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STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. Meadows for Congress P.O. Box 811 ADDRESS (number and street) (Check if address is changed) Highlands 28741 NC CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS pam@meadowsforcongress.com (Check if address is changed) Optional Second E-Mail Address mark@meadowsforcongress.com COMMITTEE'S WEB PAGE ADDRESS (URL) www.meadowsforcongress.com (Check if address is changed) DATE 08 2012 C00503094 FEC IDENTIFICATION NUMBER > 3. X IS THIS STATEMENT NEW (N) OR AMENDED (A) I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete. Pamela G. Ward Type or Print Name of Treasurer Pamela G. Ward [Electronically Filed] 80 08 2012 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS. Office For further information contact: FEC FORM 1 Federal Election Commission Use (Revised 06/2012) Toll Free 800-424-9530 Only

Local 202-694-1100

FE	C Fo	rm 1 (Revised 02/2009)	Page 2
		OMMITTEE	
Cand		e Committee:	
(a)	X	This committee is a principal campaign committee. (Complete the candidate information below.)	
(b)		This committee is an authorized committee, and is NOT a principal campaign committee. (Compleinformation below.)	ete the candidate
Name of Candida		Mark R Meadows	
Candid	ate	Office	State
Party A	Affiliati	on REP Sought: X House Senate President	District 11
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name of Candida			
Party	Con	nmittee:	
(d)		· · · ·	emocratic, publican, etc.) Party.
Politic	cal A	ction Committee (PAC):	
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its conne	cted organization is a:
		Corporation Corporation w/o Capital Stock	_abor Organization
		Membership Organization Trade Association	Cooperative
		In addition, this committee is a Lobbyist/Registrant PAC.	
(f)		This committee supports/opposes more than one Federal candidate, and is NOT a separate segrecommittee. (i.e., nonconnected committee)	egated fund or party
		In addition, this committee is a Lobbyist/Registrant PAC.	
		In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
Joint I	Fund	Iraising Representative:	
(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, at least one of which is an authorized committee of a federal candidate.	or more political
(h)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, none of which is an authorized committee of a federal candidate.	or more political
	Com	mittees Participating in Joint Fundraiser	
	1.		
		FEC ID number C	
	2.		
	3.	FEC ID number C	
	4.		

FEC Form 1 (Revised 0	2/2000)	Page 3
Write or Type Committee Name		i age 3
Meadows for Co		
		ou Loodovskin DAC Chance
-	rganization, Affiliated Committee, Joint Fundraising Representative,	or Leadership PAC Sponsor
TAKE BACK NORTH (;arolina 	
Mailing Address	2470 DANIELLS BRIDGE RD STE 121	
	ATHENS GA	30606
	CITY STATE	ZIP CODE
Relationship: Connected	Organization Affiliated Committee X Joint Fundraising Representation	tive Leadership PAC Sponsor
. Custodian of Records: Iden books and records.	tify by name, address (phone number optional) and position of the pe	erson in possession of committee
Pamela G.	Ward	
Full Name	P.O. Box 811	
3		
	Highlands	28741
Title or Position	CITY STATE	ZIP CODE
Treasurer	Telephone number	28 787 - 2222
B. Treasurer: List the name and any designated agent (e.g., a	address (phone number optional) of the treasurer of the committee; ssistant treasurer).	and the name and address of
Full Name Pamela G.	Ward	
of Treasurer	ID O Pov 911	
Mailing Address	P.O. Box 811	
	Highlands	28741
Title or Position	CITY STATE	ZIP CODE
Treasurer		28

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Full Name of		
Designated Agent		
Mailing Address		
	CITY STATE	ZIP CODE
Title or Position		
Banks or Other safety deposit b Name of Bank,	r Depositories: List all banks or other depositories in which the committee deposits funds, ho oxes or maintains funds. Depository, etc. MaconBank	olds accounts, rents
safety deposit b	Depository, etc. MaconBank 1P.O. Box 3208	olds accounts, rents
safety deposit b Name of Bank,	Depository, etc. MaconBank 1P.O. Box 3208	
safety deposit b Name of Bank,	Depository, etc. MaconBank P.O. Box 3208	
safety deposit b Name of Bank,	Depository, etc. MaconBank P.O. Box 3208	
safety deposit b Name of Bank,	Depository, etc. MaconBank P.O. Box 3208 Cashiers CITY STATE	7
safety deposit b Name of Bank, Mailing Address	Depository, etc. MaconBank P.O. Box 3208 Cashiers CITY STATE	7
safety deposit b Name of Bank, Mailing Address	Depository, etc. MaconBank P.O. Box 3208 Cashiers CITY STATE Depository, etc.	7
safety deposit b Name of Bank, Mailing Address	Depository, etc. MaconBank P.O. Box 3208 Cashiers CITY STATE Depository, etc. SunTrust Bank P.O. Box 4418	7
safety deposit b Name of Bank, Mailing Address Name of Bank,	Depository, etc. MaconBank P.O. Box 3208 Cashiers CITY STATE Depository, etc. SunTrust Bank P.O. Box 4418	7
safety deposit b Name of Bank, Mailing Address Name of Bank,	Depository, etc. MaconBank P.O. Box 3208 Cashiers CITY STATE Depository, etc. SunTrust Bank P.O. Box 4418	ZIP CODE

FORM 1S -STATEMENT OF ORGANIZATION (Supplemental Page)

FEC Form 1G (Revised 06/2011) Page 5 List all banks or other depositories in which the committee deposits funds, holds accounts, rents Banks or Other Depositories: safety deposit boxes or maintains funds. [ADDITIONAL] Name of Bank, Depository, etc. 1909 K Street Mailing Address 20006 DC Washington CITY 🗖 ZIP CODE 🛕 STATE **△** [ADDITIONAL] Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor YOUNG GUNS 2012 ROUND 3 228 S WASHINGTON ST STE 115 Mailing Address **ALEXANDRIA** 22314 **CITY** STATE 4 ZIP CODE Relationship: Joint Fundraising Representative Connected Organization Affiliated Committee Leadership PAC Sponsor [ADDITIONAL] **Designated Agent** Full Name Mailing Address Title or Position CITY # **STATE** ZIP CODE Telephone number [ADDITIONAL] Joint Fundraiser Participant С FEC ID number