

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

Meadows for Congress

ADDRESS (number and street) ▼

PO Box 811

Check if different than previously reported. (ACC)

Hendersonville

NC

28793-0811

2. FEC IDENTIFICATION NUMBER ▼

C C00503094

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

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

NC

11

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

- April 15 Quarterly Report (Q1)
- July 15 Quarterly Report (Q2)
- October 15 Quarterly Report (Q3)
- January 31 Year-End Report (YE)

Termination Report (TER)

(b) 12-Day PRE-Election Report for the:

- Primary (12P) General (12G) Runoff (12R)
- Convention (12C) Special (12S)

Election on / / in the State of

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

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

Election on / / in the State of

5. Covering Period

/ /

through

/ /

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Collin McMichael

Signature of Treasurer Collin McMichael

[Electronically Filed]

Date

/ /

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

Office Use Only

FEC FORM 3
(Revised 02/2003)

SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name
Meadows for Congress

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

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))....	28990.00	224929.94
(b) Total Contribution Refunds (from Line 20(d))	0.00	1000.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	28990.00	223929.94
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	15072.55	142154.97
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	252.81
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	15072.55	141902.16
8. Cash on Hand at Close of Reporting Period (from Line 27).....	105593.14	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	249000.00	

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

Meadows for Congress

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

I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
11. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	12800.00	59706.44
(ii) Unitemized.....	2190.00	11030.50
(iii) TOTAL of contributions from individuals ▶	14990.00	70736.94
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	14000.00	153393.00
(d) The Candidate.....	0.00	800.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	28990.00	224929.94
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0.00	3267.28
13. LOANS:		
(a) Made or Guaranteed by the Candidate.....	0.00	2500.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0.00	2500.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)	0.00	252.81
15. OTHER RECEIPTS (Dividends, Interest, etc.)	0.00	371.30
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶	28990.00	231321.33

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	15072.55	142154.97
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	2500.00
(b) Of All Other Loans	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	2500.00
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	1000.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	1000.00
21. OTHER DISBURSEMENTS	0.00	13320.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	15072.55	158974.97

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	91675.69
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	28990.00
25. SUBTOTAL (add Line 23 and Line 24).....	120665.69
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	15072.55
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	105593.14

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFHZG7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: F3N

Transaction ID :

Schedule B includes all required memo entries for reimbursements. All additional reimbursements do not meet the \$200.00 per vendor aggregate threshold.

Form/Schedule:

Transaction ID:

**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 30
	<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)
Meadows for Congress

A. Full Name (Last, First, Middle Initial)
Neil Annas

Mailing Address 1460 May Road

City State Zip Code
Granite Falls NC 28630

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

Name of Employer Occupation
Insurance Granite Insurance Agency

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
M M / D D / Y Y Y Y
02 / 14 / 2014

Transaction ID : SA11AI.9536

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Patricia H. Danz

Mailing Address 102 Moss Ridge Court

City State Zip Code
Flat Rock NC 28731

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
03 / 31 / 2014

Transaction ID : SA11AI.9604

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
Eastern Band-Cherokee Indians

Mailing Address P.O. Box 455

City State Zip Code
Cherokee NC 28719

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

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2600.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 31 / 2014

Transaction ID : SA11AI.9630

Amount of Each Receipt this Period
2600.00

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

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

3350.00

**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 30
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Meadows for Congress

A. Full Name (Last, First, Middle Initial)
Eastern Band-Cherokee Indians

Mailing Address P.O. Box 455

City Cherokee State NC Zip Code 28719

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

Name of Employer Occupation

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
03 / 31 / 2014

Transaction ID : SA11AI.9632

Amount of Each Receipt this Period
2600.00

B. Full Name (Last, First, Middle Initial)
Jane Ebberts

Mailing Address P.O. Box 143

City Cashiers State NC Zip Code 28717

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

Name of Employer Occupation
Landmark Realty Group Real Estate Broker

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1500.00

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

Transaction ID : SA11AI.9540

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
Muharrem Ekrem Hatip

Mailing Address 306 Cole Canyon Court

City Cary State NC Zip Code 27513-8372

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

Name of Employer Occupation
Divan Cultural Center Principal

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
700.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
03 / 31 / 2014

Transaction ID : SA11AI.9644

Amount of Each Receipt this Period
700.00

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

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

4300.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 30
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Meadows for Congress

A. Full Name (Last, First, Middle Initial)
Don Hite

Mailing Address 214 Velvet Lane

City Weaverville State NC Zip Code 28787

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

Name of Employer President Occupation Aeroflow Healthcare

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 02 / 26 / 2014

Transaction ID : SA11AI.9538

Amount of Each Receipt this Period
 500.00

B. Full Name (Last, First, Middle Initial)
Berna Karayaka

Mailing Address 7702 Falcon Drive

City Corpus Christi State TX Zip Code 78414-5981

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

Name of Employer Western Carolina University Occupation Faculty

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 31 / 2014

Transaction ID : SA11AI.9637

Amount of Each Receipt this Period
 500.00

C. Full Name (Last, First, Middle Initial)
Hayrettin B Karayaka

Mailing Address 112 Fishermans Lane

City Sylva State NC Zip Code 28779

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

Name of Employer Western Carolina University Occupation Assistant Professor

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 31 / 2014

Transaction ID : SA11AI.9639

Amount of Each Receipt this Period
 1000.00

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 9 OF 30
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Meadows for Congress

A. Full Name (Last, First, Middle Initial)
Yavuz Ray Koruk

Mailing Address 99 Ascension Drive
Apt C123

City Asheville State NC Zip Code 28806

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

Name of Employer NYTE, Inc. Occupation President

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 31 / 2014

Transaction ID : SA11AI.9635

Amount of Each Receipt this Period
 2000.00

B. Full Name (Last, First, Middle Initial)
Carolyn Mahlum

Mailing Address 253 Oak Park Drive

City Brevard State NC Zip Code 28712

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
 03 / 15 / 2014

Transaction ID : SA11AI.9547

Amount of Each Receipt this Period
 250.00

C. Full Name (Last, First, Middle Initial)
Volkan Ozdemir

Mailing Address 2633 Trailwood Hills Drive

City Raleigh State NC Zip Code 27603-5984

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

Name of Employer Riverbed Technology at the Car Occupation Member of Technical Staff

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 31 / 2014

Transaction ID : SA11AI.9641

Amount of Each Receipt this Period
 300.00

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

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

2550.00

**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 30
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Meadows for Congress

A. Full Name (Last, First, Middle Initial)
Judy Steele

Mailing Address 1477 Taylorsville Road, SE

City Lenoir State NC Zip Code 28645

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
 03 / 26 / 2014

Transaction ID : SA11AI.9568

Amount of Each Receipt this Period
 100.00

B. Full Name (Last, First, Middle Initial)
Roger West

Mailing Address 211 Gayle-Lea Road

City Murphy State NC Zip Code 28906

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

Name of Employer SELF-EMPLOYED Occupation CONTRACTOR

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 31 / 2014

Transaction ID : SA11AI.9602

Amount of Each Receipt this Period
 500.00

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

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

Amount of Each Receipt this Period

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

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

600.00

12800.00

**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 11 OF 30
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Meadows for Congress

A. Full Name (Last, First, Middle Initial)
AMERICAN BANKERS ASSOCIATION PAC (BANKPAC)

Mailing Address 1120 CONNECTICUT AVENUE NW
SUITE 600

City WASHINGTON State DC Zip Code 20036

FEC ID number of contributing federal political committee. **C** C00004275

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
4000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 03 / 31 / 2014

Transaction ID : SA11C.9728

Amount of Each Receipt this Period
2000.00

B. Full Name (Last, First, Middle Initial)
BLUEPAC - BLUE CROSS BLUE SHIELD ASSOCIATION PAC

Mailing Address 1310 G STREET NW

City WASHINGTON State DC Zip Code 20005

FEC ID number of contributing federal political committee. **C** C00194746

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
3000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 03 / 21 / 2014

Transaction ID : SA11C.9734

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
CULAC THE PAC OF CREDIT UNION NATIONAL ASSOCIATION

Mailing Address 601 PENNSYLVANIA AVENUE, NW
SOUTH BUILDING, SUITE 600

City WASHINGTON State DC Zip Code 20004

FEC ID number of contributing federal political committee. **C** C00007880

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
4000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 03 / 20 / 2014

Transaction ID : SA11C.9732

Amount of Each Receipt this Period
4000.00

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

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

7000.00

**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 30
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Meadows for Congress

A. Full Name (Last, First, Middle Initial)
DUKE ENERGY CORPORATION PAC

Mailing Address 550 SOUTH TRYON STREET

City State Zip Code
CHARLOTTE NC 28202

FEC ID number of contributing federal political committee. **C** C00083535

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
4000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 31 / 2014

Transaction ID : SA11C.9736

Amount of Each Receipt this Period
2000.00

B. Full Name (Last, First, Middle Initial)
FREEDOM PROJECT; THE

Mailing Address 320 1ST STREET SE

City State Zip Code
WASHINGTON DC 20003

FEC ID number of contributing federal political committee. **C** C00305805

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
 03 / 06 / 2014

Transaction ID : SA11C.9730

Amount of Each Receipt this Period
5000.00

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

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

Amount of Each Receipt this Period

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

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

7000.00

14000.00

**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 13 OF 30		
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21			

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NAME OF COMMITTEE (In Full)
Meadows for Congress

Full Name (Last, First, Middle Initial) A. American Express		Date of Disbursement M M / D D / Y Y Y Y 02 / 03 / 2014
Mailing Address P.O. Box 53852		Amount of Each Disbursement this Period 77.34
City Phoenix	State AZ	
Zip Code 85072-3852	Purpose of Disbursement Merchant Fees	Transaction ID : SB17.9592
Candidate Name	Category/ Type	
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:		

Full Name (Last, First, Middle Initial) B. Capitol Hill Club		Date of Disbursement M M / D D / Y Y Y Y 01 / 27 / 2014
Mailing Address 300 First Street, SE		Amount of Each Disbursement this Period 400.00
City Washington	State DC	
Zip Code 20003	Purpose of Disbursement Food/Beverage	Transaction ID : SB17.9590
Candidate Name	Category/ Type	
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:		

Full Name (Last, First, Middle Initial) c. Cardmember Services		Date of Disbursement M M / D D / Y Y Y Y 01 / 31 / 2014
Mailing Address P.O. Box 790408		Amount of Each Disbursement this Period 6199.53
City St. Louis	State MO	
Zip Code 63179-0408	Purpose of Disbursement Credit Card Payment, Food/Beverage, Office Supplies, Fuel, See Below -	Transaction ID : SB17.9671
Candidate Name	Category/ Type	
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:		

SUBTOTAL of Disbursements This Page (optional).....	6676.87
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 14 OF 30			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
Meadows for Congress

Full Name (Last, First, Middle Initial) A. House Gift Shop		Date of Disbursement M M / D D / Y Y Y Y 01 / 31 / 2014
Mailing Address First St SE		Amount of Each Disbursement this Period 305.20
City Washington	State DC Zip Code 20004	
Purpose of Disbursement Paper Supplies	Candidate Name	Transaction ID : SB17.9671.0 [MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) B. USPS		Date of Disbursement M M / D D / Y Y Y Y 01 / 31 / 2014
Mailing Address 675 South 4th Street		Amount of Each Disbursement this Period 29.80
City Highlands	State NC Zip Code 28741	
Purpose of Disbursement Postage	Candidate Name	Transaction ID : SB17.9671.2 [MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) c. House Gift Shop		Date of Disbursement M M / D D / Y Y Y Y 01 / 31 / 2014
Mailing Address First St SE		Amount of Each Disbursement this Period 810.90
City Washington	State DC Zip Code 20004	
Purpose of Disbursement Paper Supplies	Candidate Name	Transaction ID : SB17.9671.3 [MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

SUBTOTAL of Disbursements This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 30			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
Meadows for Congress

Full Name (Last, First, Middle Initial) A. Alaska Airlines		Date of Disbursement M M / D D / Y Y Y Y 01 / 31 / 2014
Mailing Address PO Box 68900		Amount of Each Disbursement this Period 25.00
City Seattle	State WA	
Zip Code 98168	Purpose of Disbursement Airfare	Transaction ID : SB17.9671.7
Candidate Name	Category/Type	
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)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) B. Congressional Institute		Date of Disbursement M M / D D / Y Y Y Y 01 / 31 / 2014
Mailing Address 1700 Diagonal Road, #730		Amount of Each Disbursement this Period 1423.00
City Alexandria	State VA	
Zip Code 22314	Purpose of Disbursement Registration	Transaction ID : SB17.9671.9
Candidate Name	Category/Type	
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)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) c. The Stoneridge Group, LLC		Date of Disbursement M M / D D / Y Y Y Y 01 / 31 / 2014
Mailing Address 4400 North Point Parkway Suite 190		Amount of Each Disbursement this Period 1353.40
City Alpharetta	State GA	
Zip Code 30022	Purpose of Disbursement Online Services	Transaction ID : SB17.9671.10
Candidate Name	Category/Type	
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)	[MEMO ITEM]
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 OF 30			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
Meadows for Congress

Full Name (Last, First, Middle Initial) A. The Beverly Hilton			Date of Disbursement M M / D D / Y Y Y Y 01 / 31 / 2014		
Mailing Address 9876 Wilshire Blvd			Amount of Each Disbursement this Period 252.32		
City Beverly Hills	State CA	Zip Code 90210	Transaction ID : SB17.9671.12		
Purpose of Disbursement Lodging		Candidate Name	Category/ Type		
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:	[MEMO ITEM]			

Full Name (Last, First, Middle Initial) B. Alaska Airlines			Date of Disbursement M M / D D / Y Y Y Y 01 / 31 / 2014		
Mailing Address PO Box 68900			Amount of Each Disbursement this Period 25.00		
City Seattle	State WA	Zip Code 98168	Transaction ID : SB17.9671.13		
Purpose of Disbursement Airfare Fee		Candidate Name	Category/ Type		
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:	[MEMO ITEM]			

Full Name (Last, First, Middle Initial) c. House Gift Shop			Date of Disbursement M M / D D / Y Y Y Y 01 / 31 / 2014		
Mailing Address First St SE			Amount of Each Disbursement this Period 324.00		
City Washington	State DC	Zip Code 20004	Transaction ID : SB17.9671.15		
Purpose of Disbursement Paper Supplies		Candidate Name	Category/ Type		
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:	[MEMO ITEM]			

SUBTOTAL of Disbursements This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 30			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
Meadows for Congress

Full Name (Last, First, Middle Initial) A. USPS		Date of Disbursement M M / D D / Y Y Y Y 01 / 31 / 2014
Mailing Address 675 South 4th Street		Amount of Each Disbursement this Period 12.52
City Highlands	State NC Zip Code 28741	
Purpose of Disbursement Postage	Candidate Name	Transaction ID : SB17.9671.16
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	[MEMO ITEM]

Full Name (Last, First, Middle Initial) B. Mt Vernon Ladies' Association		Date of Disbursement M M / D D / Y Y Y Y 01 / 31 / 2014
Mailing Address 3200 Mt Vernon Memorial Hwy		Amount of Each Disbursement this Period 1208.85
City Alexandria	State VA Zip Code 22309	
Purpose of Disbursement Registration	Candidate Name	Transaction ID : SB17.9671.17
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	[MEMO ITEM]

Full Name (Last, First, Middle Initial) C. USPS		Date of Disbursement M M / D D / Y Y Y Y 01 / 31 / 2014
Mailing Address 675 South 4th Street		Amount of Each Disbursement this Period 46.00
City Highlands	State NC Zip Code 28741	
Purpose of Disbursement Postage	Candidate Name	Transaction ID : SB17.9671.20
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 18 OF 30	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Meadows for Congress

Full Name (Last, First, Middle Initial) A. ConstantContact		Date of Disbursement M M / D D / Y Y Y Y 01 / 31 / 2014
Mailing Address 1601 Trapelo Road		Amount of Each Disbursement this Period 50.00
City Waltham	State MA Zip Code 02451	
Purpose of Disbursement Online Services	Candidate Name	Transaction ID : SB17.9671.21
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	[MEMO ITEM]

Full Name (Last, First, Middle Initial) B. The Stoneridge Group, LLC		Date of Disbursement M M / D D / Y Y Y Y 01 / 31 / 2014
Mailing Address 4400 North Point Parkway Suite 190		Amount of Each Disbursement this Period 19.95
City Alpharetta	State GA Zip Code 30022	
Purpose of Disbursement Online Services	Candidate Name	Transaction ID : SB17.9671.22
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	[MEMO ITEM]

Full Name (Last, First, Middle Initial) c. Cardmember Services		Date of Disbursement M M / D D / Y Y Y Y 02 / 24 / 2014
Mailing Address P.O. Box 790408		Amount of Each Disbursement this Period 236.68
City St. Louis	State MO Zip Code 63179-0408	
Purpose of Disbursement Credit Card Payment, Food/Beverage See Below -	Candidate Name	Transaction ID : SB17.9672
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

SUBTOTAL of Disbursements This Page (optional).....	236.68
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 19 OF 30			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
Meadows for Congress

Full Name (Last, First, Middle Initial) A. ConstantContact		Date of Disbursement M M / D D / Y Y Y Y 02 / 24 / 2014
Mailing Address 1601 Trapelo Road		Amount of Each Disbursement this Period 50.00
City Waltham	State MA Zip Code 02451	
Purpose of Disbursement Online Services	Candidate Name	Transaction ID : SB17.9672.0
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	[MEMO ITEM]

Full Name (Last, First, Middle Initial) B. The Stoneridge Group, LLC		Date of Disbursement M M / D D / Y Y Y Y 02 / 24 / 2014
Mailing Address 4400 North Point Parkway Suite 190		Amount of Each Disbursement this Period 19.95
City Alpharetta	State GA Zip Code 30022	
Purpose of Disbursement Online Services	Candidate Name	Transaction ID : SB17.9672.1
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	[MEMO ITEM]

Full Name (Last, First, Middle Initial) C. Cardmember Services		Date of Disbursement M M / D D / Y Y Y Y 02 / 24 / 2014
Mailing Address P.O. Box 790408		Amount of Each Disbursement this Period 128.11
City St. Louis	State MO Zip Code 63179-0408	
Purpose of Disbursement Bank Service Fees	Candidate Name	Transaction ID : SB17.9672.3
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 20 OF 30	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Meadows for Congress

Full Name (Last, First, Middle Initial) A. Cardmember Services		Date of Disbursement MM / DD / YYYY 03 / 28 / 2014
Mailing Address P.O. Box 790408		Amount of Each Disbursement this Period 505.44 Transaction ID : SB17.9673
City St. Louis	State MO	
Zip Code 63179-0408	Purpose of Disbursement Credit Card Payment, Food/Beverage, See Below -	Category/ Type
Candidate Name	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:	

Full Name (Last, First, Middle Initial) B. US Airways		Date of Disbursement MM / DD / YYYY 03 / 28 / 2014
Mailing Address 4000 E. Sky Harbor Blvd		Amount of Each Disbursement this Period 174.00 Transaction ID : SB17.9673.1 [MEMO ITEM]
City Phoenix	State AZ	
Zip Code 85034	Purpose of Disbursement Airfare	Category/ Type
Candidate Name	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:	

Full Name (Last, First, Middle Initial) c. Cardmember Services		Date of Disbursement MM / DD / YYYY 03 / 28 / 2014
Mailing Address P.O. Box 790408		Amount of Each Disbursement this Period 0.19 Transaction ID : SB17.9673.4 [MEMO ITEM]
City St. Louis	State MO	
Zip Code 63179-0408	Purpose of Disbursement International Transaction Fees	Category/ Type
Candidate Name	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	505.44
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 21 OF 30			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
Meadows for Congress

Full Name (Last, First, Middle Initial) A. Cardmember Services		Date of Disbursement M M / D D / Y Y Y Y 03 / 28 / 2014
Mailing Address P.O. Box 790408		Amount of Each Disbursement this Period 0.44
City St. Louis	State MO	
Zip Code 63179-0408	Purpose of Disbursement International Transaction Fees	Transaction ID : SB17.9673.5 [MEMO ITEM]
Candidate Name	Category/Type	
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:		

Full Name (Last, First, Middle Initial) B. RA @ Longworth		Date of Disbursement M M / D D / Y Y Y Y 03 / 28 / 2014
Mailing Address Longworth House Office Bldg		Amount of Each Disbursement this Period 175.25
City Washington	State DC	
Zip Code 20515	Purpose of Disbursement Food/Beverage	Transaction ID : SB17.9673.6 [MEMO ITEM]
Candidate Name	Category/Type	
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:		

Full Name (Last, First, Middle Initial) c. The Stoneridge Group, LLC		Date of Disbursement M M / D D / Y Y Y Y 03 / 28 / 2014
Mailing Address 4400 North Point Parkway Suite 190		Amount of Each Disbursement this Period 19.95
City Alpharetta	State GA	
Zip Code 30022	Purpose of Disbursement Online Services	Transaction ID : SB17.9673.7 [MEMO ITEM]
Candidate Name	Category/Type	
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:		

SUBTOTAL of Disbursements This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 OF 30			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
Meadows for Congress

Full Name (Last, First, Middle Initial) A. ConstantContact		Date of Disbursement M M / D D / Y Y Y Y 03 / 28 / 2014
Mailing Address 1601 Trapelo Road		Amount of Each Disbursement this Period 50.00
City Waltham	State MA	
Zip Code 02451	Purpose of Disbursement Online Services	Transaction ID : SB17.9673.8
Candidate Name	Category/Type	
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)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) B. Cashier's Printing, Inc.		Date of Disbursement M M / D D / Y Y Y Y 03 / 17 / 2014
Mailing Address P.O. Box 550		Amount of Each Disbursement this Period 241.56
City Cashiers	State NC	
Zip Code 28717	Purpose of Disbursement Printing Services	Transaction ID : SB17.9665
Candidate Name	Category/Type	
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:		

Full Name (Last, First, Middle Initial) c. Congressional Club		Date of Disbursement M M / D D / Y Y Y Y 03 / 08 / 2014
Mailing Address 2001 New Hampshire Ave, NW		Amount of Each Disbursement this Period 500.00
City Washington	State DC	
Zip Code 20009	Purpose of Disbursement Registration	Transaction ID : SB17.9659
Candidate Name	Category/Type	
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:		

SUBTOTAL of Disbursements This Page (optional).....	741.56
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 23 OF 30		
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21			

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NAME OF COMMITTEE (In Full)
Meadows for Congress

Full Name (Last, First, Middle Initial) A. Barbara P McCollum		Date of Disbursement M M / D D / Y Y Y Y 01 / 31 / 2014
Mailing Address 531 Ballantyne Common Cir		Amount of Each Disbursement this Period 599.27 Transaction ID : SB17.9649
City Hendersonville State NC Zip Code 28792	Purpose of Disbursement Salary	
Candidate Name	Category/Type	
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:		

Full Name (Last, First, Middle Initial) B. Barbara P McCollum		Date of Disbursement M M / D D / Y Y Y Y 02 / 28 / 2014
Mailing Address 531 Ballantyne Common Cir		Amount of Each Disbursement this Period 599.28 Transaction ID : SB17.9652
City Hendersonville State NC Zip Code 28792	Purpose of Disbursement Salary	
Candidate Name	Category/Type	
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:		

Full Name (Last, First, Middle Initial) C. Barbara P McCollum		Date of Disbursement M M / D D / Y Y Y Y 03 / 17 / 2014
Mailing Address 531 Ballantyne Common Cir		Amount of Each Disbursement this Period 54.21 Transaction ID : SB17.9664
City Hendersonville State NC Zip Code 28792	Purpose of Disbursement Postage, Paper Products	
Candidate Name	Category/Type	
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:		

SUBTOTAL of Disbursements This Page (optional).....	1252.76
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 24 OF 30	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Meadows for Congress

Full Name (Last, First, Middle Initial) A. Barbara P McCollum		Date of Disbursement M M / D D / Y Y Y Y 03 / 31 / 2014
Mailing Address 531 Ballantyne Common Cir		Amount of Each Disbursement this Period 599.27 Transaction ID : SB17.9670
City Hendersonville	State NC Zip Code 28792	
Purpose of Disbursement Salary	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:		

Full Name (Last, First, Middle Initial) B. Merchant Bankcard		Date of Disbursement M M / D D / Y Y Y Y 01 / 03 / 2014
Mailing Address 12202 Airport Way, Ste 100		Amount of Each Disbursement this Period 216.14 Transaction ID : SB17.9575
City Broomfield	State CO Zip Code 80021	
Purpose of Disbursement Merchant Fees	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:		

Full Name (Last, First, Middle Initial) c. Merchant Bankcard		Date of Disbursement M M / D D / Y Y Y Y 02 / 04 / 2014
Mailing Address 12202 Airport Way, Ste 100		Amount of Each Disbursement this Period 7.50 Transaction ID : SB17.9593
City Broomfield	State CO Zip Code 80021	
Purpose of Disbursement Merchant Fees	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:		

SUBTOTAL of Disbursements This Page (optional).....	822.91
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 25 OF 30	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Meadows for Congress

Full Name (Last, First, Middle Initial)

A. Merchant Bankcard

Mailing Address 12202 Airport Way, Ste 100

City Broomfield State CO Zip Code 80021

Purpose of Disbursement Merchant Services

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement: 03 / 04 / 2014

Amount of Each Disbursement this Period: 25.96

Transaction ID : SB17.9653

Full Name (Last, First, Middle Initial)

B. NC Dept of Revenue

Mailing Address P.O. Box 25000

City Raleigh State NC Zip Code 27640

Purpose of Disbursement Payroll Taxes

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement: 01 / 09 / 2014

Amount of Each Disbursement this Period: 24.00

Transaction ID : SB17.9577

Full Name (Last, First, Middle Initial)

c. NC Dept of Revenue

Mailing Address P.O. Box 25000

City Raleigh State NC Zip Code 27640

Purpose of Disbursement Payroll Taxes

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement: 02 / 13 / 2014

Amount of Each Disbursement this Period: 1.00

Transaction ID : SB17.9597

SUBTOTAL of Disbursements This Page (optional) 50.96

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 26 OF 30			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
Meadows for Congress

Full Name (Last, First, Middle Initial) A. NC Dept of Revenue			Date of Disbursement M M / D D / Y Y Y Y 03 / 13 / 2014
Mailing Address P.O. Box 25000			Amount of Each Disbursement this Period 1.00 Transaction ID : SB17.9662
City Raleigh	State NC	Zip Code 27640	
Purpose of Disbursement Payroll Taxes		Category/ Type	
Candidate Name			
Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For:	
State:	District:	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) B. North Carolina State Board of Elections			Date of Disbursement M M / D D / Y Y Y Y 02 / 04 / 2014
Mailing Address 441 North Harrington Street			Amount of Each Disbursement this Period 1740.00 Transaction ID : SB17.9596
City Raleigh	State NC	Zip Code 27603	
Purpose of Disbursement 2014 Filing Fee		Category/ Type	
Candidate Name			
Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For:	
State:	District:	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) c. RedPledge			Date of Disbursement M M / D D / Y Y Y Y 01 / 03 / 2014
Mailing Address 4400 North Point Parkway			Amount of Each Disbursement this Period 243.95 Transaction ID : SB17.9576
City Alpharetta	State GA	Zip Code 30022	
Purpose of Disbursement Merchant Services		Category/ Type	
Candidate Name			
Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For:	
State:	District:	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

SUBTOTAL of Disbursements This Page (optional).....	1984.95
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 27 OF 30	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Meadows for Congress

Full Name (Last, First, Middle Initial) A. RedPledge		Date of Disbursement M M / D D / Y Y Y Y 02 / 24 / 2014
Mailing Address 4400 North Point Parkway		Amount of Each Disbursement this Period 16.31 Transaction ID : SB17.9594
City Alpharetta	State GA	
Zip Code 30022	Purpose of Disbursement Merchant Services	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:	

Full Name (Last, First, Middle Initial) B. RedPledge		Date of Disbursement M M / D D / Y Y Y Y 03 / 04 / 2014
Mailing Address 4400 North Point Parkway		Amount of Each Disbursement this Period 29.75 Transaction ID : SB17.9654
City Alpharetta	State GA	
Zip Code 30022	Purpose of Disbursement Merchant Services	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:	

Full Name (Last, First, Middle Initial) c. United States Treasury		Date of Disbursement M M / D D / Y Y Y Y 01 / 09 / 2014
Mailing Address 1500 Pennsylvania Ave, NW		Amount of Each Disbursement this Period 99.44 Transaction ID : SB17.9674
City Washington	State DC	
Zip Code 20220	Purpose of Disbursement Payroll Taxes	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:	

SUBTOTAL of Disbursements This Page (optional).....	145.50
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 28 OF 30			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
Meadows for Congress

Full Name (Last, First, Middle Initial) A. United States Treasury		Date of Disbursement M M / D D / Y Y Y Y 02 / 14 / 2014
Mailing Address 1500 Pennsylvania Ave, NW		Amount of Each Disbursement this Period 99.46
City Washington State DC Zip Code 20220	Purpose of Disbursement Payroll Taxes	
Candidate Name	Category/Type	Transaction ID : SB17.9650
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:		

Full Name (Last, First, Middle Initial) B. United States Treasury		Date of Disbursement M M / D D / Y Y Y Y 03 / 13 / 2014
Mailing Address 1500 Pennsylvania Ave, NW		Amount of Each Disbursement this Period 99.44
City Washington State DC Zip Code 20220	Purpose of Disbursement Payroll Taxes	
Candidate Name	Category/Type	Transaction ID : SB17.9663
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:		

Full Name (Last, First, Middle Initial) C. Verizon Wireless		Date of Disbursement M M / D D / Y Y Y Y 01 / 17 / 2014
Mailing Address P.O. Box 660108		Amount of Each Disbursement this Period 127.89
City Dallas State TX Zip Code 75266	Purpose of Disbursement Phone Services	
Candidate Name	Category/Type	Transaction ID : SB17.9585
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:		

SUBTOTAL of Disbursements This Page (optional).....	326.79
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 29 OF 30		
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Meadows for Congress

Full Name (Last, First, Middle Initial) A. Verizon Wireless		Date of Disbursement M M / D D / Y Y Y Y 02 / 27 / 2014
Mailing Address P.O. Box 660108		Amount of Each Disbursement this Period 142.86 Transaction ID : SB17.9598
City Dallas	State TX	
Zip Code 75266	Purpose of Disbursement Phone Services	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:	

Full Name (Last, First, Middle Initial) B. Verizon Wireless		Date of Disbursement M M / D D / Y Y Y Y 03 / 17 / 2014
Mailing Address P.O. Box 660108		Amount of Each Disbursement this Period 127.86 Transaction ID : SB17.9666
City Dallas	State TX	
Zip Code 75266	Purpose of Disbursement Phone Services	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:	

Full Name (Last, First, Middle Initial) c. WNC Agricultural Center		Date of Disbursement M M / D D / Y Y Y Y 03 / 06 / 2014
Mailing Address 1301 Fanning Bridge Rd		Amount of Each Disbursement this Period 1700.00 Transaction ID : SB17.9657
City Fletcher	State NC	
Zip Code 28732	Purpose of Disbursement Event Registration/Sponsorship	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:	

SUBTOTAL of Disbursements This Page (optional).....	1970.72
TOTAL This Period (last page this line number only).....	14715.14

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) Transaction ID : SC/10.4101
Meadows for Congress

LOAN SOURCE Full Name (Last, First, Middle Initial) Mark R Meadows	[PERSONAL FUNDS]	Election: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address PO Box 811		
City Hendersonville	State NC	ZIP Code 28793-0811

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
250000.00	1000.00	249000.00

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
M 09 / D 29 / Y 2011	M M / D D / Y none	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/>
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/>
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/>
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/>

SUBTOTALS This Period This Page (optional).....	<input style="width: 100%;" type="text" value="249000.00"/>
TOTALS This Period (last page in this line only).....	<input style="width: 100%;" type="text" value="249000.00"/>
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.	