 50208	Amount of Each Receipt this Period _____ 500.00		
FEC ID number of contributing federal political committee. <b>C</b>	Name of Employer Occupation none retired		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 500.00		

Full Name (Last, First, Middle Initial) <b>B. Marianne Groggin</b>		Date of Receipt M M / D D / Y Y Y Y 05 / 14 / 2014	
Mailing Address 709 Mitchell Ave #3095		<b>Transaction ID : SA11AI.6874</b>	
City State Zip Code Whiteman AFB MO 65305	Amount of Each Receipt this Period _____ 1000.00		
FEC ID number of contributing federal political committee. <b>C</b>	Name of Employer Occupation self nurse		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 1000.00		

Full Name (Last, First, Middle Initial) <b>C. James Hahn</b>		Date of Receipt M M / D D / Y Y Y Y 05 / 12 / 2014	
Mailing Address 900 West 4th St		<b>Transaction ID : SA11AI.6725</b>	
City State Zip Code Muscatine IA 52761	Amount of Each Receipt this Period _____ 200.00		
FEC ID number of contributing federal political committee. <b>C</b>	Name of Employer Occupation none retired		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 450.00		

<b>SUBTOTAL</b> of Receipts This Page (optional).....	_____ 1700.00
<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 58
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 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)  
**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  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 04 / 16 / 2014

**Transaction ID : SA11AI.6377**

Amount of Each Receipt this Period  
500.00

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

Mailing Address 9138 Highland Center Rd

City Ottumwa State IA Zip Code 52501

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

Name of Employer self Occupation farmer

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 05 / 12 / 2014

**Transaction ID : SA11AI.6685**

Amount of Each Receipt this Period  
250.00

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

Mailing Address P.O. Box 30

City Williamsburg State IA Zip Code 52361

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  
5200.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 04 / 29 / 2014

**Transaction ID : SA11AI.6833**

Amount of Each Receipt this Period  
5200.00

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

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

5950.00

**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 58
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 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)  
**Arlene Holden**

Mailing Address P.O. Box 30

City Williamsburg State IA Zip Code 52361

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  
 04 / 29 / 2014

**Transaction ID : SA11AI.6840**

Amount of Each Receipt this Period  
 -2600.00

Redesignate: Arlene Holden, 5/10/2014

**[MEMO ITEM]**

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

Mailing Address P.O. Box 30

City Williamsburg State IA Zip Code 52361

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  
 05 / 10 / 2014

**Transaction ID : SA11AI.6841**

Amount of Each Receipt this Period  
 2600.00

Redesignate: Arlene Holden, 4/29/2014

**[MEMO ITEM]**

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

Mailing Address P.O. Box 30

City Williamsburg State IA Zip Code 52361

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  
 5200.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 04 / 29 / 2014

**Transaction ID : SA11AI.6749**

Amount of Each Receipt this Period  
 5200.00

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

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

5200.00

**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 58
	<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)  
**Ronald Holden**

Mailing Address P.O. Box 30

City Williamsburg State IA Zip Code 52361

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 Y Y  
 04 / 29 / 2014

**Transaction ID : SA11AI.6837**

Amount of Each Receipt this Period  
 -2600.00

Redesignate: Ronald Holden, 5/10/2014

**[MEMO ITEM]**

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

Mailing Address P.O. Box 30

City Williamsburg State IA Zip Code 52361

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 Y Y  
 05 / 10 / 2014

**Transaction ID : SA11AI.6838**

Amount of Each Receipt this Period  
 2600.00

Redesignate: Ronald Holden, 4/29/2014

**[MEMO ITEM]**

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

Mailing Address 101 W Mississippi Dr

City Muscatine State IA Zip Code 52761

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

Name of Employer self Occupation homemaker

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
 5200.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 01 / 2014

**Transaction ID : SA11AI.6653**

Amount of Each Receipt this Period  
 4700.00

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

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

4700.00

**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 16 OF 58
	<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)  
**Helen Howe**

Mailing Address 101 W Mississippi Dr

City Muscatine State IA Zip Code 52761

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

Name of Employer self 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  
 05 / 01 / 2014

**Transaction ID : SA11AI.6843**

Amount of Each Receipt this Period  
 -2600.00

Redesignate: Helen Howe, 5/10/2014

**[MEMO ITEM]**

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

Mailing Address 101 W Mississippi Dr

City Muscatine State IA Zip Code 52761

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

Name of Employer self 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  
 05 / 10 / 2014

**Transaction ID : SA11AI.6844**

Amount of Each Receipt this Period  
 2600.00

Redesignate: Helen Howe, 5/1/2014

**[MEMO ITEM]**

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

Mailing Address 101 W Mississippi Dr #600

City Muscatine State IA Zip Code 52241

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  
 5200.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 05 / 01 / 2014

**Transaction ID : SA11AI.6654**

Amount of Each Receipt this Period  
 5200.00

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

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

5200.00



**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 58
	<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**

Full Name (Last, First, Middle Initial) <b>A. Stan Howe</b>		Date of Receipt M M / D D / Y Y Y Y Y 05 / 01 / 2014
Mailing Address 101 W Mississippi Dr #600		<b>Transaction ID : SA11AI.6846</b>
City Muscatine	State IA	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period -2600.00
Name of Employer retired	Occupation retired	Redesignate: Stan Howe, 5/10/2014
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date	<b>[MEMO ITEM]</b>

Full Name (Last, First, Middle Initial) <b>B. Stan Howe</b>		Date of Receipt M M / D D / Y Y Y Y Y 05 / 10 / 2014
Mailing Address 101 W Mississippi Dr #600		<b>Transaction ID : SA11AI.6847</b>
City Muscatine	State IA	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2600.00
Name of Employer retired	Occupation retired	Redesignate: Stan Howe, 5/1/2014
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date	<b>[MEMO ITEM]</b>

Full Name (Last, First, Middle Initial) <b>C. Thomas Howe</b>		Date of Receipt M M / D D / Y Y Y Y Y 05 / 01 / 2014
Mailing Address 101 W Mississippi Dr #600		<b>Transaction ID : SA11AI.6656</b>
City Muscatine	State IA	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer HNI Corp	Occupation executive	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	500.00
<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: PAGE 18 OF 58  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     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)  
**Eldon Hunsicker**

Mailing Address 1912 N Elm St

City Ottumwa State IA Zip Code 52501

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

Name of Employer Noel Insurance 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 Y Y  
 05 / 02 / 2014

**Transaction ID : SA11AI.6643**

Amount of Each Receipt this Period  
 250.00

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

Mailing Address 9202 Timberwood Dr

City Johnston State IA Zip Code 52131

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

Name of Employer Wellmark 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  
 04 / 29 / 2014

**Transaction ID : SA11AI.6658**

Amount of Each Receipt this Period  
 1000.00

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

Mailing Address 28020 - 230th St

City Le Claire State IA Zip Code 52753

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 Y Y  
 04 / 25 / 2014

**Transaction ID : SA11AI.6672**

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 19 OF 58
	<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)  
**Yadolah Karnama**

Mailing Address 2514 Quail Ridge Dr

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  
350.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 05 / 10 / 2014

**Transaction ID : SA11AI.6731**

Amount of Each Receipt this Period  
100.00

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

Mailing Address 213 Lynwood Ave

City Ottumwa State IA Zip Code 52501

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

Name of Employer Winger Contracting Company 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  
 04 / 28 / 2014

**Transaction ID : SA11AI.6661**

Amount of Each Receipt this Period  
2500.00

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

Mailing Address 1590 Little Raven #607

City Denver State IA Zip Code 80202

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

Name of Employer Colorado Retina Associates 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  
 05 / 04 / 2014

**Transaction ID : SA11AI.6702**

Amount of Each Receipt this Period  
500.00

**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 20 OF 58
	<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)  
**Jerome Kjer**

Mailing Address 11 Bear Creek Estates Dr

City Ottumwa State IA Zip Code 52501

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

Name of Employer Southern Iowa Transit Occupation Manager

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 04 / 22 / 2014

**Transaction ID : SA11AI.6459**

Amount of Each Receipt this Period  
250.00

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

Mailing Address 6610 James Rd

City Bettendorf State IA Zip Code 52722

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  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 05 / 09 / 2014

**Transaction ID : SA11AI.6635**

Amount of Each Receipt this Period  
250.00

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

Mailing Address 4151 Gulfshore Blvd N #1605

City Naples State FL Zip Code 34103

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  
2000.00

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

**Transaction ID : SA11AI.6644**

Amount of Each Receipt this Period  
2000.00

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

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

2500.00

**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 58
	<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)  
**Kendig Kneen**

Mailing Address 4151 Gulfshore Blvd N #1605

City Naples State FL Zip Code 34103

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

Name of Employer AI-Jon Mfg. LLC Occupation executive

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

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

**Transaction ID : SA11AI.6645**

Amount of Each Receipt this Period  
 1000.00

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

Mailing Address 5708 - 32nd Ave

City Center Point State IA Zip Code 52213

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

Name of Employer Virginia Gay Hospital Occupation physician

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 04 / 02 / 2014

**Transaction ID : SA11AI.6571**

Amount of Each Receipt this Period  
 500.00

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

Mailing Address 701 - 167th Place

City Otley State IA Zip Code 50214

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  
 05 / 10 / 2014

**Transaction ID : SA11AI.6633**

Amount of Each Receipt this Period  
 500.00

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

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

2000.00

**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 22 OF 58
	<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)  
**Ruth Macke**

Mailing Address 2832 Hunt Trail

City Cedar Rapids	State IA	Zip Code 52411
----------------------	-------------	-------------------

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

Name of Employer Cedar Valley Pathologists	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  
 04 / 22 / 2014

**Transaction ID : SA11AI.6468**

Amount of Each Receipt this Period  
1000.00

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

Mailing Address 1319 S 12th Ave W

City Newton	State IA	Zip Code 50208
----------------	-------------	-------------------

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

Name of Employer Manatt's 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  
 04 / 05 / 2014

**Transaction ID : SA11AI.6573**

Amount of Each Receipt this Period  
250.00

**C.** 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  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 05 / 09 / 2014

**Transaction ID : SA11AI.6397**

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 23 OF 58
	<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)  
**J. B. McWethy**

Mailing Address 8701 Washington St

City Downers Grove State IL Zip Code 60516

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  
 05 / 13 / 2014

**Transaction ID : SA11AI.6730**

Amount of Each Receipt this Period  
 250.00

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

Mailing Address 15175 - 240th St

City Eldridge State IA Zip Code 52748

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

Name of Employer Iowa 80 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  
 04 / 24 / 2014

**Transaction ID : SA11AI.6460**

Amount of Each Receipt this Period  
 500.00

**C.** Full Name (Last, First, Middle Initial)  
**Jonathon Miller-Meeks**

Mailing Address 11674 - 90th St

City Ottumwa State IA Zip Code 52501

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

Name of Employer Maia Yogurt Occupation sales associate

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 04 / 23 / 2014

**Transaction ID : SA11AI.6682**

Amount of Each Receipt this Period  
 500.00

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

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

1250.00

**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 58
	<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)  
**Mariannette 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  
1356.83

Date of Receipt  
 M M / D D / Y Y Y Y  
 04 / 01 / 2014

**Transaction ID : SA11AI.6753**

Amount of Each Receipt this Period  
100.00

In-kind - Dinner Expense

**B.** Full Name (Last, First, Middle Initial)  
**Mariannette 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  
1406.83

Date of Receipt  
 M M / D D / Y Y Y Y  
 04 / 01 / 2014

**Transaction ID : SA11AI.6755**

Amount of Each Receipt this Period  
50.00

In-kind - Dinner Expense

**C.** Full Name (Last, First, Middle Initial)  
**Mariannette 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  
1466.83

Date of Receipt  
 M M / D D / Y Y Y Y  
 04 / 03 / 2014

**Transaction ID : SA11AI.6757**

Amount of Each Receipt this Period  
60.00

In-kind - Dinner Expense

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

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

210.00



**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 58
	<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)  
**Mariannette 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  
1564.28

Date of Receipt  
 M M / D D / Y Y Y Y  
 04 / 05 / 2014

**Transaction ID : SA11AI.6759**

Amount of Each Receipt this Period  
 97.45

In-kind - Travel

**B.** Full Name (Last, First, Middle Initial)  
**Mariannette 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  
1674.46

Date of Receipt  
 M M / D D / Y Y Y Y  
 04 / 05 / 2014

**Transaction ID : SA11AI.6761**

Amount of Each Receipt this Period  
 110.18

In-kind - supplies

**C.** Full Name (Last, First, Middle Initial)  
**Mariannette 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  
1704.46

Date of Receipt  
 M M / D D / Y Y Y Y  
 04 / 10 / 2014

**Transaction ID : SA11AI.6769**

Amount of Each Receipt this Period  
 30.00

In-kind - supplies

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

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

237.63

**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 58
	<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)  
**Mariannette 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  
1852.27

Date of Receipt  
 M M / D D / Y Y Y Y  
 04 / 12 / 2014

**Transaction ID : SA11AI.6763**

Amount of Each Receipt this Period  
147.81

In-kind - travel

**B.** Full Name (Last, First, Middle Initial)  
**Mariannette 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  
1915.22

Date of Receipt  
 M M / D D / Y Y Y Y  
 04 / 12 / 2014

**Transaction ID : SA11AI.6766**

Amount of Each Receipt this Period  
62.95

In-kind - Travel

**C.** Full Name (Last, First, Middle Initial)  
**Mariannette 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  
1978.97

Date of Receipt  
 M M / D D / Y Y Y Y  
 04 / 12 / 2014

**Transaction ID : SA11AI.6771**

Amount of Each Receipt this Period  
63.75

In-kind - Dinner Expense

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

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

274.51

**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 58
	<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)  
**Mariannette 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  
2161.26

Date of Receipt  
 M M / D D / Y Y Y Y  
 04 / 18 / 2014

**Transaction ID : SA11AI.6773**

Amount of Each Receipt this Period  
182.29

In-kind - Travel

**B.** Full Name (Last, First, Middle Initial)  
**Mariannette 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  
2204.39

Date of Receipt  
 M M / D D / Y Y Y Y  
 04 / 18 / 2014

**Transaction ID : SA11AI.6777**

Amount of Each Receipt this Period  
43.13

In-kind - Dinner Expense

**C.** Full Name (Last, First, Middle Initial)  
**Mariannette 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  
2252.75

Date of Receipt  
 M M / D D / Y Y Y Y  
 04 / 19 / 2014

**Transaction ID : SA11AI.6775**

Amount of Each Receipt this Period  
48.36

In-kind - Travel

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

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

273.78

**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 28 OF 58
	<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)  
**Mariannette 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  
2289.20

Date of Receipt  
 M M / D D / Y Y Y Y  
 04 / 19 / 2014

**Transaction ID : SA11AI.6779**

Amount of Each Receipt this Period  
36.45

In-kind - Travel

**B.** Full Name (Last, First, Middle Initial)  
**Mariannette 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  
2324.06

Date of Receipt  
 M M / D D / Y Y Y Y  
 04 / 23 / 2014

**Transaction ID : SA11AI.6784**

Amount of Each Receipt this Period  
34.86

In-kind - Travel

**C.** Full Name (Last, First, Middle Initial)  
**Mariannette 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  
2804.06

Date of Receipt  
 M M / D D / Y Y Y Y  
 04 / 24 / 2014

**Transaction ID : SA11AI.6787**

Amount of Each Receipt this Period  
480.00

In-kind - Catering Cost

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

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

551.31

**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 58
	<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)  
**Mariannette 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  
2950.76

Date of Receipt  
 M M / D D / Y Y Y Y  
 04 / 25 / 2014

**Transaction ID : SA11AI.6782**

Amount of Each Receipt this Period  
146.70

In-kind - Travel

**B.** Full Name (Last, First, Middle Initial)  
**Mariannette 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  
3225.76

Date of Receipt  
 M M / D D / Y Y Y Y  
 04 / 25 / 2014

**Transaction ID : SA11AI.6791**

Amount of Each Receipt this Period  
275.00

In-kind - Catering Cost

**C.** Full Name (Last, First, Middle Initial)  
**Mariannette 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  
3254.93

Date of Receipt  
 M M / D D / Y Y Y Y  
 04 / 25 / 2014

**Transaction ID : SA11AI.6797**

Amount of Each Receipt this Period  
29.17

In-kind - Dinner Expense

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

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

450.87

**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 58
	<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)  
**Mariannette 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  
3354.89

Date of Receipt  
 M M / D D / Y Y Y Y  
 04 / 28 / 2014

**Transaction ID : SA11AI.6803**

Amount of Each Receipt this Period  
99.96

In-kind - Supplies

**B.** Full Name (Last, First, Middle Initial)  
**Mariannette 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  
3548.23

Date of Receipt  
 M M / D D / Y Y Y Y  
 05 / 04 / 2014

**Transaction ID : SA11AI.6799**

Amount of Each Receipt this Period  
193.34

In-kind - Travel

**C.** Full Name (Last, First, Middle Initial)  
**Mariannette 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  
3570.23

Date of Receipt  
 M M / D D / Y Y Y Y  
 05 / 04 / 2014

**Transaction ID : SA11AI.6801**

Amount of Each Receipt this Period  
22.00

In-kind - travel

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

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

315.30

**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 58
	<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)  
**Mariannette 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  
3609.87

Date of Receipt  
 M M / D D / Y Y Y Y  
 05 / 04 / 2014

**Transaction ID : SA11AI.6805**

Amount of Each Receipt this Period  
39.64

In-kind - Supplies

**B.** Full Name (Last, First, Middle Initial)  
**Mariannette 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  
3635.76

Date of Receipt  
 M M / D D / Y Y Y Y  
 05 / 07 / 2014

**Transaction ID : SA11AI.6817**

Amount of Each Receipt this Period  
25.89

In-kind - Dinner Expense

**C.** Full Name (Last, First, Middle Initial)  
**Mariannette 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  
3729.84

Date of Receipt  
 M M / D D / Y Y Y Y  
 05 / 09 / 2014

**Transaction ID : SA11AI.6813**

Amount of Each Receipt this Period  
94.08

In-kind - Travel

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

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

159.61

**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 58
	<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)  
**Mariannette 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  
**3784.74**

Date of Receipt  
 M M / D D / Y Y Y Y  
 05 / 10 / 2014

**Transaction ID : SA11AI.6815**

Amount of Each Receipt this Period  
**54.90**  
 In-kind - Travel

**B.** Full Name (Last, First, Middle Initial)  
**Mariannette 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  
**3795.54**

Date of Receipt  
 M M / D D / Y Y Y Y  
 05 / 12 / 2014

**Transaction ID : SA11AI.6821**

Amount of Each Receipt this Period  
**10.80**  
 In-kind - Dinner Expense

**C.** Full Name (Last, First, Middle Initial)  
**Mariannette 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  
**3994.94**

Date of Receipt  
 M M / D D / Y Y Y Y  
 05 / 14 / 2014

**Transaction ID : SA11AI.6819**

Amount of Each Receipt this Period  
**199.40**  
 In-kind - Travel

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

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

**265.10**



**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 58
	<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. Mariannette Miller-Meeks**  
 Full Name (Last, First, Middle Initial)  
 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 4042.23

Date of Receipt  
 M M / D D / Y Y Y Y  
 05 / 14 / 2014  
**Transaction ID : SA11AI.6823**  
 Amount of Each Receipt this Period  
 47.29  
 In-kind - Supplies

**B. Taylor Miller-Meeks**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 11674 - 90th St  
 City Ottumwa State IA Zip Code 52501  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer CreateThe Group 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  
 04 / 23 / 2014  
**Transaction ID : SA11AI.6680**  
 Amount of Each Receipt this Period  
 500.00

**C. William Moon III**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 21044 - 210th  
 City Bettendorf State IA Zip Code 52722  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Iowa 80 Group 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  
 04 / 29 / 2014  
**Transaction ID : SA11AI.6662**  
 Amount of Each Receipt this Period  
 500.00

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

1047.29

**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 58
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 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)  
**Janice Myers**

Mailing Address 4770 Windsor Cir

City Pleasant Hill State IA Zip Code 50327

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

Name of Employer self Occupation homemaker

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 05 / 13 / 2014

**Transaction ID : SA11AI.6625**

Amount of Each Receipt this Period  
 2000.00

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

Mailing Address 785 William Ave

City Marengo State IA Zip Code 52301

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

Name of Employer Iowa River Properties Occupation owner

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 04 / 19 / 2014

**Transaction ID : SA11AI.6489**

Amount of Each Receipt this Period  
 1000.00

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

Mailing Address 9 Granite Ridge Rd

City Cape Elizabeth State MD Zip Code 04107

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  
 04 / 16 / 2014

**Transaction ID : SA11AI.6483**

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: (check only one)	PAGE 35 OF 58
	<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)  
**Brian Privett**

Mailing Address 312 Ashland Ct SE

City Cedar Rapids State IA Zip Code 52403

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

Name of Employer Iowa Eye Center Occupation physician

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 07 / 2014

**Transaction ID : SA11AI.6395**

Amount of Each Receipt this Period  
 250.00

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

Mailing Address 2440 County Highway F15  
Box 75

City Marengo State IA Zip Code 52301

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

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 19 / 2014

**Transaction ID : SA11AI.6487**

Amount of Each Receipt this Period  
 250.00

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

Mailing Address 2412 E River Dr

City Davenport State IA Zip Code 52803

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

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 24 / 2014

**Transaction ID : SA11AI.6660**

Amount of Each Receipt this Period  
 1000.00

**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 36 OF 58
	<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)  
**Sylvia Roush**

Mailing Address 11582 Dahlongea Rd

City Ottumwa	State IA	Zip Code 52501
-----------------	-------------	-------------------

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

Name of Employer self	Occupation homemaker
-----------------------	-------------------------

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 05 / 01 / 2014

**Transaction ID : SA11AI.6665**

Amount of Each Receipt this Period  
1000.00

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

Mailing Address 233 Fernwood Ave

City Davenport	State IA	Zip Code 52803
-------------------	-------------	-------------------

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

Name of Employer Ruhl & Ruhl Realtors	Occupation realtor
--	-----------------------

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 05 / 01 / 2014

**Transaction ID : SA11AI.6640**

Amount of Each Receipt this Period  
500.00

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

Mailing Address 1508 S Linden Place

City Mt. Pleasant	State IA	Zip Code 52641
----------------------	-------------	-------------------

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

Name of Employer Lomont Molding 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  
 04 / 12 / 2014

**Transaction ID : SA11AI.6491**

Amount of Each Receipt this Period  
250.00

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

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

1750.00

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

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

FOR LINE NUMBER: PAGE 37 OF 58  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     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)  
**Robert Schlutz**

Mailing Address P.O. Box 66

City State Zip Code  
Columbus Junction IA 52738

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

Name of Employer Occupation  
Schlutz Enterprises 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 Y Y  
 05 / 03 / 2014

**Transaction ID : SA11AI.6642**

Amount of Each Receipt this Period  
1000.00

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

Mailing Address 2041 Cambridge Dr

City State Zip Code  
Coralville IA 52241

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 Y Y  
 05 / 07 / 2014

**Transaction ID : SA11AI.6639**

Amount of Each Receipt this Period  
500.00

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

Mailing Address 10 Oak Park Dr

City State Zip Code  
Bettendorf IA 52722

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

Name of Employer Occupation  
Bettendorf Public Library 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 Y Y  
 04 / 24 / 2014

**Transaction ID : SA11AI.6674**

Amount of Each Receipt this Period  
250.00

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

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

1750.00

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

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

FOR LINE NUMBER: PAGE 38 OF 58  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     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)  
**Don Stanson**

Mailing Address 1326 Weavers Way

City Abilene State TX Zip Code 79602

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

Name of Employer Dad's Hot Dogs Occupation principal

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 06 / 2014

**Transaction ID : SA11AI.6743**

Amount of Each Receipt this Period  
 500.00

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

Mailing Address 1326 Weavers Way

City Abilene State TX Zip Code 79602

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

Name of Employer Self Occupation resale

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 06 / 2014

**Transaction ID : SA11AI.6871**

Amount of Each Receipt this Period  
 500.00

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

Mailing Address 1700 Country Club Dr

City Coralville State IA Zip Code 52241

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

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 14 / 2014

**Transaction ID : SA11AI.6857**

Amount of Each Receipt this Period  
 500.00

**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 39 OF 58
	<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)  
**Ferial Tewfik**

Mailing Address 47 Arbury Dr

City Iowa City State IA Zip Code 52246

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

Name of Employer Mercy Iowa City Occupation physician

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 01 / 2014

**Transaction ID : SA11AI.6650**

Amount of Each Receipt this Period  
 1500.00

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

Mailing Address 259 E Golf Ave

City Ottumwa State IA Zip Code 52510

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

Name of Employer Ottumwa Anesthesiologists Occupation physician

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 09 / 2014

**Transaction ID : SA11AI.6632**

Amount of Each Receipt this Period  
 250.00

**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

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 29 / 2014

**Transaction ID : SA11AI.6873**

Amount of Each Receipt this Period  
 100.00

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

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

1850.00

**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 40 OF 58
	<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)  
**Margaret Tinsman**

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 **770.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
 05 / 14 / 2014

**Transaction ID : SA11AI.6742**

Amount of Each Receipt this Period  
**520.00**

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

Mailing Address 660 Riverview Ter

City Bettendorf State IA Zip Code 52722

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

Name of Employer Twin State 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  
 04 / 30 / 2014

**Transaction ID : SA11AI.6648**

Amount of Each Receipt this Period  
**250.00**

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

Mailing Address 2505 Maple Woods Dr

City Oskaloosa State IA Zip Code 52577

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

Name of Employer Interpower Corporation 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  
 04 / 30 / 2014

**Transaction ID : SA11AI.6710**

Amount of Each Receipt this Period  
**1000.00**

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

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

**1770.00**

**64660.80**



**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 58  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     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)  
AMERICAN ACADEMY OF OPHTHALMOLOGY INC POLITICAL COMMITTEE (OPHTHPAC)

Mailing Address 655 Beach Street

City State Zip Code  
San Francisco CA 94109

FEC ID number of contributing federal political committee. **C** C00196246

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  
 05 / 01 / 2014

Transaction ID : SA11C.6750

Amount of Each Receipt this Period  
 5000.00

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 / 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).....

5000.00

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

5000.00

**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 42 OF 58			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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**

Full Name (Last, First, Middle Initial) <b>A. Arena Communications</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 07 / 2014
Mailing Address 1780 W Sequoia Vista Circle		Amount of Each Disbursement this Period 2613.75 <b>Transaction ID : SB17.6447</b>
City Salt Lake City	State UT	
Zip Code 84104	Purpose of Disbursement E-Media	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 checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: IA District: 02	

Full Name (Last, First, Middle Initial) <b>B. Champion Bowl</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 25 / 2014
Mailing Address 2601 Roemer Ave		Amount of Each Disbursement this Period 275.00 <b>Transaction ID : SB17.6830</b>
City Ottumwa	State IA	
Zip Code 52501	Purpose of Disbursement Catering Cost	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 checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: IA District: 02	

Full Name (Last, First, Middle Initial) <b>c. Crow Valley Golf Club</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 24 / 2014
Mailing Address 4315 E 60th St		Amount of Each Disbursement this Period 480.00 <b>Transaction ID : SB17.6829</b>
City Davenport	State IA	
Zip Code 52807	Purpose of Disbursement Catering Cost	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 checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: IA District: 02	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2613.75
<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 43 OF 58			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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**

Full Name (Last, First, Middle Initial) <b>A. Decker Consulting Services</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 08 / 2014
Mailing Address 244 - 14th Place NE		Amount of Each Disbursement this Period 2999.95 <b>Transaction ID : SB17.6433</b>
City Washington State DC Zip Code 20002	Purpose of Disbursement Fundraising Expense 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 Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: IA District: 02		

Full Name (Last, First, Middle Initial) <b>B. Global Intermediate LLC</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 17 / 2014
Mailing Address 6601 Westown Pkwy Ste. 240		Amount of Each Disbursement this Period 5050.00 <b>Transaction ID : SB17.6425</b>
City West Des Moines State IA Zip Code 50266	Purpose of Disbursement Direct Mail 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 checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: IA District: 02		

Full Name (Last, First, Middle Initial) <b>c. Matt Green</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 08 / 2014
Mailing Address P.O. Box 281		Amount of Each Disbursement this Period 1500.00 <b>Transaction ID : SB17.6435</b>
City Fort Madison State IA Zip Code 52627	Purpose of Disbursement Salary 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 checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: IA District: 02		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	9549.95
<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 44 OF 58		
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21			

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**

Full Name (Last, First, Middle Initial) <b>A. Matt Green</b>		Date of Disbursement MM / DD / YYYY 04 / 08 / 2014
Mailing Address P.O. Box 281		Amount of Each Disbursement this Period 274.37 <b>Transaction ID : SB17.6451</b>
City Fort Madison	State IA	
Zip Code 52627	Purpose of Disbursement Travel Expense Reimbursement	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 checked="" type="checkbox"/> Primary <input 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 05 / 13 / 2014
Mailing Address 30046 - 570th St		Amount of Each Disbursement this Period 325.00 <b>Transaction ID : SB17.6457</b>
City Moulton	State IA	
Zip Code 52572	Purpose of Disbursement Salary	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 checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: IA District: 02	

Full Name (Last, First, Middle Initial) <b>c. Ben Leopold</b>		Date of Disbursement MM / DD / YYYY 04 / 08 / 2014
Mailing Address 1440 - 8th St W		Amount of Each Disbursement this Period 1000.00 <b>Transaction ID : SB17.6436</b>
City Mt. Vernon	State IA	
Zip Code 52314	Purpose of Disbursement Salary	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 checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: IA District: 02	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1599.37
<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 45 OF 58			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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**

Full Name (Last, First, Middle Initial) <b>A. Ben Leopold</b>		Date of Disbursement MM / DD / YYYY 04 / 08 / 2014
Mailing Address 1440 - 8th St W		Amount of Each Disbursement this Period 472.00 <b>Transaction ID : SB17.6449</b>
City Mt. Vernon	State IA	
Purpose of Disbursement Travel Expense Reimbursement		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 checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: IA	District: 02	

Full Name (Last, First, Middle Initial) <b>B. Ben Leopold</b>		Date of Disbursement MM / DD / YYYY 05 / 06 / 2014
Mailing Address 1440 - 8th St W		Amount of Each Disbursement this Period 1000.00 <b>Transaction ID : SB17.6413</b>
City Mt. Vernon	State IA	
Purpose of Disbursement Salary		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 checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: IA	District: 02	

Full Name (Last, First, Middle Initial) <b>c. Ben Leopold</b>		Date of Disbursement MM / DD / YYYY 05 / 06 / 2014
Mailing Address 1440 - 8th St W		Amount of Each Disbursement this Period 175.00 <b>Transaction ID : SB17.6452</b>
City Mt. Vernon	State IA	
Purpose of Disbursement Travel Expense Reimbursement		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 checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: IA	District: 02	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1647.00
<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 46 OF 58			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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**

Full Name (Last, First, Middle Initial) <b>A. Mariannette Miller-Meeks</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 01 / 2014
Mailing Address 11674 90th St		Amount of Each Disbursement this Period ..... 100.00
City Ottumwa	State IA	
Zip Code 52501	Purpose of Disbursement In-kind - Dinner Expense	<b>Transaction ID : SB17.6754</b>
Candidate Name <b>Miller-Meeks for Congress</b>	Category/ Type 002	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: IA	District: 02	

Full Name (Last, First, Middle Initial) <b>B. Mariannette Miller-Meeks</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 01 / 2014
Mailing Address 11674 90th St		Amount of Each Disbursement this Period ..... 50.00
City Ottumwa	State IA	
Zip Code 52501	Purpose of Disbursement In-kind - Dinner Expense	<b>Transaction ID : SB17.6756</b>
Candidate Name <b>Miller-Meeks for Congress</b>	Category/ Type 002	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: IA	District: 02	

Full Name (Last, First, Middle Initial) <b>C. Mariannette Miller-Meeks</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 03 / 2014
Mailing Address 11674 90th St		Amount of Each Disbursement this Period ..... 60.00
City Ottumwa	State IA	
Zip Code 52501	Purpose of Disbursement In-kind - Dinner Expense	<b>Transaction ID : SB17.6758</b>
Candidate Name <b>Miller-Meeks for Congress</b>	Category/ Type 002	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: IA	District: 02	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	..... 210.00
<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 47 OF 58			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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**

Full Name (Last, First, Middle Initial) <b>A. Mariannette Miller-Meeks</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 05 / 2014
Mailing Address 11674 90th St		Amount of Each Disbursement this Period 97.45 <b>Transaction ID : SB17.6760</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 checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
State: IA	District: 02	

Full Name (Last, First, Middle Initial) <b>B. Mariannette Miller-Meeks</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 05 / 2014
Mailing Address 11674 90th St		Amount of Each Disbursement this Period 110.18 <b>Transaction ID : SB17.6762</b>
City Ottumwa	State IA	
Purpose of Disbursement In-kind - supplies	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 checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
State: IA	District: 02	

Full Name (Last, First, Middle Initial) <b>C. Mariannette Miller-Meeks</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 10 / 2014
Mailing Address 11674 90th St		Amount of Each Disbursement this Period 30.00 <b>Transaction ID : SB17.6770</b>
City Ottumwa	State IA	
Purpose of Disbursement In-kind - supplies	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 checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
State: IA	District: 02	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	237.63
<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 48 OF 58			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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**

Full Name (Last, First, Middle Initial) <b>A. Mariannette Miller-Meeks</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 12 / 2014
Mailing Address 11674 90th St		Amount of Each Disbursement this Period 147.81 <b>Transaction ID : SB17.6764</b>
City Ottumwa State IA Zip Code 52501	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 checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: IA District: 02		

Full Name (Last, First, Middle Initial) <b>B. Mariannette Miller-Meeks</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 12 / 2014
Mailing Address 11674 90th St		Amount of Each Disbursement this Period 62.95 <b>Transaction ID : SB17.6767</b>
City Ottumwa State IA Zip Code 52501	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 checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: IA District: 02		

Full Name (Last, First, Middle Initial) <b>C. Mariannette Miller-Meeks</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 12 / 2014
Mailing Address 11674 90th St		Amount of Each Disbursement this Period 63.75 <b>Transaction ID : SB17.6772</b>
City Ottumwa State IA Zip Code 52501	Purpose of Disbursement In-kind - Dinner Expense 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 checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: IA District: 02		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	274.51
<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 49 OF 58	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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. Mariannette Miller-Meeks**

Full Name (Last, First, Middle Initial)  
Marianne Miller-Meeks

Mailing Address 11674 90th St

City Ottumwa State IA Zip Code 52501

Purpose of Disbursement In-kind - Travel

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  Primary  General  Other (specify)

State: IA District: 02

Date of Disbursement: 04 / 18 / 2014

Amount of Each Disbursement this Period: 182.29

Transaction ID : SB17.6774

Category/Type: 002

**B. Mariannette Miller-Meeks**

Full Name (Last, First, Middle Initial)  
Marianne Miller-Meeks

Mailing Address 11674 90th St

City Ottumwa State IA Zip Code 52501

Purpose of Disbursement In-kind - Dinner Expense

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  Primary  General  Other (specify)

State: IA District: 02

Date of Disbursement: 04 / 18 / 2014

Amount of Each Disbursement this Period: 43.13

Transaction ID : SB17.6778

Category/Type: 002

**C. Mariannette Miller-Meeks**

Full Name (Last, First, Middle Initial)  
Marianne 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: 04 / 19 / 2014

Amount of Each Disbursement this Period: 48.36

Transaction ID : SB17.6776

Category/Type: 002

**SUBTOTAL** of Disbursements This Page (optional) ..... 273.78

**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 50 OF 58			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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**

Full Name (Last, First, Middle Initial) <b>A. Mariannette Miller-Meeks</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 19 / 2014
Mailing Address 11674 90th St		Amount of Each Disbursement this Period 36.45 <b>Transaction ID : SB17.6780</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 checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: IA	District: 02	

Full Name (Last, First, Middle Initial) <b>B. Mariannette Miller-Meeks</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 23 / 2014
Mailing Address 11674 90th St		Amount of Each Disbursement this Period 34.86 <b>Transaction ID : SB17.6785</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 checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: IA	District: 02	

Full Name (Last, First, Middle Initial) <b>c. Mariannette Miller-Meeks</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 24 / 2014
Mailing Address 11674 90th St		Amount of Each Disbursement this Period 480.00 <b>Transaction ID : SB17.6788</b>
City Ottumwa	State IA	
Purpose of Disbursement In-kind - Catering Cost	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	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: IA	District: 02	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	551.31
<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 51 OF 58			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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**

Full Name (Last, First, Middle Initial) <b>A. Mariannette Miller-Meeks</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 25 / 2014
Mailing Address 11674 90th St		Amount of Each Disbursement this Period 459.87 <b>Transaction ID : SB17.6783</b>
City Ottumwa	State IA	
Purpose of Disbursement In-kind - Travel	002	
Candidate Name <b>Miller-Meeks for Congress</b>		Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: IA	District: 02	

Full Name (Last, First, Middle Initial) <b>B. Mariannette Miller-Meeks</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 25 / 2014
Mailing Address 11674 90th St		Amount of Each Disbursement this Period 275.00 <b>Transaction ID : SB17.6792</b>
City Ottumwa	State IA	
Purpose of Disbursement In-kind - Catering Cost	003	
Candidate Name <b>Miller-Meeks for Congress</b>		Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: IA	District: 02	

Full Name (Last, First, Middle Initial) <b>C. Mariannette Miller-Meeks</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 25 / 2014
Mailing Address 11674 90th St		Amount of Each Disbursement this Period 49.17 <b>Transaction ID : SB17.6798</b>
City Ottumwa	State IA	
Purpose of Disbursement In-kind - Dinner Expense	002	
Candidate Name <b>Miller-Meeks for Congress</b>		Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: IA	District: 02	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	459.87
<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 52 OF 58			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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**

Full Name (Last, First, Middle Initial) <b>A. Mariannette Miller-Meeks</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 28 / 2014
Mailing Address 11674 90th St		Amount of Each Disbursement this Period 99.96 <b>Transaction ID : SB17.6804</b>
City Ottumwa State IA Zip Code 52501	Purpose of Disbursement In-kind - Supplies 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 checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: IA District: 02		

Full Name (Last, First, Middle Initial) <b>B. Mariannette Miller-Meeks</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 04 / 2014
Mailing Address 11674 90th St		Amount of Each Disbursement this Period 193.34 <b>Transaction ID : SB17.6800</b>
City Ottumwa State IA Zip Code 52501	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 checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: IA District: 02		

Full Name (Last, First, Middle Initial) <b>C. Mariannette Miller-Meeks</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 04 / 2014
Mailing Address 11674 90th St		Amount of Each Disbursement this Period 22.00 <b>Transaction ID : SB17.6802</b>
City Ottumwa State IA Zip Code 52501	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 checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: IA District: 02		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	315.30
<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 53 OF 58			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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**

Full Name (Last, First, Middle Initial) <b>A. Mariannette Miller-Meeks</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 04 / 2014
Mailing Address 11674 90th St		Amount of Each Disbursement this Period 39.64 <b>Transaction ID : SB17.6806</b>
City Ottumwa State IA Zip Code 52501	Purpose of Disbursement In-kind - Supplies 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 checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: IA District: 02		

Full Name (Last, First, Middle Initial) <b>B. Mariannette Miller-Meeks</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 07 / 2014
Mailing Address 11674 90th St		Amount of Each Disbursement this Period 25.89 <b>Transaction ID : SB17.6818</b>
City Ottumwa State IA Zip Code 52501	Purpose of Disbursement In-kind - Dinner Expense 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 checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: IA District: 02		

Full Name (Last, First, Middle Initial) <b>C. Mariannette Miller-Meeks</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 09 / 2014
Mailing Address 11674 90th St		Amount of Each Disbursement this Period 94.08 <b>Transaction ID : SB17.6814</b>
City Ottumwa State IA Zip Code 52501	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 checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: IA District: 02		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	159.61
<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 54 OF 58			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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**

Full Name (Last, First, Middle Initial) <b>A. Mariannette Miller-Meeks</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 10 / 2014
Mailing Address 11674 90th St		Amount of Each Disbursement this Period 54.90 <b>Transaction ID : SB17.6816</b>
City Ottumwa State IA Zip Code 52501	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 State: IA District: 02	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

Full Name (Last, First, Middle Initial) <b>B. Mariannette Miller-Meeks</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 12 / 2014
Mailing Address 11674 90th St		Amount of Each Disbursement this Period 10.80 <b>Transaction ID : SB17.6822</b>
City Ottumwa State IA Zip Code 52501	Purpose of Disbursement In-kind - Dinner Expense 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 State: IA District: 02	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

Full Name (Last, First, Middle Initial) <b>C. Mariannette Miller-Meeks</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 14 / 2014
Mailing Address 11674 90th St		Amount of Each Disbursement this Period 199.40 <b>Transaction ID : SB17.6820</b>
City Ottumwa State IA Zip Code 52501	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 State: IA District: 02	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	265.10
<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 55 OF 58	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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**

Full Name (Last, First, Middle Initial) <b>A. Mariannette Miller-Meeks</b>		Date of Disbursement MM / DD / YYYY 05 / 14 / 2014
Mailing Address 11674 90th St		Amount of Each Disbursement this Period 47.29 <b>Transaction ID : SB17.6824</b>
City Ottumwa	State IA	
Zip Code 52501	Purpose of Disbursement In-kind - Supplies	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 checked="" type="checkbox"/> Primary <input 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 MM / DD / YYYY 04 / 12 / 2014
Mailing Address 1147 N Jefferson		Amount of Each Disbursement this Period 62.95 <b>Transaction ID : SB17.6826</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 checked="" type="checkbox"/> Primary <input 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 MM / DD / YYYY 04 / 19 / 2014
Mailing Address 1147 N Jefferson		Amount of Each Disbursement this Period 36.45 <b>Transaction ID : SB17.6827</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 checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: IA District: 02	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	47.29
<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 56 OF 58	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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**

Full Name (Last, First, Middle Initial) <b>A. Penn &amp; Jeff BP</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 23 / 2014
Mailing Address 1147 N Jefferson		Amount of Each Disbursement this Period 34.86
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 checked="" type="checkbox"/> Primary <input 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 05 / 10 / 2014
Mailing Address 1147 N Jefferson		Amount of Each Disbursement this Period 54.90
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 checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: IA District: 02		

Full Name (Last, First, Middle Initial) <b>c. Persuasion Partners Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 23 / 2014
Mailing Address 106 E Doty Ste 300		Amount of Each Disbursement this Period 14870.94
City Madison	State WI	
Zip Code 53703		
Purpose of Disbursement Printing	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 checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: IA District: 02		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	14870.94
<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 57 OF 58			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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**

Full Name (Last, First, Middle Initial) <b>A. Precision Signz</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 10 / 2014
Mailing Address 1055 Valley Dr		Amount of Each Disbursement this Period 1883.20 <b>Transaction ID : SB17.6427</b>
City Bettendorf State IA Zip Code 52722	Purpose of Disbursement Printing 004 Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) <b>B. Matthew Sauvage</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 18 / 2014
Mailing Address 1307 College Ave		Amount of Each Disbursement this Period 5250.00 <b>Transaction ID : SB17.6422</b>
City Davenport State IA Zip Code 52803	Purpose of Disbursement Salary 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 checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) <b>c. Matthew Sauvage</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 12 / 2014
Mailing Address 1307 College Ave		Amount of Each Disbursement this Period 3500.00 <b>Transaction ID : SB17.6406</b>
City Davenport State IA Zip Code 52803	Purpose of Disbursement Salary 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 checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	10633.20
<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 58 OF 58			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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**

Full Name (Last, First, Middle Initial) <b>A. Stripe</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 14 / 2014
Mailing Address 3180 18th St		Amount of Each Disbursement this Period 122.84
City San Francisco	State CA Zip Code 94110	
Purpose of Disbursement Service Fee	Category/Type 001	<b>Transaction ID : SB17.6458</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 checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: IA District: 02		

Full Name (Last, First, Middle Initial) <b>B. U.S. Postal Service - Ottumwa</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 28 / 2014
Mailing Address 616 W 2nd St		Amount of Each Disbursement this Period 99.96
City Ottumwa	State IA Zip Code 52501	
Purpose of Disbursement Supplies	Category/Type 001	<b>Transaction ID : SB17.6831</b> <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 checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: IA District: 02		

Full Name (Last, First, Middle Initial) <b>C.</b>		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		Amount of Each Disbursement this Period
City	State Zip Code	
Purpose of Disbursement	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	122.84
<b>TOTAL</b> This Period (last page this line number only).....	43822.45