

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

M M /

D D /

Y Y Y Y

in the State of

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

General (30G)

Runoff (30R)

Special (30S)

Election on

M M /

D D /

Y Y Y Y

in the State of

5. Covering Period

M M /

D D /

Y Y Y Y

through

M M /

D D /

Y Y Y Y

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

M M /

D D /

Y Y Y Y

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: M M / D D / Y Y Y Y
10 / 01 / 2013 To: M M / D D / Y Y Y Y
12 / 31 / 2013

	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))....	32686.44	195939.94
(b) Total Contribution Refunds (from Line 20(d))	1000.00	1000.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	31686.44	194939.94
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	19577.84	127082.42
(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)).....	19577.84	126829.61
8. Cash on Hand at Close of Reporting Period (from Line 27).....	91675.69	
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).....	20031.44	46906.44
(ii) Unitemized.....	4355.00	8840.50
(iii) TOTAL of contributions from individuals ▶	24386.44	55746.94
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	8300.00	139393.00
(d) The Candidate.....	0.00	800.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	32686.44	195939.94
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.)	300.00	371.30
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶	32986.44	202331.33

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3 (Revised 02/2003)

PAGE 4 / 35

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	19577.84	127082.42
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).....	1000.00	1000.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	1000.00	1000.00
21. OTHER DISBURSEMENTS	60.00	13320.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	20637.84	143902.42

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	79327.09
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	32986.44
25. SUBTOTAL (add Line 23 and Line 24).....	112313.53
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	20637.84
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	91675.69

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <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 35
	<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)
Andrew Altshule

Mailing Address 519 Ocampo Dr

City Pacific Palisades State CA Zip Code 90272

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

Name of Employer TORG Occupation General Manager

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y
 12 / 30 / 2013

Transaction ID : SA11AI.9442

Amount of Each Receipt this Period
 1000.00

B. Full Name (Last, First, Middle Initial)
Charles W Archerd

Mailing Address 504 Holt Lane

City Asheville State NC Zip Code 28803

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

Name of Employer Archerd-Bell Investment Group Occupation Real Estate Investor

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y
 12 / 31 / 2013

Transaction ID : SA11AI.9419

Amount of Each Receipt this Period
 2600.00

C. Full Name (Last, First, Middle Initial)
John D Bryan

Mailing Address PO Box 1929

City Lake Oswego State OR Zip Code 97035-0019

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
 12 / 30 / 2013

Transaction ID : SA11AI.9417

Amount of Each Receipt this Period
 2500.00

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

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

6100.00

**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 35
	<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)
Emily Campbell

Mailing Address P.O. Box 698

City State Zip Code
Sylva NC 28779

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
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 12 / 04 / 2013

Transaction ID : SA11AI.9346

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
R L Clark

Mailing Address 2 Quail Cove Rd

City State Zip Code
Asheville NC 28804

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
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 12 / 04 / 2013

Transaction ID : SA11AI.9338

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Peter L Davis

Mailing Address 2515 Kanuga Rd

City State Zip Code
Hendersonville NC 28739

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

Name of Employer Occupation
Retired Retired Manufacturing Rep

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
 12 / 04 / 2013

Transaction ID : SA11AI.9383

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 8 OF 35
	<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)
John Dekker

Mailing Address 24 Iroquois Drive

City Hendersonville State NC Zip Code 28791

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
 12 / 04 / 2013

Transaction ID : SA11AI.9394

Amount of Each Receipt this Period
 250.00

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

Mailing Address 515 Cornstock Ave

City Los Angeles State CA Zip Code 90024

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

Name of Employer DAFNA Capital Management Occupation Financial Analyst

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 12 / 30 / 2013

Transaction ID : SA11AI.9422

Amount of Each Receipt this Period
 1000.00

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

Mailing Address 2200 S Canfield Ave

City Los Angeles State CA Zip Code 90034

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

Name of Employer S&F Management Company Occupation Corporate Strategy

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 12 / 30 / 2013

Transaction ID : SA11AI.9444

Amount of Each Receipt this Period
 1000.00

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

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

2250.00

**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 35
	<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)
Jill Goldfarb

Mailing Address 10445 Wilshire Blvd

City Los Angeles State CA Zip Code 90024

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

Name of Employer Unemployed 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
 12 / 30 / 2013

Transaction ID : SA11AI.9446

Amount of Each Receipt this Period
 1000.00

B. Full Name (Last, First, Middle Initial)
Grady H. Hawkins

Mailing Address 204 Sugar Hollow Road

City Hendersonville State NC Zip Code 28739

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
 11 / 13 / 2013

Transaction ID : SA11AI.9325

Amount of Each Receipt this Period
 250.00

C. Full Name (Last, First, Middle Initial)
James E. Hooper

Mailing Address PO Box 1147

City Cullowhee State NC Zip Code 28723

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
 12 / 30 / 2013

Transaction ID : SA11AI.9416

Amount of Each Receipt this Period
 200.00

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

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

1450.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 35
	<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)
John Jacobs

Mailing Address 9003 St Ives Dr

City Los Angeles State CA Zip Code 90069

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

Name of Employer Smart Entertainment Occupation Personal Manager

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y
 12 / 30 / 2013

Transaction ID : SA11AI.9426

Amount of Each Receipt this Period
 1000.00

B. Full Name (Last, First, Middle Initial)
Jonathan Kagan

Mailing Address 3114 Cavendish Dr

City Los Angeles State CA Zip Code 90064

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

Name of Employer Irell & Manella Occupation Attorney

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y
 12 / 30 / 2013

Transaction ID : SA11AI.9428

Amount of Each Receipt this Period
 1000.00

C. Full Name (Last, First, Middle Initial)
J Loyd Kirk

Mailing Address 16 Boddington Court

City Asheville State NC Zip Code 28803

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
 12 / 04 / 2013

Transaction ID : SA11AI.9362

Amount of Each Receipt this Period
 250.00

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

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

2250.00

**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 35
	<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)
Joel Krischer

Mailing Address 225 S Linden Dr

City State Zip Code
Beverly Hills CA 90212

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
1000.00

Date of Receipt
M M / D D / Y Y Y Y
12 / 30 / 2013

Transaction ID : SA11AI.9430

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
Jacob Luning Prak

Mailing Address 1018 Bayberry Dr

City State Zip Code
Arnold MD 21012

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

Name of Employer Occupation
Michigan Mechanical, Inc. President

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
M M / D D / Y Y Y Y
10 / 19 / 2013

Transaction ID : SA11AI.9314

Amount of Each Receipt this Period
500.00

Earmarked through CLUB FOR GROWTH PAC

C. Full Name (Last, First, Middle Initial)
CLUB FOR GROWTH PAC

Mailing Address 2001 L ST NW SUITE 600

City State Zip Code
WASHINGTON DC 20036

FEC ID number of contributing federal political committee. **C** C00432260

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
M M / D D / Y Y Y Y
11 / 19 / 2013

Transaction ID : SA11AI.9314.0

Amount of Each Receipt this Period
500.00

Total earmarked through conduit. PAC limit not affected.

[MEMO ITEM]

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 12 OF 35
	<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)
Dr. Glenn B. Miller

Mailing Address 33 Bideford Row

City Asheville State NC Zip Code 28803

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

Name of Employer Self-Employed Occupation Dentist

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y
 12 / 04 / 2013

Transaction ID : SA11AI.9405

Amount of Each Receipt this Period
 250.00

B. Full Name (Last, First, Middle Initial)
Joshua Neuman

Mailing Address 420 West End #3A

City New York State NY Zip Code 10024

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

Name of Employer Care One Occupation Investment Mangement

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y
 12 / 30 / 2013

Transaction ID : SA11AI.9440

Amount of Each Receipt this Period
 1000.00

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

Mailing Address 304 Wagram Place

City Hendersonville State NC Zip Code 28739

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
 11 / 19 / 2013

Transaction ID : SA11AI.9298

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 13 OF 35
	<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)
Arnold Rotter

Mailing Address 9155 Hillsboro Dr

City Los Angeles State CA Zip Code 90034

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

Name of Employer City of Hope Medical Group 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
 12 / 30 / 2013

Transaction ID : SA11AI.9434

Amount of Each Receipt this Period
 500.00

B. Full Name (Last, First, Middle Initial)
Avi Ryzman

Mailing Address 470 El Camino Dr

City Beverly Hills State CA Zip Code 90212

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

Name of Employer Aryz Corp Occupation President

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y
 12 / 30 / 2013

Transaction ID : SA11AI.9436

Amount of Each Receipt this Period
 250.00

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

Mailing Address 25 Country Road

City Hendersonville State NC Zip Code 28791

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

Name of Employer Shelley's Jewelry Occupation Owner

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y
 10 / 28 / 2013

Transaction ID : SA11AI.9294

Amount of Each Receipt this Period
 231.44
 In-kind - Catering

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

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

981.44

**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 35
	<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)
Avi Wagner

Mailing Address 1925 Century Park East
Ste 2100

City Los Angeles State CA Zip Code 90067

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

Name of Employer Self-Employed Occupation Attorney

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
M M / D D / Y Y Y Y
12 / 30 / 2013

Transaction ID : SA11AI.9420

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
James F. Walsh

Mailing Address 225 Amblewood Trail

City Hendersonville State NC Zip Code 28739

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
12 / 04 / 2013

Transaction ID : SA11AI.9347

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Aubrey O Woodard

Mailing Address 70 Cheestoonaya Ct

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
250.00

Date of Receipt
M M / D D / Y Y Y Y
11 / 19 / 2013

Transaction ID : SA11AI.9310

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 15 OF 35
	<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

Full Name (Last, First, Middle Initial) Ed Zimpler		Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 30 / 2013
Mailing Address 939 Manning Ave		Transaction ID : SA11AI.9424
City Los Angeles	State CA	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Berkadia Commercial Mortgage	Occupation Mortgage Banking	
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)		Date of Receipt
Mailing Address		M M / D D / Y Y Y Y Y Y
City	State	Zip Code
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date	

Full Name (Last, First, Middle Initial)		Date of Receipt
Mailing Address		M M / D D / Y Y Y Y Y Y
City	State	Zip Code
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date	

SUBTOTAL of Receipts This Page (optional).....	1000.00
TOTAL This Period (last page this line number only).....	20031.44

**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 35
	<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 PRINCIPLES

Mailing Address 20533 BISCAYNE BLVD
#250

City MIAMI State FL Zip Code 33180

FEC ID number of contributing federal political committee. **C** C00492579

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y
 11 / 19 / 2013

Transaction ID : SA11C.9306

Amount of Each Receipt this Period
 300.00

B. Full Name (Last, First, Middle Initial)
AT&T INC. FEDERAL POLITICAL ACTION COMMITTEE (AT&T FEDERAL PAC)

Mailing Address 208 S. AKARD STREET
SUITE 2701

City DALLAS State TX Zip Code 75202

FEC ID number of contributing federal political committee. **C** C00109017

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y
 12 / 09 / 2013

Transaction ID : SA11C.9415

Amount of Each Receipt this Period
 2000.00

C. Full Name (Last, First, Middle Initial)
BAXTER HEALTHCARE POLITICAL ACTION COMMITTEE

Mailing Address 1501 K STREET, NW
SUITE 375

City WASHINGTON State DC Zip Code 20005

FEC ID number of contributing federal political committee. **C** C00117838

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y
 11 / 19 / 2013

Transaction ID : SA11C.9304

Amount of Each Receipt this Period
 1000.00

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

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

3300.00

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

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

FOR LINE NUMBER: PAGE 17 OF 35
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
Meadows for Congress

A. Full Name (Last, First, Middle Initial)
FAMILY RESEARCH COUNCIL ACTION POLITICAL ACTION COMMITTEE

Mailing Address **801 G STREET NW**

City State Zip Code
WASHINGTON DC 20001

FEC ID number of contributing federal political committee. **C C00452383**

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
10 / 11 / 2013

Transaction ID : **SA11C.9290**

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).....

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

5000.00
8300.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 35
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input checked="" type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Meadows for Congress

A. Full Name (Last, First, Middle Initial)
ASHEVILLE TEA PAC

Mailing Address 218 Vincent Pl

City Hendersonville State NC Zip Code 28739

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

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 04 / 2013

Transaction ID : SA15.9410

Amount of Each Receipt this Period
 300.00

NON-FEDERAL PAC

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

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

Amount of Each Receipt this Period

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

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

Amount of Each Receipt this Period

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

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

300.00

300.00

**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 19 OF 35			
	<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. Capitol Hill Club			Date of Disbursement M M / D D / Y Y Y Y 12 / 23 / 2013
Mailing Address 300 First Street, SE			Amount of Each Disbursement this Period 426.63 Transaction ID : SB17.9474
City Washington	State DC	Zip Code 20003	
Purpose of Disbursement Food / Beverage		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. Cardmember Services			Date of Disbursement M M / D D / Y Y Y Y 10 / 31 / 2013
Mailing Address P.O. Box 790408			Amount of Each Disbursement this Period 259.85 Transaction ID : SB17.9519
City St. Louis	State MO	Zip Code 63179-0408	
Purpose of Disbursement Online Services, Food/Beverage, Service Fee		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. The Stoneridge Group, LLC			Date of Disbursement M M / D D / Y Y Y Y 10 / 31 / 2013
Mailing Address 4400 North Point Parkway Suite 190			Amount of Each Disbursement this Period 19.95 Transaction ID : SB17.9519.0 [MEMO ITEM]
City Alpharetta	State GA	Zip Code 30022	
Purpose of Disbursement Online Services - Email		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).....	686.48
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 35	
	<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 Stoneridge Group, LLC		Date of Disbursement M M / D D / Y Y Y Y 10 / 31 / 2013
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 - Email	Category/Type	
Candidate Name	Transaction ID : SB17.9519.1	
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. ConstantContact		Date of Disbursement M M / D D / Y Y Y Y 10 / 31 / 2013
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 - Email	Category/Type	
Candidate Name	Transaction ID : SB17.9519.2	
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. ConstantContact		Date of Disbursement M M / D D / Y Y Y Y 10 / 31 / 2013
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 - Email	Category/Type	
Candidate Name	Transaction ID : SB17.9519.3	
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 21 OF 35			
	<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 Stoneridge Group, LLC		Date of Disbursement M M / D D / Y Y Y Y 10 / 31 / 2013
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 - Email	Category/Type	
Candidate Name	Transaction ID : SB17.9519.5	
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. Cardmember Services		Date of Disbursement M M / D D / Y Y Y Y 11 / 22 / 2013
Mailing Address P.O. Box 790408		Amount of Each Disbursement this Period 528.62
City St. Louis	State MO	Zip Code 63179-0408
Purpose of Disbursement Food/Beverage, Phone Services, Online Services, See Below -	Category/Type	
Candidate Name	Transaction ID : SB17.9509	
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. Verizon Wireless		Date of Disbursement M M / D D / Y Y Y Y 11 / 22 / 2013
Mailing Address P.O. Box 660108		Amount of Each Disbursement this Period 279.01
City Dallas	State TX	Zip Code 75266
Purpose of Disbursement Phone Services	Category/Type	
Candidate Name	Transaction ID : SB17.9509.1	
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).....	528.62
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 35			
	<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 11 / 22 / 2013
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 - Email	Transaction ID : SB17.9509.3
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. The Stoneridge Group, LLC		Date of Disbursement M M / D D / Y Y Y Y 11 / 22 / 2013
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 - Email	Transaction ID : SB17.9509.4
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. Cardmember Services		Date of Disbursement M M / D D / Y Y Y Y 12 / 31 / 2013
Mailing Address P.O. Box 790408		Amount of Each Disbursement this Period 1775.74
City St. Louis	State MO	
Zip Code 63179-0408	Purpose of Disbursement Tickets, Office Supplies, Online Services, Airfare, See Below -	Transaction ID : SB17.9487
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).....	1775.74
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 35			
	<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. US House of Representatives Gift Shop			Date of Disbursement M M / D D / Y Y Y Y 12 / 31 / 2013		
Mailing Address Longworth Building			Amount of Each Disbursement this Period 289.20		
City Washington	State DC	Zip Code 20515	Transaction ID : SB17.9487.0		
Purpose of Disbursement Event Host Gifts		Category/ Type	[MEMO ITEM]		
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. Alaska Airlines			Date of Disbursement M M / D D / Y Y Y Y 12 / 31 / 2013		
Mailing Address PO Box 68900			Amount of Each Disbursement this Period 471.80		
City Seattle	State WA	Zip Code 98168	Transaction ID : SB17.9487.1		
Purpose of Disbursement Airfare		Category/ Type	[MEMO ITEM]		
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. Alaska Airlines			Date of Disbursement M M / D D / Y Y Y Y 12 / 31 / 2013		
Mailing Address PO Box 68900			Amount of Each Disbursement this Period 471.80		
City Seattle	State WA	Zip Code 98168	Transaction ID : SB17.9487.2		
Purpose of Disbursement Airfare		Category/ Type	[MEMO ITEM]		
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).....	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 24 OF 35			
	<input checked="" type="checkbox"/> 17 <input type="checkbox"/> 20a	<input type="checkbox"/> 18 <input type="checkbox"/> 20b	<input type="checkbox"/> 19a <input type="checkbox"/> 20c	<input type="checkbox"/> 19b <input type="checkbox"/> 21	

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NAME OF COMMITTEE (In Full)
Meadows for Congress

Full Name (Last, First, Middle Initial) A. Travelocity USA		Date of Disbursement M M / D D / Y Y Y Y 12 / 31 / 2013
Mailing Address 3150 Sabre Dr		Amount of Each Disbursement this Period 420.80
City Southlake	State TX	
Zip Code 76092	Purpose of Disbursement Lodging	Transaction ID : SB17.9487.3
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. ConstantContact		Date of Disbursement M M / D D / Y Y Y Y 12 / 31 / 2013
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 - Email	Transaction ID : SB17.9487.5
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 12 / 31 / 2013
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 - Email	Transaction ID : SB17.9487.6
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 25 OF 35	
	<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. CM&CO, LLC			Date of Disbursement M M / D D / Y Y Y Y 12 / 20 / 2013	
Mailing Address PO Box 97275			Amount of Each Disbursement this Period 3632.05	
City Raleigh	State NC	Zip Code 27624	Transaction ID : SB17.9472	
Purpose of Disbursement Accounting Services		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. EC Consulting			Date of Disbursement M M / D D / Y Y Y Y 10 / 08 / 2013	
Mailing Address 526 6th Street SE			Amount of Each Disbursement this Period 1000.00	
City Washington	State DC	Zip Code 20003	Transaction ID : SB17.9449	
Purpose of Disbursement Fundraising Consulting		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. EC Consulting			Date of Disbursement M M / D D / Y Y Y Y 10 / 18 / 2013	
Mailing Address 526 6th Street SE			Amount of Each Disbursement this Period 7017.02	
City Washington	State DC	Zip Code 20003	Transaction ID : SB17.9457	
Purpose of Disbursement Fundraising Consulting		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)	11649.07
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 35			
	<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. EC Consulting		Date of Disbursement
Mailing Address 526 6th Street SE		M M / D D / Y Y Y Y 11 / 04 / 2013
City Washington	State DC	Zip Code 20003
Purpose of Disbursement Fundraising Consulting	Candidate Name	Amount of Each Disbursement this Period 1000.00
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:	Category/Type	

Full Name (Last, First, Middle Initial) B. Barbara P McCollum		Date of Disbursement
Mailing Address 531 Ballantyne Common Cir		M M / D D / Y Y Y Y 11 / 29 / 2013
City Hendersonville	State NC	Zip Code 28792
Purpose of Disbursement Salary	Candidate Name	Amount of Each Disbursement this Period 576.27
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:	Category/Type	

Full Name (Last, First, Middle Initial) C. Barbara P McCollum		Date of Disbursement
Mailing Address 531 Ballantyne Common Cir		M M / D D / Y Y Y Y 12 / 23 / 2013
City Hendersonville	State NC	Zip Code 28792
Purpose of Disbursement Reimbursement - Postage, See Below -	Candidate Name	Amount of Each Disbursement this Period 225.21
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:	Category/Type	

SUBTOTAL of Disbursements This Page (optional).....	1801.48
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 35			
	<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 12 / 23 / 2013
Mailing Address 675 South 4th Street		Amount of Each Disbursement this Period 3.76
City Highlands	State NC Zip Code 28741	
Purpose of Disbursement Postage	Candidate Name	Transaction ID : SB17.9502.0
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. USPS		Date of Disbursement M M / D D / Y Y Y Y 12 / 23 / 2013
Mailing Address 675 South 4th Street		Amount of Each Disbursement this Period 22.64
City Highlands	State NC Zip Code 28741	
Purpose of Disbursement Postage	Candidate Name	Transaction ID : SB17.9502.1
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. USPS		Date of Disbursement M M / D D / Y Y Y Y 12 / 23 / 2013
Mailing Address 675 South 4th Street		Amount of Each Disbursement this Period 15.88
City Highlands	State NC Zip Code 28741	
Purpose of Disbursement Postage	Candidate Name	Transaction ID : SB17.9502.2
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 28 OF 35			
	<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 12 / 23 / 2013
Mailing Address 675 South 4th Street		Amount of Each Disbursement this Period 147.04
City Highlands	State NC Zip Code 28741	
Purpose of Disbursement Postage	Category/Type	Transaction ID : SB17.9502.3
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)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) B. Barbara P McCollum		Date of Disbursement M M / D D / Y Y Y Y 12 / 31 / 2013
Mailing Address 531 Ballantyne Common Cir		Amount of Each Disbursement this Period 576.28
City Hendersonville	State NC Zip Code 28792	
Purpose of Disbursement Salary	Category/Type	Transaction ID : SB17.9483
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. Barbara P McCollum		Date of Disbursement M M / D D / Y Y Y Y 12 / 31 / 2013
Mailing Address 531 Ballantyne Common Cir		Amount of Each Disbursement this Period 75.18
City Hendersonville	State NC Zip Code 28792	
Purpose of Disbursement Reimbursement - Postage	Category/Type	Transaction ID : SB17.9484
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).....	651.46
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 35			
	<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 12 / 31 / 2013
Mailing Address 675 South 4th Street			Amount of Each Disbursement this Period 12.42
City Highlands	State NC	Zip Code 28741	
Purpose of Disbursement Postage		Category/ Type	Transaction ID : SB17.9484.0 [MEMO ITEM]
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. USPS			Date of Disbursement M M / D D / Y Y Y Y 12 / 31 / 2013
Mailing Address 675 South 4th Street			Amount of Each Disbursement this Period 62.76
City Highlands	State NC	Zip Code 28741	
Purpose of Disbursement Postage		Category/ Type	Transaction ID : SB17.9484.1 [MEMO ITEM]
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. Mark R Meadows			Date of Disbursement M M / D D / Y Y Y Y 11 / 04 / 2013
Mailing Address PO Box 811			Amount of Each Disbursement this Period 462.00
City Hendersonville	State NC	Zip Code 28793-0811	
Purpose of Disbursement Train Transportation		Category/ Type	Transaction ID : SB17.9516
Candidate Name			
Office Sought: <input checked="" 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: NC District: 11			

SUBTOTAL of Disbursements This Page (optional).....	462.00
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 30 OF 35	
	<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. Amtrak		Date of Disbursement M M / D D / Y Y Y Y 11 / 04 / 2013
Mailing Address 50 Massachusetts Av		Amount of Each Disbursement this Period 462.00
City Washington	State DC	
Zip Code 20002	Purpose of Disbursement Train Transportation	Transaction ID : SB17.9516.0
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. Merchant Bankcard		Date of Disbursement M M / D D / Y Y Y Y 11 / 05 / 2013
Mailing Address 12202 Airport Way, Ste 100		Amount of Each Disbursement this Period 13.41
City Broomfield	State CO	
Zip Code 80021	Purpose of Disbursement Merchant Fees	Transaction ID : SB17.9475
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. Merchant Bankcard		Date of Disbursement M M / D D / Y Y Y Y 12 / 03 / 2013
Mailing Address 12202 Airport Way, Ste 100		Amount of Each Disbursement this Period 18.83
City Broomfield	State CO	
Zip Code 80021	Purpose of Disbursement Merchant Fees	Transaction ID : SB17.9480
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).....	32.24
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 31 OF 35		
	<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 12 / 09 / 2013
Mailing Address P.O. Box 25000		Amount of Each Disbursement this Period 895.94
City Raleigh	State NC	
Zip Code 27640	Purpose of Disbursement Payroll Taxes	Transaction ID : SB17.9470
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. Stan Shelley		Date of Disbursement M M / D D / Y Y Y Y 10 / 28 / 2013
Mailing Address 25 Country Road		Amount of Each Disbursement this Period 231.44
City Hendersonville	State NC	
Zip Code 28791	Purpose of Disbursement In-kind - Catering	Transaction ID : SB17.9295
Candidate Name	Category/Type	
Office Sought: <input 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: District:		

Full Name (Last, First, Middle Initial) c. Shipman Catering		Date of Disbursement M M / D D / Y Y Y Y 11 / 20 / 2013
Mailing Address 211 7th Ave West		Amount of Each Disbursement this Period 640.50
City Hendersonville	State NC	
Zip Code 28791	Purpose of Disbursement Catering	Transaction ID : SB17.9466
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).....	895.94
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 32 OF 35			
	<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 Stoneridge Group, LLC		Date of Disbursement M M / D D / Y Y Y Y 10 / 08 / 2013
Mailing Address 4400 North Point Parkway Suite 190		Amount of Each Disbursement this Period 250.00 Transaction ID : SB17.9452
City Alpharetta State GA Zip Code 30022	Category/Type	
Purpose of Disbursement Online / Social Media Services	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. TransFirst		Date of Disbursement M M / D D / Y Y Y Y 10 / 10 / 2013
Mailing Address 12202 Airport Way, Ste 100		Amount of Each Disbursement this Period 104.90 Transaction ID : SB17.9454
City Broomfield State CO Zip Code 80021	Category/Type	
Purpose of Disbursement Merchant Fees	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. TransFirst		Date of Disbursement M M / D D / Y Y Y Y 10 / 28 / 2013
Mailing Address 12202 Airport Way, Ste 100		Amount of Each Disbursement this Period 250.00 Transaction ID : SB17.9455
City Broomfield State CO Zip Code 80021	Category/Type	
Purpose of Disbursement Merchant Fees	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).....	604.90
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 33 OF 35	
	<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 11 / 19 / 2013
Mailing Address P.O. Box 660108		Amount of Each Disbursement this Period 151.41 Transaction ID : SB17.9464
City Dallas	State TX	
Zip Code 75266	Purpose of Disbursement Telephone	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 12 / 17 / 2013
Mailing Address P.O. Box 660108		Amount of Each Disbursement this Period 153.46 Transaction ID : SB17.9465
City Dallas	State TX	
Zip Code 75266	Purpose of Disbursement Telephone	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.		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:	

SUBTOTAL of Disbursements This Page (optional).....	304.87
TOTAL This Period (last page this line number only).....	19392.80

**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 34 OF 35	
	<input type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input checked="" 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. FINANCIAL SERVICES ROUNDTABLE PAC		Date of Disbursement M M / D D / Y Y Y Y 10 / 17 / 2013
Mailing Address 1001 PENNSYLVANIA AVENUE, NW SUITE 500 SOUTH		Amount of Each Disbursement this Period 1000.00
City WASHINGTON State DC Zip Code 20004	Purpose of Disbursement Refund of Contribution	
Candidate Name	Category/Type	Transaction ID : SB20C.9460
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General	
State: District:	<input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) 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	
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	
State: District:	<input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) C.		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	
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	
State: District:	<input type="checkbox"/> Other (specify)	

SUBTOTAL of Disbursements This Page (optional).....	1000.00
TOTAL This Period (last page this line number only).....	1000.00

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER:
(check only one)

13a
 13b

NAME OF COMMITTEE (In Full)
Meadows for Congress

Transaction ID : **SC/10.4101**

LOAN SOURCE Full Name (Last, First, Middle Initial)
Mark R Meadows

[PERSONAL FUNDS]

Election: 2012

Primary
 General
 Other (specify) ▼

Mailing Address
PO Box 811

City State ZIP Code
Hendersonville NC 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: M 09 / D 29 / Y 2011
 Date Due: M / D / Y none
 Interest Rate: 0.00 % (apr)
 Secured: Yes No

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

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

SUBTOTALS This Period This Page (optional).....	▶	249000.00
TOTALS This Period (last page in this line only).....	▶	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.