

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 Hendersonville NC 28793-0811 Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER C C00503094 3. IS THIS REPORT NEW (N) OR AMENDED (A) CITY STATE ZIP CODE STATE DISTRICT 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 06 / 07 / 2016 in the State of NC (c) 30-Day POST-Election Report for the: General (30G) Runoff (30R) Special (30S) Election on / / in the State of

5. Covering Period 04 / 01 / 2016 through 05 / 18 / 2016

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 05 / 26 / 2016

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 table with 7 columns and 1 row.

**SUMMARY PAGE**  
of Receipts and Disbursements

FEC Form 3 (Revised 02/2003)

Write or Type Committee Name  
**Meadows for Congress**

Report Covering the Period: From: M M / D D / Y Y Y Y 04 / 01 / 2016 To: M M / D D / Y Y Y Y 05 / 18 / 2016

	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))....	35179.09	391129.32
(b) Total Contribution Refunds (from Line 20(d)) .....	0.00	5250.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	35179.09	385879.32
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17) .....	51127.14	293119.32
(b) Total Offsets to Operating Expenditures (from Line 14).....	647.19	3199.67
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	50479.95	289919.65
8. Cash on Hand at Close of Reporting Period (from Line 27).....	197952.99	
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	130500.00	

**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:  /  /

<b>I. RECEIPTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Election Cycle-to-Date</b>
<b>11. CONTRIBUTIONS (other than loans) FROM:</b>		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	8180.00	164359.38
(ii) Unitemized.....	999.09	85092.86
(iii) TOTAL of contributions from individuals ▶	9179.09	249452.24
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	26000.00	141677.08
(d) The Candidate.....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	35179.09	391129.32
<b>12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES .....</b>	0.00	0.00
<b>13. LOANS:</b>		
(a) Made or Guaranteed by the Candidate.....	0.00	0.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0.00	0.00
<b>14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) .....</b>	647.19	3199.67
<b>15. OTHER RECEIPTS (Dividends, Interest, etc.).....</b>	0.00	0.00
<b>16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶</b>	35826.28	394328.99

**DETAILED SUMMARY PAGE**  
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	51127.14	293119.32
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES .....	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	12000.00	86000.00
(b) Of All Other Loans .....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	12000.00	86000.00
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	5250.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	5250.00
21. OTHER DISBURSEMENTS .....	270.00	14198.25
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ►	63397.14	398567.57

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	225523.85
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	35826.28
25. SUBTOTAL (add Line 23 and Line 24).....	261350.13
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	63397.14
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	197952.99

: 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 44
	<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)  
**Robert Arnott**

Mailing Address 620 Newport Center Dr Ste 9000

City Newport Beach	State CA	Zip Code 92660-8038
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FEC ID number of contributing federal political committee. **C**

Name of Employer Research Affiliates	Occupation CEO / Chairman
---	------------------------------

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5400.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 05 / 2016

**Transaction ID : SA11AI.21740**

Amount of Each Receipt this Period  
-2700.00

Memo Item  
Redesignation from 11/23/15 - FECFile Error - Manual Entry of RD

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

Mailing Address 620 Newport Center Dr Ste 9000

City Newport Beach	State CA	Zip Code 92660-8038
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FEC ID number of contributing federal political committee. **C**

Name of Employer Research Affiliates	Occupation CEO / Chairman
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Receipt For: 2016  
 Primary  General  
 Other (specify) Special-Primary

Election Cycle-to-Date  
5400.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 05 / 2016

**Transaction ID : SA11AI.21741**

Amount of Each Receipt this Period  
2700.00

Memo Item  
Redesignation - FECFile Error - Manual Entry of RD

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

Mailing Address 3504 Cumming Ln

City Chevy Chase	State MD	Zip Code 20815-3236
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FEC ID number of contributing federal political committee. **C**

Name of Employer Lincoln Concepts	Occupation Founder & President
--------------------------------------	-----------------------------------

Receipt For: 2016  
 Primary  General  
 Other (specify) Special-Primary

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 16 / 2016

**Transaction ID : SA11AI.21832**

Amount of Each Receipt this Period  
500.00

Memo Item

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

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

500.00

**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 44
	<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)  
**Lenore F Broughton**

Mailing Address 52 Henry St

City Burlington State VT Zip Code 05401

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

Name of Employer Self-Employed Occupation Businessman

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 5400.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 05 / 2016

**Transaction ID : SA11AI.21746**

Amount of Each Receipt this Period  
 -2700.00

Memo Item  
 Redesignation from 12/9/15 - FECFile Error - Manual Entry of RD

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

Mailing Address 52 Henry St

City Burlington State VT Zip Code 05401

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

Name of Employer Self-Employed Occupation Businessman

Receipt For: 2016  
 Primary  General  
 Other (specify) Special-Primary

Election Cycle-to-Date 5400.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 05 / 2016

**Transaction ID : SA11AI.21747**

Amount of Each Receipt this Period  
 2700.00

Memo Item  
 Redesignation - FECFile Error - Manual Entry of RD

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

Mailing Address 1812 McClure Creek Road

City Canton State NC Zip Code 28716

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

Name of Employer Retired Occupation Retired

Receipt For: 2016  
 Primary  General  
 Other (specify) Special-Primary

Election Cycle-to-Date 340.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 13 / 2016

**Transaction ID : SA11AI.21804**

Amount of Each Receipt this Period  
 100.00

Memo Item

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

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

100.00

**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 44
	<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)  
**Julie Chlopecki**

Mailing Address 1547 Evers Dr

City State Zip Code  
McLean VA 22101

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

Name of Employer Information Requested Occupation Information Requested

Receipt For: 2016  
 Primary  General  
 Other (specify) Special-Primary

Election Cycle-to-Date  
500.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
05 / 16 / 2016

**Transaction ID : SA11AI.21837**

Amount of Each Receipt this Period  
500.00

Memo Item

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

Mailing Address 969 Park Avenue  
Apt 9A

City State Zip Code  
New York NY 10028

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

Name of Employer Information Requested Occupation Information Requested  
Self-Employed Angel Investor

Receipt For: 2016  
 Primary  General  
 Other (specify) Special-Primary

Election Cycle-to-Date  
250.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
04 / 09 / 2016

**Transaction ID : SA11AI.21748**

Amount of Each Receipt this Period  
250.00

Memo Item

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

Mailing Address 445 Old Homestead Trl

City State Zip Code  
Johns Creek GA 30097

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

Name of Employer Information Requested Occupation Information Requested  
Homemaker Homemaker

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5400.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
05 / 05 / 2016

**Transaction ID : SA11AI.21744**

Amount of Each Receipt this Period  
-2700.00

Memo Item  
Redesignation from 12/9/15 - FECFile Error - Manual Entrv of RD

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

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

750.00



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 44
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)  
**Meadows for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Barbara Gaby**

Mailing Address 445 Old Homestead Trl

City Johns Creek State GA Zip Code 30097

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

Name of Employer Homemaker Occupation Homemaker

Receipt For: 2016  
 Primary  General  
 Other (specify) Special-Primary

Election Cycle-to-Date **5400.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**05 / 05 / 2016**

**Transaction ID : SA11AI.21745**

Amount of Each Receipt this Period  
**2700.00**

Memo Item  
 Redesignation - FECFile Error - Manual Entry of RD

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

Mailing Address 84 Soaring Eagle Drive

City Franklin State NC Zip Code 28734

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

Name of Employer Information Requested Occupation Information Requested

Receipt For: 2016  
 Primary  General  
 Other (specify) Special-Primary

Election Cycle-to-Date **250.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**05 / 13 / 2016**

**Transaction ID : SA11AI.21810**

Amount of Each Receipt this Period  
**250.00**

Memo Item

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

Mailing Address 1522 Thumping Creek Rd

City Hayesville State NC Zip Code 28904

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

Name of Employer Retired Occupation Retired

Receipt For: 2016  
 Primary  General  
 Other (specify) Special-Primary

Election Cycle-to-Date **250.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**05 / 13 / 2016**

**Transaction ID : SA11AI.21816**

Amount of Each Receipt this Period  
**250.00**

Memo Item

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

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

**500.00**

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

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

FOR LINE NUMBER: PAGE 10 OF 44  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
**Meadows for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Cary Katz**

Mailing Address 1 Hughes Center Drive  
Unit 1904

City Las Vegas State NV Zip Code 89169

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

Name of Employer College Loan Corporation Occupation Board Member

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 19 / 2015

**Transaction ID : SA11AI.11977**

Amount of Each Receipt this Period  
 2500.00

Memo Item

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

Mailing Address 1 Hughes Center Drive  
Unit 1904

City Las Vegas State NV Zip Code 89169

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

Name of Employer College Loan Corporation Occupation Board Member

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 19 / 2015

**Transaction ID : SA11AI.21731**

Amount of Each Receipt this Period  
 -2500.00

Memo Item  
 Redesignate:

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

Mailing Address 1 Hughes Center Drive  
Unit 1904

City Las Vegas State NV Zip Code 89169

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

Name of Employer College Loan Corporation Occupation Board Member

Receipt For: 2016  
 Primary  General  
 Other (specify) Special-Primary

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 05 / 2016

**Transaction ID : SA11AI.21732**

Amount of Each Receipt this Period  
 2500.00

Memo Item  
 Redesignated

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

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

0.00

**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 44
	<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)  
**Jacqueline Katz**

Mailing Address 1 Hughes Center Dr Unit 1904

City Las Vegas	State NV	Zip Code 89169-6722
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FEC ID number of contributing federal political committee. **C**

Name of Employer Homemaker	Occupation Homemaker
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Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2700.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 05 / 2016

**Transaction ID : SA11AI.21736**

Amount of Each Receipt this Period  
-2700.00

Memo Item  
Redesignation from 9/2/15 - FECFile Error - Manual Entry of RD

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

Mailing Address 1 Hughes Center Dr Unit 1904

City Las Vegas	State NV	Zip Code 89169-6722
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FEC ID number of contributing federal political committee. **C**

Name of Employer Homemaker	Occupation Homemaker
-------------------------------	-------------------------

Receipt For: 2016  
 Primary  General  
 Other (specify) Special-Primary

Election Cycle-to-Date  
5400.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 05 / 2016

**Transaction ID : SA11AI.21737**

Amount of Each Receipt this Period  
2700.00

Memo Item  
Redesignation - FECFile Error - Manual Entry of RD

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

Mailing Address PO Box 1449

City La Canada	State CA	Zip Code 91012
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FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed	Occupation Finance
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Receipt For: 2016  
 Primary  General  
 Other (specify) Special-Primary

Election Cycle-to-Date  
2700.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 15 / 2016

**Transaction ID : SA11AI.21750**

Amount of Each Receipt this Period  
2700.00

Memo Item

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

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

2700.00

**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 44
	<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)  
**Mark Kolokotronis**

Mailing Address PO Box 1449

City La Canada State CA Zip Code 91012

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

Name of Employer Self-Employed Occupation Finance

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **5200.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**04 / 15 / 2016**

**Transaction ID : SA11AI.21752**

Amount of Each Receipt this Period  
**2500.00**

Memo Item

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

Mailing Address 190 Willis Avenue

City Mineola State NY Zip Code 11501

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

Name of Employer Meltzer Lippe Goldstein Occupation Attorney

Receipt For: 2016  
 Primary  General  
 Other (specify) Special-Primary

Election Cycle-to-Date **1000.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**04 / 08 / 2016**

**Transaction ID : SA11AI.21719**

Amount of Each Receipt this Period  
**1000.00**

Memo Item

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

Mailing Address 9723 Niblick Ln

City Naples State FL Zip Code 34108-1925

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

Name of Employer New Verizon Capital Occupation Investment Manager

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **5400.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**05 / 05 / 2016**

**Transaction ID : SA11AI.21738**

Amount of Each Receipt this Period  
**-2700.00**

Memo Item  
 Redesignation from 11/13/15 - FECFile Error - Manual Entrv of RD

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

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

**3500.00**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 44
	<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)  
**Thomas H Patrick**

Mailing Address 9723 Niblick Ln

City Naples State FL Zip Code 34108-1925

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

Name of Employer New Verizon Capital Occupation Investment Manager

Receipt For: 2016  
 Primary  General  
 Other (specify) Special-Primary

Election Cycle-to-Date **5400.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**05 / 05 / 2016**

**Transaction ID : SA11AI.21739**

Amount of Each Receipt this Period  
**2700.00**

Memo Item  
 Redesignation - FECFile Error - Manual Entry of RD

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

Mailing Address 85 Rivard Road

City Glenville State NC Zip Code 28736

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

Name of Employer ASAP Automation, Inc. Occupation Owner

Receipt For: 2016  
 Primary  General  
 Other (specify) Special-Primary

Election Cycle-to-Date **230.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**04 / 02 / 2016**

**Transaction ID : SA11AI.21978**

Amount of Each Receipt this Period  
**25.00**

Memo Item

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

Mailing Address 85 Rivard Road

City Glenville State NC Zip Code 28736

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

Name of Employer ASAP Automation, Inc. Occupation Owner

Receipt For: 2016  
 Primary  General  
 Other (specify) Special-Primary

Election Cycle-to-Date **255.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**05 / 02 / 2016**

**Transaction ID : SA11AI.21729**

Amount of Each Receipt this Period  
**25.00**

Memo Item

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

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

**50.00**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 44
	<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)  
**San Manuel Band of Mission Indians**

Mailing Address 3699 Wilshire Blvd, Ste 1290

City Los Angeles	State CA	Zip Code 90010
---------------------	-------------	-------------------

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

Name of Employer	Occupation
------------------	------------

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  

M M	/	D D	/	Y Y Y Y
12		31		2015

**Transaction ID : SA11AI.21174**

Amount of Each Receipt this Period  

2700.00
---------

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**San Manuel Band of Mission Indians**

Mailing Address 3699 Wilshire Blvd, Ste 1290

City Los Angeles	State CA	Zip Code 90010
---------------------	-------------	-------------------

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

Name of Employer	Occupation
------------------	------------

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  

M M	/	D D	/	Y Y Y Y
12		31		2015

**Transaction ID : SA11AI.21734**

Amount of Each Receipt this Period  

-2700.00
----------

Memo Item  
Redesignate:

**C.** Full Name (Last, First, Middle Initial)  
**San Manuel Band of Mission Indians**

Mailing Address 3699 Wilshire Blvd, Ste 1290

City Los Angeles	State CA	Zip Code 90010
---------------------	-------------	-------------------

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

Name of Employer	Occupation
------------------	------------

Receipt For: 2016  
 Primary  General  
 Other (specify) Special-Primary

Election Cycle-to-Date

Date of Receipt  

M M	/	D D	/	Y Y Y Y
05		05		2016

**Transaction ID : SA11AI.21735**

Amount of Each Receipt this Period  

2700.00
---------

Memo Item  
Redesignated

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

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

0.00
------

**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 44
	<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)  
**Shirley Slaughter**

Mailing Address 618 Mitten Lane

City State Zip Code  
Cashiers NC 28717

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

Name of Employer Occupation  
Retired Retired

Receipt For: 2016  
 Primary  General  
 Other (specify) Special-Primary

Election Cycle-to-Date  
230.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
05 / 13 / 2016

**Transaction ID : SA11AI.21803**

Amount of Each Receipt this Period  
80.00

Memo Item

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

Mailing Address 1396 N Waukegan Rd

City State Zip Code  
Lake Forest IL 60045

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

Name of Employer Occupation  
Uline CEO

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5400.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
05 / 05 / 2016

**Transaction ID : SA11AI.21742**

Amount of Each Receipt this Period  
-2700.00

Memo Item  
Redesignation 12/9/15 - FECFile Error - Manual Entry of RD

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

Mailing Address 1396 N Waukegan Rd

City State Zip Code  
Lake Forest IL 60045

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

Name of Employer Occupation  
Uline CEO

Receipt For: 2016  
 Primary  General  
 Other (specify) Special-Primary

Election Cycle-to-Date  
5400.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
05 / 05 / 2016

**Transaction ID : SA11AI.21743**

Amount of Each Receipt this Period  
2700.00

Memo Item  
Redesignation - FECFile Error - Manual Entry of RD

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

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

80.00

8180.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 OF 44
	<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. AIRLINES FOR AMERICA (A4A) POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)  
Mailing Address 1301 PENNSYLVANIA AVENUE NW

City WASHINGTON State DC Zip Code 20004

FEC ID number of contributing federal political committee. **C C00114694**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 16 / 2016

**Transaction ID : SA11C.21829**

Amount of Each Receipt this Period  
 2000.00

Memo Item

**B. ALLCARE CLINICAL ASSOCIATES, PA ANESTHESIA WNC PAC**

Full Name (Last, First, Middle Initial)  
Mailing Address 76 PEACHTREE ROAD

City ASHEVILLE State NC Zip Code 28803

FEC ID number of contributing federal political committee. **C C00549147**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify) Special-Primary

Election Cycle-to-Date  
2700.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 14 / 2016

**Transaction ID : SA11C.21723**

Amount of Each Receipt this Period  
 2700.00

Memo Item

**C. ALLCARE CLINICAL ASSOCIATES, PA ANESTHESIA WNC PAC**

Full Name (Last, First, Middle Initial)  
Mailing Address 76 PEACHTREE ROAD

City ASHEVILLE State NC Zip Code 28803

FEC ID number of contributing federal political committee. **C C00549147**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 14 / 2016

**Transaction ID : SA11C.21725**

Amount of Each Receipt this Period  
 2300.00

Memo Item

**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 17 OF 44
	<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 COUNCIL OF ENGINEERING COMPANIES (ACEC/PAC)**

Mailing Address 1015 15TH ST. NW  
SUITE 802

City WASHINGTON State DC Zip Code 20005

FEC ID number of contributing federal political committee. **C** C00010868

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify) Special-Primary

Election Cycle-to-Date  
5000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
05 / 13 / 2016

**Transaction ID : SA11C.21819**

Amount of Each Receipt this Period  
2000.00

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**ASSOCIATION OF AMERICAN RAILROADS POLITIVAL ACTION COMMITTEE**

Mailing Address 425 THIRD STREET SW  
SUITE 1000

City WASHINGTON State DC Zip Code 20024

FEC ID number of contributing federal political committee. **C** C00280743

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify) Special-Primary

Election Cycle-to-Date  
2000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
05 / 16 / 2016

**Transaction ID : SA11C.21828**

Amount of Each Receipt this Period  
1000.00

Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**BI-COUNTY POLITICAL ACTION COMMITTEE (FKA SUFFOLK PAC)**

Mailing Address 190 Willis Avenue

City Mineola State NY Zip Code 11501

FEC ID number of contributing federal political committee. **C** C00204388

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify) Special-Primary

Election Cycle-to-Date  
2000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
04 / 08 / 2016

**Transaction ID : SA11C.21721**

Amount of Each Receipt this Period  
2000.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	5000.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 44
	<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. BILL PAC**

Full Name (Last, First, Middle Initial)  
Mailing Address 228 S. WASHINGTON ST., STE. 115

City ALEXANDRIA State VA Zip Code 22314

FEC ID number of contributing federal political committee. **C** C00412288

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify) Special-Primary

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 16 / 2016

**Transaction ID : SA11C.21820**

Amount of Each Receipt this Period  
 2500.00

Memo Item

**B. CSX CORPORATION GOOD GOVERNMENT FUND**

Full Name (Last, First, Middle Initial)  
Mailing Address 1331 PENNSYLVANIA AVE, NW, STE 560

City WASHINGTON State DC Zip Code 20004

FEC ID number of contributing federal political committee. **C** C00163832

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify) Special-Primary

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 16 / 2016

**Transaction ID : SA11C.21821**

Amount of Each Receipt this Period  
 2500.00

Memo Item

**C. DUKE ENERGY CORPORATION PAC**

Full Name (Last, First, Middle Initial)  
Mailing Address 550 SOUTH TRYON STREET

City CHARLOTTE State NC Zip Code 28202

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

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify) Special-Primary

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 25 / 2016

**Transaction ID : SA11C.21726**

Amount of Each Receipt this Period  
 1000.00

Memo Item

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

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

6000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 OF 44
	<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)  
**K&L GATES LLP POLITICAL ACTION COMMITTEE (DC)**

Mailing Address 1601 K STREET, NW

City WASHINGTON State DC Zip Code 20006

FEC ID number of contributing federal political committee. **C** C00213173

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify) Special-Primary

Election Cycle-to-Date 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 16 / 2016

**Transaction ID : SA11C.21827**

Amount of Each Receipt this Period  
 1000.00

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**NATIONAL AIR TRAFFIC CONTROLLERS ASSOCIATION PAC**

Mailing Address 1325 MASSACHUSETTS AVE., NW

City WASHINGTON State DC Zip Code 20005

FEC ID number of contributing federal political committee. **C** C00238725

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify) Special-Primary

Election Cycle-to-Date 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 16 / 2016

**Transaction ID : SA11C.21825**

Amount of Each Receipt this Period  
 1000.00

Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**NATIONAL BEER WHOLESALERS ASSOCIATION POLITICAL ACTION COMMITTEE**

Mailing Address 1101 KING STREET  
SUITE 600

City ALEXANDRIA State VA Zip Code 22314

FEC ID number of contributing federal political committee. **C** C00144766

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify) Special-Primary

Election Cycle-to-Date 1500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 16 / 2016

**Transaction ID : SA11C.21824**

Amount of Each Receipt this Period  
 1500.00

Memo Item

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

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

3500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 OF 44
	<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)  
**NATIONAL TANK TRUCK CARRIERS INC POLITICAL ACTION COMMITTEE**

Mailing Address 950 NORTH GLEBE RD STE 520

City ARLINGTON State VA Zip Code 22203

FEC ID number of contributing federal political committee. **C** C00188011

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify) Special-Primary

Election Cycle-to-Date 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 16 / 2016

**Transaction ID : SA11C.21822**

Amount of Each Receipt this Period  
 1000.00

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**TRANSPORTATION INTERMEDIARIES ASSOCIATION'S TIAPAC**

Mailing Address 1625 PRINCE ST SUITE 200

City ALEXANDRIA State VA Zip Code 22314

FEC ID number of contributing federal political committee. **C** C00335091

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 16 / 2016

**Transaction ID : SA11C.21831**

Amount of Each Receipt this Period  
 1000.00

Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**UNION PACIFIC CORPORATION FUND FOR EFFECTIVE GOVERNMENT**

Mailing Address 600 THIRTEENTH STREET, NW SUITE 340

City WASHINGTON State DC Zip Code 20005

FEC ID number of contributing federal political committee. **C** C00010470

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 4500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 16 / 2016

**Transaction ID : SA11C.21830**

Amount of Each Receipt this Period  
 2500.00

Memo Item

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

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

4500.00

26000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 OF 44
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input checked="" type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Meadows for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**American Airlines**

Mailing Address PO Box 619616

City DFW Airport State TX Zip Code 75261

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
638.20

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 18 / 2016

**Transaction ID : SA14.21881**

Amount of Each Receipt this Period  
638.20

Memo Item  
 Vendor Refund

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

Mailing Address PO Box 619616

City DFW Airport State TX Zip Code 75261

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
647.19

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 18 / 2016

**Transaction ID : SA14.21977**

Amount of Each Receipt this Period  
8.99

Memo Item  
 Vendor Refund

**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

Memo Item

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

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

647.19

647.19

**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 44	
	<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) <b>A. Acqua AI 2</b>		Date of Disbursement M M / D D / Y Y Y Y <b>05 / 16 / 2016</b>
Mailing Address 212 7th St SE		Amount of Each Disbursement this Period <b>1907.75</b>
City Washington State DC Zip Code 20003	Purpose of Disbursement Food/Beverage	
Candidate Name		<input type="checkbox"/> Memo Item
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)	<b>Transaction ID : SB17.21961</b>
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) <b>B. Add A Space</b>		Date of Disbursement M M / D D / Y Y Y Y <b>04 / 04 / 2016</b>
Mailing Address 4001 ASHEVILLE HWY.		Amount of Each Disbursement this Period <b>65.00</b>
City HENDERSONVILLE State NC Zip Code 28791	Purpose of Disbursement Rent	
Candidate Name		<input type="checkbox"/> Memo Item
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)	<b>Transaction ID : SB17.21840</b>
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) <b>c. Add A Space</b>		Date of Disbursement M M / D D / Y Y Y Y <b>05 / 04 / 2016</b>
Mailing Address 4001 ASHEVILLE HWY.		Amount of Each Disbursement this Period <b>65.00</b>
City HENDERSONVILLE State NC Zip Code 28791	Purpose of Disbursement Rent	
Candidate Name		<input type="checkbox"/> Memo Item
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)	<b>Transaction ID : SB17.21918</b>
State: District:	Category/Type	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>2037.75</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 OF 44			
	<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) <b>A. American Airlines</b>			Date of Disbursement M M / D D / Y Y Y Y 04 / 15 / 2016		
Mailing Address PO Box 619616			Amount of Each Disbursement this Period 220.10		
City DFW Airport	State TX	Zip Code 75261	Memo Item <input type="checkbox"/>		
Purpose of Disbursement Airfare		Category/ Type			
Candidate Name		Transaction ID : <b>SB17.21879</b>			
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>B. American Airlines</b>			Date of Disbursement M M / D D / Y Y Y Y 04 / 20 / 2016		
Mailing Address PO Box 619616			Amount of Each Disbursement this Period 320.60		
City DFW Airport	State TX	Zip Code 75261	Memo Item <input type="checkbox"/>		
Purpose of Disbursement Airfare		Category/ Type			
Candidate Name		Transaction ID : <b>SB17.21886</b>			
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>C. American Airlines</b>			Date of Disbursement M M / D D / Y Y Y Y 04 / 28 / 2016		
Mailing Address PO Box 619616			Amount of Each Disbursement this Period 393.10		
City DFW Airport	State TX	Zip Code 75261	Memo Item <input type="checkbox"/>		
Purpose of Disbursement Airfare		Category/ Type			
Candidate Name		Transaction ID : <b>SB17.21910</b>			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: District:					

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	933.80
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 OF 44			
	<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) <b>A. American Airlines</b>			Date of Disbursement MM / DD / YYYY 05 / 09 / 2016
Mailing Address PO Box 619616			Amount of Each Disbursement this Period 8.99
City DFW Airport	State TX	Zip Code 75261	
Purpose of Disbursement Airfare	Candidate Name		<input type="checkbox"/> Memo Item
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)		<b>Transaction ID : SB17.21928</b>
State: District:	Category/Type		

Full Name (Last, First, Middle Initial) <b>B. American Airlines</b>			Date of Disbursement MM / DD / YYYY 05 / 09 / 2016
Mailing Address PO Box 619616			Amount of Each Disbursement this Period 199.10
City DFW Airport	State TX	Zip Code 75261	
Purpose of Disbursement Airfare	Candidate Name		<input type="checkbox"/> Memo Item
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)		<b>Transaction ID : SB17.21937</b>
State: District:	Category/Type		

Full Name (Last, First, Middle Initial) <b>C. American Express</b>			Date of Disbursement MM / DD / YYYY 04 / 04 / 2016
Mailing Address P.O. Box 53852			Amount of Each Disbursement this Period 49.28
City Phoenix	State AZ	Zip Code 85072-3852	
Purpose of Disbursement Merchant Fees	Candidate Name		<input type="checkbox"/> Memo Item
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)		<b>Transaction ID : SB17.21844</b>
State: District:	Category/Type		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	257.37
<b>TOTAL</b> This Period (last page this line number only).....	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 OF 44			
	<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) <b>A. American Express</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 03 / 2016
Mailing Address P.O. Box 53852		Amount of Each Disbursement this Period 7.38
City Phoenix	State AZ	
Zip Code 85072-3852	Purpose of Disbursement Merchant Fees	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	<b>Transaction ID : SB17.21916</b>
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>B. Capitol Hill Club</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 18 / 2016
Mailing Address 300 First Street, SE		Amount of Each Disbursement this Period 327.77
City Washington	State DC	
Zip Code 20003	Purpose of Disbursement Food / Beverage	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	<b>Transaction ID : SB17.21880</b>
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>c. Capitol Hill Club</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 18 / 2016
Mailing Address 300 First Street, SE		Amount of Each Disbursement this Period 3.84
City Washington	State DC	
Zip Code 20003	Purpose of Disbursement Food / Beverage	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	<b>Transaction ID : SB17.21975</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	338.99
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 OF 44			
	<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) <b>A. Capitol Hill Club</b>			Date of Disbursement M M / D D / Y Y Y Y 05 / 18 / 2016
Mailing Address 300 First Street, SE			Amount of Each Disbursement this Period 121.58
City Washington	State DC	Zip Code 20003	
Purpose of Disbursement Food / Beverage		Category/ Type	<input type="checkbox"/> 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)		<b>Transaction ID : SB17.21976</b>
State: District:			

Full Name (Last, First, Middle Initial) <b>B. CM&amp;CO, LLC</b>			Date of Disbursement M M / D D / Y Y Y Y 04 / 04 / 2016
Mailing Address PO Box 97275			Amount of Each Disbursement this Period 1626.43
City Raleigh	State NC	Zip Code 27624	
Purpose of Disbursement Accounting Services		Category/ Type	<input type="checkbox"/> 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)		<b>Transaction ID : SB17.21846</b>
State: District:			

Full Name (Last, First, Middle Initial) <b>C. CM&amp;CO, LLC</b>			Date of Disbursement M M / D D / Y Y Y Y 05 / 09 / 2016
Mailing Address PO Box 97275			Amount of Each Disbursement this Period 1588.13
City Raleigh	State NC	Zip Code 27624	
Purpose of Disbursement Accounting Services		Category/ Type	<input type="checkbox"/> 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)		<b>Transaction ID : SB17.21939</b>
State: District:			

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	3336.14
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 27 OF 44	
	<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) <b>A. Enterprise Rent A Car</b>		Date of Disbursement MM / DD / YYYY 04 / 11 / 2016
Mailing Address 61 Terminal Drive, Ste 18		Amount of Each Disbursement this Period 203.42
City Fletcher	State NC	
Zip Code 28732	Purpose of Disbursement Transportation	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	<b>Transaction ID : SB17.21865</b>
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>B. Exquisite Taste</b>		Date of Disbursement MM / DD / YYYY 04 / 26 / 2016
Mailing Address 5010 Lee St NE		Amount of Each Disbursement this Period 1000.00
City Washington	State DC	
Zip Code 20019	Purpose of Disbursement Food / Beverage	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	<b>Transaction ID : SB17.21905</b>
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>C. Exquisite Taste</b>		Date of Disbursement MM / DD / YYYY 05 / 04 / 2016
Mailing Address 5010 Lee St NE		Amount of Each Disbursement this Period 1000.00
City Washington	State DC	
Zip Code 20019	Purpose of Disbursement Food / Beverage	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	<b>Transaction ID : SB17.21919</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2203.42
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 OF 44			
	<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) <b>A. Alyssa Farah</b>			Date of Disbursement M M / D D / Y Y Y Y 04 / 13 / 2016		
Mailing Address 1229 30th St NW			Amount of Each Disbursement this Period 300.00		
City Washington	State DC	Zip Code 20007	<input type="checkbox"/> Memo Item <b>Transaction ID : SB17.21877</b>		
Purpose of Disbursement Communications Consulting		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>B. Hammond &amp; Associates</b>			Date of Disbursement M M / D D / Y Y Y Y 04 / 22 / 2016		
Mailing Address 200 Park Ave Ste 306			Amount of Each Disbursement this Period 3000.00		
City Falls Church	State VA	Zip Code 22046	<input type="checkbox"/> Memo Item <b>Transaction ID : SB17.21895</b>		
Purpose of Disbursement Fundraising Consulting		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>c. Hampton Inns &amp; Suites</b>			Date of Disbursement M M / D D / Y Y Y Y 04 / 11 / 2016		
Mailing Address 18 Rockwood Road			Amount of Each Disbursement this Period 360.01		
City Fletcher	State NC	Zip Code 28732	<input type="checkbox"/> Memo Item <b>Transaction ID : SB17.21866</b>		
Purpose of Disbursement Lodging		Category/ Type			
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: District:					

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	3660.01
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 OF 44			
	<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) <b>A. Hilton Asheville Biltmore Park</b>			Date of Disbursement M M / D D / Y Y Y Y <b>04 / 26 / 2016</b>		
Mailing Address <b>43 Town Square Blvd</b>			Amount of Each Disbursement this Period <b>376.77</b>		
City <b>Asheville</b>	State <b>NC</b>	Zip Code <b>28803</b>	<input type="checkbox"/> Memo Item <b>Transaction ID : SB17.21904</b>		
Purpose of Disbursement <b>Lodging</b>		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>B. HOUSE FREEDOM FUND</b>			Date of Disbursement M M / D D / Y Y Y Y <b>05 / 09 / 2016</b>		
Mailing Address <b>PO BOX 1948</b>			Amount of Each Disbursement this Period <b>501.60</b>		
City <b>ALEXANDRIA</b>	State <b>VA</b>	Zip Code <b>22313</b>	<input type="checkbox"/> Memo Item <b>Transaction ID : SB17.21940</b>		
Purpose of Disbursement <b>Fundraising Services</b>		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>c. House Gift Shop</b>			Date of Disbursement M M / D D / Y Y Y Y <b>04 / 28 / 2016</b>		
Mailing Address <b>First St SE</b>			Amount of Each Disbursement this Period <b>47.40</b>		
City <b>Washington</b>	State <b>DC</b>	Zip Code <b>20004</b>	<input type="checkbox"/> Memo Item <b>Transaction ID : SB17.21907</b>		
Purpose of Disbursement <b>Event Host Gifts</b>		Category/ Type			
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: District:					

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>925.77</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 30 OF 44	
	<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) <b>A. Hunan Dynasty</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 17 / 2016
Mailing Address 215 Pennsylvania Ave SE		Amount of Each Disbursement this Period 1037.40
City Washington State DC Zip Code 20003	Purpose of Disbursement Food/Beverage	
Candidate Name	Category/Type	<input type="checkbox"/> Memo Item
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)	<b>Transaction ID : SB17.21971</b>
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Matchbox Capitol Hill</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 18 / 2016
Mailing Address 521 8th St SE		Amount of Each Disbursement this Period 296.40
City Washington State DC Zip Code 20003	Purpose of Disbursement Food / Beverage	
Candidate Name	Category/Type	<input type="checkbox"/> Memo Item
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)	<b>Transaction ID : SB17.21882</b>
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Miles &amp; Stockbridge, PC</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 28 / 2016
Mailing Address 100 Light Street		Amount of Each Disbursement this Period 23850.00
City Baltimore State MD Zip Code 21202	Purpose of Disbursement Legal Services	
Candidate Name	Category/Type	<input type="checkbox"/> Memo Item
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)	<b>Transaction ID : SB17.21911</b>
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	25183.80
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 OF 44			
	<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) <b>A. Robert W. Penland</b>			Date of Disbursement M M / D D / Y Y Y Y 04 / 04 / 2016		
Mailing Address P.O. Box 777			Amount of Each Disbursement this Period 3246.32		
City Enka	State NC	Zip Code 28728	Memo Item <input type="checkbox"/>		
Purpose of Disbursement Management Consulting, Mileage		Category/ Type			
Candidate Name		Transaction ID : <b>SB17.21848</b>			
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>B. Robert W. Penland</b>			Date of Disbursement M M / D D / Y Y Y Y 05 / 09 / 2016		
Mailing Address P.O. Box 777			Amount of Each Disbursement this Period 3052.00		
City Enka	State NC	Zip Code 28728	Memo Item <input type="checkbox"/>		
Purpose of Disbursement Management Consulting, Mileage		Category/ Type			
Candidate Name		Transaction ID : <b>SB17.21941</b>			
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>c. RedPledge</b>			Date of Disbursement M M / D D / Y Y Y Y 04 / 04 / 2016		
Mailing Address 4400 North Point Parkway			Amount of Each Disbursement this Period 66.96		
City Alpharetta	State GA	Zip Code 30022	Memo Item <input type="checkbox"/>		
Purpose of Disbursement Merchant Fees		Category/ Type			
Candidate Name		Transaction ID : <b>SB17.21845</b>			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: _____	District: _____				

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	6365.28
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 OF 44			
	<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) <b>A. RedPledge</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 03 / 2016
Mailing Address 4400 North Point Parkway		Amount of Each Disbursement this Period 264.16
City Alpharetta	State GA	
Zip Code 30022	Purpose of Disbursement Merchant Fees	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	<b>Transaction ID : SB17.21917</b>
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>B. Republican Congressional Spouses</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 11 / 2016
Mailing Address 2336 South Queen Street		Amount of Each Disbursement this Period 30.00
City Arlington	State VA	
Zip Code 22202	Purpose of Disbursement Entrance Fee	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	<b>Transaction ID : SB17.21872</b>
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>C. Republican Congressional Spouses</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 21 / 2016
Mailing Address 2336 South Queen Street		Amount of Each Disbursement this Period 70.00
City Arlington	State VA	
Zip Code 22202	Purpose of Disbursement Entrance Fee	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	<b>Transaction ID : SB17.21894</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	364.16
<b>TOTAL</b> This Period (last page this line number only).....	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 OF 44			
	<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) <b>A. Ritz-Carlton DC</b>			Date of Disbursement M M / D D / Y Y Y Y 04 / 12 / 2016		
Mailing Address 1150 22nd St NW			Amount of Each Disbursement this Period 4.82		
City Washington	State DC	Zip Code 20037	<input type="checkbox"/> Memo Item <b>Transaction ID : SB17.21873</b>		
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:			
State:	District:	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			

Full Name (Last, First, Middle Initial) <b>B. Ritz-Carlton DC</b>			Date of Disbursement M M / D D / Y Y Y Y 04 / 12 / 2016		
Mailing Address 1150 22nd St NW			Amount of Each Disbursement this Period 70.03		
City Washington	State DC	Zip Code 20037	<input type="checkbox"/> Memo Item <b>Transaction ID : SB17.21874</b>		
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:			
State:	District:	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			

Full Name (Last, First, Middle Initial) <b>c. Sheraton Hotels &amp; Resorts</b>			Date of Disbursement M M / D D / Y Y Y Y 05 / 09 / 2016		
Mailing Address 3121 High Point Road			Amount of Each Disbursement this Period 225.48		
City Greensboro	State NC	Zip Code 27407	<input type="checkbox"/> Memo Item <b>Transaction ID : SB17.21938</b>		
Purpose of Disbursement Lodging		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)			

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	300.33
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 OF 44			
	<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) <b>A. Signs Fast</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 12 / 2016
Mailing Address 3289 NC 69 STE 101		Amount of Each Disbursement this Period 1500.00
City Hayesville State NC Zip Code 28904	Purpose of Disbursement Signage	
Candidate Name	Category/Type	<input type="checkbox"/> Memo Item
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)	<b>Transaction ID : SB17.21948</b>
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Signs Fast</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 13 / 2016
Mailing Address 3289 NC 69 STE 101		Amount of Each Disbursement this Period 1142.06
City Hayesville State NC Zip Code 28904	Purpose of Disbursement Signage	
Candidate Name	Category/Type	<input type="checkbox"/> Memo Item
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)	<b>Transaction ID : SB17.21953</b>
State: District:		

Full Name (Last, First, Middle Initial) <b>c. The Heritage Foundation</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 04 / 2016
Mailing Address 214 Massachusetts Avenue, NE		Amount of Each Disbursement this Period 250.00
City Washington State DC Zip Code 20002	Purpose of Disbursement Membership Fee	
Candidate Name	Category/Type	<input type="checkbox"/> Memo Item
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)	<b>Transaction ID : SB17.21842</b>
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2892.06
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 35 OF 44	
	<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) <b>A. The Stoneridge Group, LLC</b>			Date of Disbursement M M / D D / Y Y Y Y 04 / 04 / 2016	
Mailing Address 4400 North Point Parkway Suite 190			Amount of Each Disbursement this Period 19.95	
City Alpharetta	State GA	Zip Code 30022	<input type="checkbox"/> Memo Item	
Purpose of Disbursement Online Services		Candidate Name	Transaction ID : <b>SB17.21843</b>	
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>B. The Stoneridge Group, LLC</b>			Date of Disbursement M M / D D / Y Y Y Y 05 / 02 / 2016	
Mailing Address 4400 North Point Parkway Suite 190			Amount of Each Disbursement this Period 19.95	
City Alpharetta	State GA	Zip Code 30022	<input type="checkbox"/> Memo Item	
Purpose of Disbursement Online Services		Candidate Name	Transaction ID : <b>SB17.21914</b>	
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>c. Uber Technologies, Inc</b>			Date of Disbursement M M / D D / Y Y Y Y 04 / 14 / 2016	
Mailing Address 182 Howard Street			Amount of Each Disbursement this Period 20.01	
City San Francisco	State CA	Zip Code 94105	<input type="checkbox"/> Memo Item	
Purpose of Disbursement Transportation		Candidate Name	Transaction ID : <b>SB17.21878</b>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President			Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:			

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	59.91
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 36 OF 44			
	<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) <b>A. Uber Technologies, Inc</b>			Date of Disbursement M M / D D / Y Y Y Y 04 / 20 / 2016		
Mailing Address 182 Howard Street			Amount of Each Disbursement this Period 29.22		
City San Francisco	State CA	Zip Code 94105			
Purpose of Disbursement Transportation		Candidate Name	Memo Item <input type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President					
State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : <b>SB17.21887</b>		

Full Name (Last, First, Middle Initial) <b>B. Uber Technologies, Inc</b>			Date of Disbursement M M / D D / Y Y Y Y 04 / 20 / 2016		
Mailing Address 182 Howard Street			Amount of Each Disbursement this Period 21.91		
City San Francisco	State CA	Zip Code 94105			
Purpose of Disbursement Transportation		Candidate Name	Memo Item <input type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President					
State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : <b>SB17.21888</b>		

Full Name (Last, First, Middle Initial) <b>c. Uber Technologies, Inc</b>			Date of Disbursement M M / D D / Y Y Y Y 04 / 20 / 2016		
Mailing Address 182 Howard Street			Amount of Each Disbursement this Period 17.91		
City San Francisco	State CA	Zip Code 94105			
Purpose of Disbursement Transportation		Candidate Name	Memo Item <input type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President					
State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : <b>SB17.21889</b>		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	69.04
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 37 OF 44	
	<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) <b>A. Uber Technologies, Inc</b>		Date of Disbursement MM / DD / YYYY 04 / 20 / 2016
Mailing Address 182 Howard Street		Amount of Each Disbursement this Period 69.87 <input type="checkbox"/> Memo Item <b>Transaction ID : SB17.21891</b>
City San Francisco	State CA Zip Code 94105	
Purpose of Disbursement Transportation	Category/Type	Amount of Each Disbursement this Period 15.51 <input type="checkbox"/> Memo Item <b>Transaction ID : SB17.21891</b>
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>B. Uber Technologies, Inc</b>		Date of Disbursement MM / DD / YYYY 04 / 21 / 2016
Mailing Address 182 Howard Street		Amount of Each Disbursement this Period 17.15 <input type="checkbox"/> Memo Item <b>Transaction ID : SB17.21890</b>
City San Francisco	State CA Zip Code 94105	
Purpose of Disbursement Transportation	Category/Type	Amount of Each Disbursement this Period 37.21 <input type="checkbox"/> Memo Item <b>Transaction ID : SB17.21903</b>
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>C. Uber Technologies, Inc</b>		Date of Disbursement MM / DD / YYYY 04 / 26 / 2016
Mailing Address 182 Howard Street		Amount of Each Disbursement this Period 69.87 <input type="checkbox"/> Memo Item <b>Transaction ID : SB17.21903</b>
City San Francisco	State CA Zip Code 94105	
Purpose of Disbursement Transportation	Category/Type	Amount of Each Disbursement this Period 37.21 <input type="checkbox"/> Memo Item <b>Transaction ID : SB17.21903</b>
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	69.87
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 38 OF 44	
	<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) <b>A. Uber Technologies, Inc</b>		Date of Disbursement MM / DD / YYYY 05 / 11 / 2016
Mailing Address 182 Howard Street		Amount of Each Disbursement this Period 20.11
City San Francisco	State CA Zip Code 94105	
Purpose of Disbursement Transportation	Candidate Name	<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	<b>Transaction ID : SB17.21945</b>

Full Name (Last, First, Middle Initial) <b>B. Uber Technologies, Inc</b>		Date of Disbursement MM / DD / YYYY 05 / 13 / 2016
Mailing Address 182 Howard Street		Amount of Each Disbursement this Period 5.40
City San Francisco	State CA Zip Code 94105	
Purpose of Disbursement Transportation	Candidate Name	<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	<b>Transaction ID : SB17.21949</b>

Full Name (Last, First, Middle Initial) <b>c. Uber Technologies, Inc</b>		Date of Disbursement MM / DD / YYYY 05 / 13 / 2016
Mailing Address 182 Howard Street		Amount of Each Disbursement this Period 18.84
City San Francisco	State CA Zip Code 94105	
Purpose of Disbursement Transportation	Candidate Name	<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	<b>Transaction ID : SB17.21950</b>

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	44.35
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 39 OF 44			
	<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) <b>A. Uber Technologies, Inc</b>			Date of Disbursement M M / D D / Y Y Y Y 05 / 13 / 2016	
Mailing Address 182 Howard Street			Amount of Each Disbursement this Period 19.12	
City San Francisco	State CA	Zip Code 94105	Memo Item <input type="checkbox"/>	
Purpose of Disbursement Transportation		Candidate Name	Transaction ID : <b>SB17.21951</b>	
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>B. Uber Technologies, Inc</b>			Date of Disbursement M M / D D / Y Y Y Y 05 / 13 / 2016	
Mailing Address 182 Howard Street			Amount of Each Disbursement this Period 19.97	
City San Francisco	State CA	Zip Code 94105	Memo Item <input type="checkbox"/>	
Purpose of Disbursement Transportation		Candidate Name	Transaction ID : <b>SB17.21952</b>	
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>c. Uber Technologies, Inc</b>			Date of Disbursement M M / D D / Y Y Y Y 05 / 16 / 2016	
Mailing Address 182 Howard Street			Amount of Each Disbursement this Period 21.76	
City San Francisco	State CA	Zip Code 94105	Memo Item <input type="checkbox"/>	
Purpose of Disbursement Transportation		Candidate Name	Transaction ID : <b>SB17.21957</b>	
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		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	60.85
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 40 OF 44	
	<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) <b>A. USPS</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 06 / 2016
Mailing Address 675 South 4th Street		Amount of Each Disbursement this Period 8.10
City Highlands	State NC Zip Code 28741	
Purpose of Disbursement Postage	Candidate Name	<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	<b>Transaction ID : SB17.21923</b>

Full Name (Last, First, Middle Initial) <b>B. USPS</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 16 / 2016
Mailing Address 675 South 4th Street		Amount of Each Disbursement this Period 141.00
City Highlands	State NC Zip Code 28741	
Purpose of Disbursement Postage	Candidate Name	<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	<b>Transaction ID : SB17.21960</b>

Full Name (Last, First, Middle Initial) <b>C. Verizon Wireless</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 04 / 2016
Mailing Address P.O. Box 660108		Amount of Each Disbursement this Period 204.84
City Dallas	State TX Zip Code 75266	
Purpose of Disbursement Phone Services	Candidate Name	<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	<b>Transaction ID : SB17.21849</b>

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	353.94
<b>TOTAL</b> This Period (last page this line number only).....	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 41 OF 44			
	<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) <b>A. Verizon Wireless</b>			Date of Disbursement M M / D D / Y Y Y Y <b>04 / 25 / 2016</b>	
Mailing Address <b>P.O. Box 660108</b>			Amount of Each Disbursement this Period <b>376.43</b>	
City <b>Dallas</b>	State <b>TX</b>	Zip Code <b>75266</b>	Memo Item <input type="checkbox"/>	
Purpose of Disbursement <b>Phone Services</b>		Category/Type		
Candidate Name			<b>Transaction ID : SB17.21902</b>	
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>B.</b>			Date of Disbursement M M / D D / Y Y Y Y	
Mailing Address			Amount of Each Disbursement this Period	
City	State	Zip Code	Memo Item <input type="checkbox"/>	
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: _____			

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

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>376.43</b>
<b>TOTAL</b> This Period (last page this line number only) .....	<b>49833.27</b>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 42 OF 44	
	<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) <b>A. Mark R Meadows</b>		Date of Disbursement MM / DD / YYYY 04 / 04 / 2016
Mailing Address PO Box 811		Amount of Each Disbursement this Period 6000.00
City Hendersonville	State NC	
Zip Code 28793-0811	Purpose of Disbursement Loan Repayment	<input type="checkbox"/> Memo Item
Candidate Name	Category/ Type	<b>Transaction ID : SB19A.21847</b>
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		

Full Name (Last, First, Middle Initial) <b>B. Mark R Meadows</b>		Date of Disbursement MM / DD / YYYY 05 / 09 / 2016
Mailing Address PO Box 811		Amount of Each Disbursement this Period 6000.00
City Hendersonville	State NC	
Zip Code 28793-0811	Purpose of Disbursement Loan Repayment	<input type="checkbox"/> Memo Item
Candidate Name	Category/ Type	<b>Transaction ID : SB19A.21942</b>
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		

Full Name (Last, First, Middle Initial) <b>C.</b>		Date of Disbursement MM / DD / YYYY
Mailing Address		Amount of Each Disbursement this Period
City	State	
Zip Code	Purpose of Disbursement	<input type="checkbox"/> 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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	12000.00
<b>TOTAL</b> This Period (last page this line number only).....	12000.00

**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 43 OF 44	
	<input type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input checked="" type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Meadows for Congress**

Full Name (Last, First, Middle Initial) <b>A. NC GOP</b>		Date of Disbursement M M / D D / Y Y Y Y <b>04 / 25 / 2016</b>
Mailing Address P.O. Box 12905		Amount of Each Disbursement this Period <b>270.00</b>
City Raleigh	State NC	
Purpose of Disbursement Non-Federal Contribution	Zip Code 27605	<input type="checkbox"/> Memo Item
Candidate Name	Category/ Type	<b>Transaction ID : SB21.21901</b>
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>B.</b>		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		Amount of Each Disbursement this Period
City	State Zip Code	
Purpose of Disbursement	Category/ Type	<input type="checkbox"/> 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>C.</b>		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		Amount of Each Disbursement this Period
City	State Zip Code	
Purpose of Disbursement	Category/ Type	<input type="checkbox"/> 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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>270.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	<b>270.00</b>

**SCHEDULE C (FEC Form 3)**  
**LOANS**

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

**LOAN SOURCE** Full Name (Last, First, Middle Initial) **PERSONAL FUNDS**  Memo Item  
**Mark R Meadows**  
 Election: 2012  
 Primary  
 General  
 Other (specify) ▼

Mailing Address  
 PO Box 811  
 City State ZIP Code  
 Hendersonville NC 28793-0811

Original Amount of Loan 250000.00	Cumulative Payment To Date 119500.00	Balance Outstanding at Close of This Period 130500.00
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**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: [ ]

<b>SUBTOTALS</b> This Period This Page (optional).....	▶	[ ] 130500.00
<b>TOTALS</b> This Period (last page in this line only).....	▶	[ ] 130500.00

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