

# FEC FORM 3

# REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **TYPE OR PRINT** ▼ Example: If typing, type over the lines. 12FE4M5  
Meadows for Congress

ADDRESS (number and street) PO Box 811  
 Check if different than previously reported. (ACC) Hendersonville NC 28793-0811

2. **FEC IDENTIFICATION NUMBER** ▼ C C00503094 CITY ▲ STATE ▲ ZIP CODE ▲  
3. IS THIS REPORT  NEW (N) OR  AMENDED (A) 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 M M / D D / Y Y Y Y in the State of    
(c) 30-Day **POST**-Election Report for the:  
 General (30G)  Runoff (30R)  Special (30S)  
Election on M M / D D / Y Y Y Y in the State of NC  
11 / 04 / 2014

5. Covering Period M M / D D / Y Y Y Y through M M / D D / Y Y Y Y  
10 / 16 / 2014 through 11 / 24 / 2014

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.  
Type or Print Name of Treasurer Collin McMichael  
Signature of Treasurer Collin McMichael [Electronically Filed] Date M M / D D / Y Y Y Y  
12 / 04 / 2014

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

**SUMMARY PAGE**  
of Receipts and Disbursements

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

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

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))....	54655.00	556266.86
(b) Total Contribution Refunds (from Line 20(d)) .....	0.00	1005.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	54655.00	555261.86
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17) .....	37109.21	296438.46
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	252.81
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	37109.21	296185.65
8. Cash on Hand at Close of Reporting Period (from Line 27).....	184163.26	
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).....	212500.00	

**For further information contact:**

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

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

: 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:

**POST-ELECTION DETAILED SUMMARY PAGE**

Report of Receipts and Disbursements

- If the candidate participated in the general election, use this form for the 30-day Post-General report.
- If the candidate did NOT participate in the general election, use this form for the Year-end report covering through December 31 of the election year (due on January 31).

This form is used in lieu of filling out Line Numbers 6 through 7 on Page 2 (Summary Page) and Pages 3 and 4 (the Detailed Summary Page) for the last report filed by a candidate during the current election cycle.

Write or Type Committee Name

**Meadows for Congress**

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

**I. RECEIPTS**

COLUMN A Total this Period	COLUMN B Election Cycle Total as of <input type="text" value="11"/> / <input type="text" value="04"/> / <input type="text" value="2014"/> (date of general election)	COLUMN C Total for <input type="text" value="11"/> / <input type="text" value="05"/> / <input type="text" value="2014"/> (date after general election)  through <input type="text" value="11"/> / <input type="text" value="24"/> / <input type="text" value="2014"/> (last day of reporting period)
11. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other than Political Committees		
(i) Itemized (use Schedule A)		
<input type="text" value="11160.00"/>	<input type="text" value="191172.32"/>	<input type="text" value="-50.00"/>
(ii) Unitemized		
<input type="text" value="885.00"/>	<input type="text" value="48295.53"/>	<input type="text" value="100.00"/>
(iii) Total of contributions from individuals		
<input type="text" value="12045.00"/>	<input type="text" value="239467.85"/>	<input type="text" value="50.00"/>
(b) Political Party Committees		
<input type="text" value="0.00"/>	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>
(c) Other Political Committees		
<input type="text" value="42610.00"/>	<input type="text" value="315999.01"/>	<input type="text" value="0.00"/>

**POST-ELECTION DETAILED SUMMARY PAGE**

Report of Receipts and Disbursements

FEC Form 3 (Revised 1/01)

PAGE 5 / 41

COLUMN A Total this Period	COLUMN B Election Cycle Total as of * (date of general election) (* See page 5 for date)	COLUMN C Total for * (date after general election) through * (last day of reporting period) (* See page 5 for dates)
(d) The Candidate		
0.00	800.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c) and (d))		
54655.00	556266.86	50.00
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES		
0.00	3267.28	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate		
0.00	2500.00	0.00
(b) All Other Loans		
0.00	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b))		
0.00	2500.00	0.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, rebates, etc.)		
0.00	252.81	0.00
15. OTHER RECEIPTS (Dividends, Interest, etc.)		
0.00	371.30	0.00
16. TOTAL RECEIPTS (add 11(e), 12, 13(c), 14 and 15)		
54655.00	562658.25	50.00

**POST-ELECTION DETAILED SUMMARY PAGE**

Report of Receipts and Disbursements

FEC Form 3 (Revised 1/01)

Write or Type Committee Name

Meadows for Congress

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

**II. DISBURSEMENTS**

COLUMN A Total this Period	COLUMN B Election Cycle Total as of * (date of general election) (* See page 5 for date)	COLUMN C Total for * (date after general election) through * (last day of reporting period) (* See page 5 for dates)
17. OPERATING EXPENDITURES		
<input type="text" value="37109.21"/>	<input type="text" value="296438.46"/>	<input type="text" value="10603.31"/>
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES		
<input type="text" value="0.00"/>	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate		
<input type="text" value="4000.00"/>	<input type="text" value="35000.00"/>	<input type="text" value="4000.00"/>
(b) Of All Other Loans		
<input type="text" value="0.00"/>	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and 19(b))		
<input type="text" value="4000.00"/>	<input type="text" value="35000.00"/>	<input type="text" value="4000.00"/>
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees		
<input type="text" value="0.00"/>	<input type="text" value="5.00"/>	<input type="text" value="0.00"/>
(b) Political Party Committees		
<input type="text" value="0.00"/>	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>

**POST-ELECTION DETAILED SUMMARY PAGE**

Report of Receipts and Disbursements

FEC Form 3 (Revised 1/01)

PAGE 7 / 41

COLUMN A Total this Period	COLUMN B Election Cycle Total as of * (date of general election) (* See page 5 for date)	COLUMN C Total for * (date after general election) through * (last day of reporting period) (* See page 5 for dates)
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(c) Other Political Committees (such as PACs)

0.00	1000.00	0.00
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(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b) and (c))

0.00	1005.00	0.00
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**21. OTHER DISBURSEMENTS**

8975.00	61270.00	3475.00
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**22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d) and 21)**

50084.21	393713.46	18078.31
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**III. NET CONTRIBUTIONS (OTHER THAN LOANS)**

(Note: Substitute in lieu of Line #6 of Summary Page for this report only; subtract Line 20(d) from Line 11(e))

54655.00	555261.86	50.00
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**IV. NET OPERATING EXPENDITURES**

(Note: Substitute in lieu of Line #7 of Summary Page for this report only; subtract Line 14 from Line 17)

37109.21	296185.65	10603.31
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**V. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	179592.47
24. TOTAL RECIEPTS THIS PERIOD (from Line 16).....	54655.00
25. SUBTOTAL (add Line 23 and Line 24).....	234247.47
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	50084.21
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25)	184163.26

**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 41
	<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)  
**Lenorah J. Allen**

Mailing Address 2159 Glenheath Drive

City Hendersonville State NC Zip Code 28791

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

Name of Employer Retired Occupation Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 10 / 2014

**Transaction ID : SA11AI.11822**

Amount of Each Receipt this Period  
 -50.00

Returned Check

**B.** Full Name (Last, First, Middle Initial)  
**Barbara Coladarci**

Mailing Address 297 Highland Golf Drive

City Flat Rock State NC Zip Code 28731

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

Name of Employer N/A Occupation Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

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

**Transaction ID : SA11AI.11711**

Amount of Each Receipt this Period  
 50.00

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

Mailing Address 102 Moss Ridge Court

City Flat Rock State NC Zip Code 28731

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

Name of Employer Retired Occupation Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 24 / 2014

**Transaction ID : SA11AI.11700**

Amount of Each Receipt this Period  
 250.00

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

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

250.00



**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 41
	<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)  
**Carolyn J. Davis**

Mailing Address 2515 Kanuga Road

City Hendersonville State NC Zip Code 28739

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

Name of Employer Retired Occupation Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **350.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**10 / 24 / 2014**

**Transaction ID : SA11AI.11696**

Amount of Each Receipt this Period  
**100.00**

**B.** Full Name (Last, First, Middle Initial)  
**Mary Alice Dunlap**

Mailing Address 506 Monterey Oaks Drive

City Richmond State TX Zip Code 77469

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

Name of Employer Jaimel Health Care Services Occupation Caregiver

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **250.00**

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

**Transaction ID : SA11AI.11703**

Amount of Each Receipt this Period  
**250.00**

**C.** Full Name (Last, First, Middle Initial)  
**Edward Harwood**

Mailing Address PO Box 178

City Barnardsville State NC Zip Code 28709

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

Name of Employer Self-Employed Occupation Contractor

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **2000.00**

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

**Transaction ID : SA11AI.11707**

Amount of Each Receipt this Period  
**2000.00**

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

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

**2350.00**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 41
	<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)  
**Casey Hite**

Mailing Address 3165 Sweeten Creek Road

City Asheville State NC Zip Code 28803

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

Name of Employer: Aeroflow Heathcare Occupation: Entrepreneur

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 24 / 2014

**Transaction ID : SA11AI.11625**

Amount of Each Receipt this Period  
 1000.00

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

Mailing Address 1522 Thumping Creek Road

City Hayesville State NC Zip Code 28904

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

Name of Employer: Retired Occupation: Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 24 / 2014

**Transaction ID : SA11AI.11691**

Amount of Each Receipt this Period  
 250.00

**C.** Full Name (Last, First, Middle Initial)  
**David Kersey**

Mailing Address 513 Usdaski Drive

City Brevard State NC Zip Code 28712

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

Name of Employer: Kersey & Associates, Inc. Occupation: President/Owner

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 29 / 2014

**Transaction ID : SA11AI.11726**

Amount of Each Receipt this Period  
 100.00

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

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

1350.00

**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 41
	<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)  
**William G. Lapsley**

Mailing Address 109 Rugby Hollow Drive

City Hendersonville	State NC	Zip Code 28791
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FEC ID number of contributing federal political committee. **C**

Name of Employer Principal Engineer	Occupation William G. Lapsley & Associates, PA
--	---

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 24 / 2014

**Transaction ID : SA11AI.11693**

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
**William D. McKibbin**

Mailing Address 501 Claremont Drive

City Flat Rock	State NC	Zip Code 28731
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FEC ID number of contributing federal political committee. **C**

Name of Employer Henderson Oil Company	Occupation Sales/Management
---	--------------------------------

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 24 / 2014

**Transaction ID : SA11AI.11701**

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
**Toni Nayowitz**

Mailing Address 493 Forest Ave

City Teaneck	State NJ	Zip Code 07666
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FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed	Occupation Book Retailer
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Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1500.00

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

**Transaction ID : SA11AI.11722**

Amount of Each Receipt this Period  
1000.00

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

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

1500.00

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

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

FOR LINE NUMBER: PAGE 12 OF 41  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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

**A.** Full Name (Last, First, Middle Initial)  
**Mindy Orlinksy**

Mailing Address 586 Sunderland Rd

City State Zip Code  
Teaneck NJ 07631

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

Name of Employer Occupation  
Homemaker Homemaker

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
720.00

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

**Transaction ID : SA11AI.11723**

Amount of Each Receipt this Period  
360.00

**B.** Full Name (Last, First, Middle Initial)  
**Leonard M. Scruggs**

Mailing Address P.O. Box 302

City State Zip Code  
Horse Shoe NC 28742

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

Name of Employer Occupation  
Mark White & Associates Real Estate Broker

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
300.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 24 / 2014

**Transaction ID : SA11AI.11698**

Amount of Each Receipt this Period  
150.00

**C.** Full Name (Last, First, Middle Initial)  
**Douglas A Stapelton**

Mailing Address 2395 SE 8th Street

City State Zip Code  
Pompano Beach FL 33062

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

Name of Employer Occupation  
Trustee Office Foundation Foundation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 24 / 2014

**Transaction ID : SA11AI.11629**

Amount of Each Receipt this Period  
1000.00

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

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

1510.00

**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 41
	<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)  
**David Carl Wisotsky**

Mailing Address 32 Franklin St

City State Zip Code  
Tenafly NJ 07670

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

Name of Employer Occupation  
Physician Tenafly Pediatrics

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1200.00

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

**Transaction ID : SA11AI.11725**

Amount of Each Receipt this Period  
200.00

**B.** Full Name (Last, First, Middle Initial)  
**Kimberly M. Young**

Mailing Address 209 Laurel Street

City State Zip Code  
Burnsville NC 28714

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

Name of Employer Occupation  
Mountain Air CC Administrator

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2600.00

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

**Transaction ID : SA11AI.11709**

Amount of Each Receipt this Period  
1600.00

**C.** Full Name (Last, First, Middle Initial)  
**Samuel K. Young**

Mailing Address 109 Laurel Street

City State Zip Code  
Burnsville NC 28714

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

Name of Employer Occupation  
Self-Employed Construction

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
3400.00

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

**Transaction ID : SA11AI.11710**

Amount of Each Receipt this Period  
2400.00

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

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

4200.00

11160.00

**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 41
	<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 ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE**

Mailing Address 401 N. LINDBERGH BLVD

City ST. LOUIS State MO Zip Code 63141

FEC ID number of contributing federal political committee. **C** C00293910

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
3000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 24 / 2014

**Transaction ID : SA11C.11836**

Amount of Each Receipt this Period  
3000.00

**B.** Full Name (Last, First, Middle Initial)  
**AMERICAN HOSPITAL ASSOCIATION PAC**

Mailing Address 325 SEVENTH STREET, NW  
SUITE 700

City WASHINGTON State DC Zip Code 20004

FEC ID number of contributing federal political committee. **C** C00106146

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 03 / 2014

**Transaction ID : SA11C.11686**

Amount of Each Receipt this Period  
1000.00

**C.** Full Name (Last, First, Middle Initial)  
**AMERICAN ORTHOTIC & PROSTHETIC ASSOCIATION PAC**

Mailing Address 330 JOHN CARLYLE ST. SUITE 200

City ALEXANDRIA State VA Zip Code 22314

FEC ID number of contributing federal political committee. **C** C00118430

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 24 / 2014

**Transaction ID : SA11C.11834**

Amount of Each Receipt this Period  
1000.00

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

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

5000.00

**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 41
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

**A.** Full Name (Last, First, Middle Initial)  
**AMERICAN PRINCIPLES**

Mailing Address 20533 BISCAYNE BLVD  
#250

City MIAMI State FL Zip Code 33180

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

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
800.00

Date of Receipt  
M M / D D / Y Y Y Y  
10 / 24 / 2014

**Transaction ID : SA11C.11826**

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES FED PAC

Mailing Address ATTENTION: MARY ANN ROUSE  
1000 BLYTHE BOULEVARD

City CHARLOTTE State NC Zip Code 28203

FEC ID number of contributing federal political committee. **C** C00423871

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
7500.00

Date of Receipt  
M M / D D / Y Y Y Y  
10 / 24 / 2014

**Transaction ID : SA11C.11638**

Amount of Each Receipt this Period  
5000.00

**C.** Full Name (Last, First, Middle Initial)  
**COASTAL FEDERAL CREDIT UNION PAC**

Mailing Address 1000 ST. ALBANS DRIVE

City RALEIGH State NC Zip Code 27609

FEC ID number of contributing federal political committee. **C** C00342733

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y  
10 / 24 / 2014

**Transaction ID : SA11C.11833**

Amount of Each Receipt this Period  
1000.00

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

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

6500.00

**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 41
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

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

Mailing Address 550 SOUTH TRYON STREET

City State Zip Code  
CHARLOTTE NC 28202

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

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
7000.00

Date of Receipt  
M M / D D / Y Y Y Y  
10 / 24 / 2014

**Transaction ID : SA11C.11646**

Amount of Each Receipt this Period  
1000.00

**B.** Full Name (Last, First, Middle Initial)  
**EXPRESS SCRIPTS INC. POLITICAL FUND (A/K/A EXPRESS SCRIPTS PAC)**

Mailing Address ONE EXPRESS WAY

City State Zip Code  
ST. LOUIS MO 63121

FEC ID number of contributing federal political committee. **C** C00365072

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
3500.00

Date of Receipt  
M M / D D / Y Y Y Y  
10 / 24 / 2014

**Transaction ID : SA11C.11655**

Amount of Each Receipt this Period  
2500.00

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

Mailing Address 801 G STREET NW

City State Zip Code  
WASHINGTON DC 20001

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

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
10000.00

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

**Transaction ID : SA11C.11719**

Amount of Each Receipt this Period  
5000.00

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

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

8500.00



**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 41
	<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)  
**GENERAL ELECTRIC COMPANY POLITICAL ACTION COMMITTEE (GEPAC)**

Mailing Address 1299 PENNSYLVANIA AVE NW  
SUITE 900

City WASHINGTON State DC Zip Code 20004

FEC ID number of contributing federal political committee. **C C00024869**

Name of Employer Occupation

Receipt For: 2104  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 24 / 2014

**Transaction ID : SA11C.11651**

Amount of Each Receipt this Period  
1000.00

**B.** Full Name (Last, First, Middle Initial)  
**GOOGLE INC. NETPAC**

Mailing Address 1101 NEW YORK AVENUE, NW  
SECOND FLOOR

City WASHINGTON State DC Zip Code 20005

FEC ID number of contributing federal political committee. **C C00428623**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 24 / 2014

**Transaction ID : SA11C.11654**

Amount of Each Receipt this Period  
1500.00

**C.** Full Name (Last, First, Middle Initial)  
**HARDWOOD FEDERATION PAC, INC**

Mailing Address 1111 NINETEENTH STREET, NW;  
SUITE 800

City WASHINGTON State DC Zip Code 20036

FEC ID number of contributing federal political committee. **C C00396671**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
3000.00

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

**Transaction ID : SA11C.11720**

Amount of Each Receipt this Period  
1000.00

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

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

3500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 18 OF 41	
	<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)  
**JE DUNN CONSTRUCTION GROUP INC PAC**

Mailing Address 1010 HOLMES

City KANSAS CITY State MO Zip Code 64106

FEC ID number of contributing federal political committee. **C** C00453688

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

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

**Transaction ID : SA11C.11716**

Amount of Each Receipt this Period  
1000.00

**B.** Full Name (Last, First, Middle Initial)  
**LOCKHEED EMPLOYEES' POLITICAL ACTION COMMITTEE**

Mailing Address 4500 PARK GRANADA BLVD  
BLDG 9

City CALABASAS State GA Zip Code 91399

FEC ID number of contributing federal political committee. **C** C00030783

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
M M / D D / Y Y Y Y  
10 / 24 / 2014

**Transaction ID : SA11C.11633**

Amount of Each Receipt this Period  
1000.00

**C.** Full Name (Last, First, Middle Initial)  
**LORILLARD TOBACCO COMPANY PUBLIC AFFAIRS COMMITTEE**

Mailing Address 714 GREEN VALLEY ROAD

City GREENSBORO State NC Zip Code 27408

FEC ID number of contributing federal political committee. **C** C00112888

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
M M / D D / Y Y Y Y  
11 / 03 / 2014

**Transaction ID : SA11C.11684**

Amount of Each Receipt this Period  
2500.00

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

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

4500.00

**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 41
	<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 ASSOCIATION OF INSURANCE AND FINANCIAL ADVISORS POLITICAL ACTION COMM

Mailing Address 2901 TELESTAR CT.

City State Zip Code  
FALLS CHURCH VA 22042

FEC ID number of contributing federal political committee. **C** C00005249

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
12000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 24 / 2014

**Transaction ID : SA11C.11645**

Amount of Each Receipt this Period  
2500.00

**B.** Full Name (Last, First, Middle Initial)  
NATIONAL ASSOCIATION OF REALTORS POLITICAL ACTION COMMITTEE

Mailing Address 430 NORTH MICHIGAN AVENUE

City State Zip Code  
CHICAGO IL 60611

FEC ID number of contributing federal political committee. **C** C00030718

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 24 / 2014

**Transaction ID : SA11C.11647**

Amount of Each Receipt this Period  
1000.00

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

Mailing Address 430 NORTH MICHIGAN AVENUE

City State Zip Code  
CHICAGO IL 60611

FEC ID number of contributing federal political committee. **C** C00030718

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
6500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 24 / 2014

**Transaction ID : SA11C.11657**

Amount of Each Receipt this Period  
1000.00

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

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

4500.00

**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 41
	<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. NATIONAL MULTI HOUSING COUNCIL POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)  
NATIONAL MULTI HOUSING COUNCIL POLITICAL ACTION COMMITTEE

Mailing Address 1850 M STREET, NW  
SUITE 540

City WASHINGTON State DC Zip Code 20036

FEC ID number of contributing federal political committee. **C** C00130773

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 24 / 2014

**Transaction ID : SA11C.11637**

Amount of Each Receipt this Period  
2000.00

**B. NATIONAL PRO-LIFE ALLIANCE PAC**

Full Name (Last, First, Middle Initial)  
NATIONAL PRO-LIFE ALLIANCE PAC

Mailing Address 4521 WINDSOR ARMS CT

City ANNANDALE State VA Zip Code 22003

FEC ID number of contributing federal political committee. **C** C00358051

Name of Employer Occupation

Receipt For: 2104  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

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

**Transaction ID : SA11C.11718**

Amount of Each Receipt this Period  
500.00

**C. NEW FRONTIER PAC**

Full Name (Last, First, Middle Initial)  
NEW FRONTIER PAC

Mailing Address 135 BRIARWOOD PLACE

City WAKE FOREST State NC Zip Code 27587

FEC ID number of contributing federal political committee. **C** C00529685

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
10.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 24 / 2014

**Transaction ID : SA11C.11843**

Amount of Each Receipt this Period  
10.00

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

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

2510.00

**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 41
	<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)  
**NEW YORK LIFE INSURANCE COMPANY POLITICAL ACTION COMMITTEE**

Mailing Address **51 MADISON AVENUE**  
**ROOM 1109**

City **NEW YORK** State **NY** Zip Code **10010**

FEC ID number of contributing federal political committee. **C C00158881**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**10000.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**10 / 24 / 2014**

**Transaction ID : SA11C.11635**

Amount of Each Receipt this Period  
**3000.00**

**B.** Full Name (Last, First, Middle Initial)  
**RAYTHEON COMPANY POLITICAL ACTION COMMITTEE**

Mailing Address **1100 WILSON BLVD**  
**SUITE 1500**

City **ARLINGTON** State **VA** Zip Code **22209**

FEC ID number of contributing federal political committee. **C C00097568**

Name of Employer Occupation

Receipt For: 2104  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**2500.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**10 / 24 / 2014**

**Transaction ID : SA11C.11644**

Amount of Each Receipt this Period  
**1500.00**

**C.** Full Name (Last, First, Middle Initial)  
**THE NATIONAL RIGHT TO WORK COMMITTEE PAC**

Mailing Address **8001 BRADDOCK ROAD**  
**SUITE 500**

City **NORTH SPRINGFIELD** State **VA** Zip Code **22151**

FEC ID number of contributing federal political committee. **C C00395533**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**100.00**

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

**Transaction ID : SA11C.11714**

Amount of Each Receipt this Period  
**100.00**

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

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

**4600.00**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 OF 41
	<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)  
**THERMO FISHER SCIENTIFIC INC. PAC**

Mailing Address **81 WYMAN STREET**  
**PO BOX 9046**

City **WALTHAM** State **MA** Zip Code **02454**

FEC ID number of contributing federal political committee. **C C00292318**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**9000.00**

Date of Receipt  
 M  M /  D  D /  Y  Y  Y  Y  
**10 / 20 / 2014**

**Transaction ID : SA11C.11620**

Amount of Each Receipt this Period  
**1000.00**

**B.** Full Name (Last, First, Middle Initial)  
**VERIZON COMMUNICATIONS INC. GOOD GOVERNMENT CLUB (VERIZON PAC)**

Mailing Address **1300 I ST NW, STE 400 WEST**

City **WASHINGTON** State **DC** Zip Code **20005**

FEC ID number of contributing federal political committee. **C C00186288**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**1000.00**

Date of Receipt  
 M  M /  D  D /  Y  Y  Y  Y  
**10 / 24 / 2014**

**Transaction ID : SA11C.11832**

Amount of Each Receipt this Period  
**1000.00**

**C.** Full Name (Last, First, Middle Initial)  
**VULCAN MATERIALS COMPANY POLITICAL ACTION COMMITTEE**

Mailing Address **P.O. BOX 385014**

City **BIRMINGHAM** State **AL** Zip Code **35238**

FEC ID number of contributing federal political committee. **C C00116020**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**1000.00**

Date of Receipt  
 M  M /  D  D /  Y  Y  Y  Y  
**10 / 24 / 2014**

**Transaction ID : SA11C.11835**

Amount of Each Receipt this Period  
**1000.00**

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

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

**3000.00**

**42610.00**

**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 23 OF 41			
	<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 11 / 03 / 2014
Mailing Address P.O. Box 53852		Amount of Each Disbursement this Period 48.39
City Phoenix	State AZ	
Zip Code 85072-3852	Purpose of Disbursement Merchant Services	<b>Transaction ID : SB17.11789</b>
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. American Speedy Print</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 20 / 2014
Mailing Address 1304 Patton Ave		Amount of Each Disbursement this Period 461.17
City Asheville	State NC	
Zip Code 28806	Purpose of Disbursement Printing Services	<b>Transaction ID : SB17.11735</b>
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. American Speedy Print</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 22 / 2014
Mailing Address 1304 Patton Ave		Amount of Each Disbursement this Period 199.56
City Asheville	State NC	
Zip Code 28806	Purpose of Disbursement Printing Services	<b>Transaction ID : SB17.11746</b>
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).....	709.12
<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 41			
	<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**

**A. Capitol Hill Club**

Full Name (Last, First, Middle Initial)  
Mailing Address 300 First Street, SE

City Washington State DC Zip Code 20003

Purpose of Disbursement Food/Beverage

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify)

State: District:

Date of Disbursement: 10 / 20 / 2014

Amount of Each Disbursement this Period: 287.00

Transaction ID : SB17.11738

**B. Cardmember Services**

Full Name (Last, First, Middle Initial)  
Mailing Address P.O. Box 790408

City St. Louis State MO Zip Code 63179-0408

Purpose of Disbursement Credit Card Payment - See Below:

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify)

State: District:

Date of Disbursement: 11 / 04 / 2014

Amount of Each Disbursement this Period: 115.00

Transaction ID : SB17.11798

**C. ConstantContact**

Full Name (Last, First, Middle Initial)  
Mailing Address 1601 Trapelo Road

City Waltham State MA Zip Code 02451

Purpose of Disbursement Email Services

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify)

State: District:

Date of Disbursement: 11 / 04 / 2014

Amount of Each Disbursement this Period: 55.00

Transaction ID : SB17.11798.0

[MEMO ITEM]

**SUBTOTAL** of Disbursements This Page (optional) ..... 402.00

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



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 25 OF 41	
	<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. Singh Taxi</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 04 / 2014
Mailing Address 908 Strong St		Amount of Each Disbursement this Period 60.00
City Schenectady	State NY	
Zip Code 12307	Purpose of Disbursement Transportation	Transaction ID : SB17.11798.1
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Challenge Coins Limited</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 15 / 2014
Mailing Address 100 Old Cherokee Road		Amount of Each Disbursement this Period 909.00
City Lexington	State SC	
Zip Code 29072	Purpose of Disbursement Printed Coins	Transaction ID : SB17.11811
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Cherokee Scout</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 23 / 2014
Mailing Address P.O. Box 190		Amount of Each Disbursement this Period 1116.00
City Murphy	State NC	
Zip Code 28906	Purpose of Disbursement Advertising	Transaction ID : SB17.11752
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).....	2025.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 OF 41			
	<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. CM&amp;CO, LLC</b>			Date of Disbursement M M / D D / Y Y Y Y 11 / 06 / 2014
Mailing Address PO Box 97275			Amount of Each Disbursement this Period 2590.12 <b>Transaction ID : SB17.11801</b>
City Raleigh	State NC	Zip Code 27624	
Purpose of Disbursement Accounting Services		Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:			

Full Name (Last, First, Middle Initial) <b>B. Hendersonville Times News</b>			Date of Disbursement M M / D D / Y Y Y Y 10 / 24 / 2014
Mailing Address 106 Henderson Crossing Plaza			Amount of Each Disbursement this Period 1238.40 <b>Transaction ID : SB17.11755</b>
City Hendersonville	State NC	Zip Code 28792	
Purpose of Disbursement Advertising		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. Hickory Daily Record</b>			Date of Disbursement M M / D D / Y Y Y Y 10 / 27 / 2014
Mailing Address 1100 11th Ave Blvd SE			Amount of Each Disbursement this Period 800.00 <b>Transaction ID : SB17.11757</b>
City Hickory	State NC	Zip Code 28602	
Purpose of Disbursement Advertising		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).....	4628.52
<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 41	
	<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 Garden Inn</b>		Date of Disbursement M M / D D / Y Y Y Y <b>10 / 31 / 2014</b>
Mailing Address <b>1325 Creekshire Way</b>		Amount of Each Disbursement this Period <b>201.82</b> <b>Transaction ID : SB17.11762</b>
City <b>Winston-Salem</b>	State <b>NC</b>	
Zip Code <b>27103</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 Gift Shop</b>		Date of Disbursement M M / D D / Y Y Y Y <b>11 / 07 / 2014</b>
Mailing Address <b>First St SE</b>		Amount of Each Disbursement this Period <b>385.10</b> <b>Transaction ID : SB17.11806</b>
City <b>Washington</b>	State <b>DC</b>	
Zip Code <b>20004</b>	Purpose of Disbursement <b>Paper Supplies, Office Supplies</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. Wayne King</b>		Date of Disbursement M M / D D / Y Y Y Y <b>11 / 06 / 2014</b>
Mailing Address <b>PO Box 944</b>		Amount of Each Disbursement this Period <b>450.24</b> <b>Transaction ID : SB17.11824</b>
City <b>Kings Mountain</b>	State <b>NC</b>	
Zip Code <b>28086</b>	Purpose of Disbursement <b>Mileage</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>1037.16</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 28 OF 41			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

Full Name (Last, First, Middle Initial) <b>A. Barbara P McCollum</b>		Date of Disbursement M M / D D / Y Y Y Y <b>10 / 31 / 2014</b>
Mailing Address 531 Ballantyne Common Cir		Amount of Each Disbursement this Period <b>481.28</b>
City Hendersonville State NC Zip Code 28792	Purpose of Disbursement Salary	
Candidate Name	Category/Type	<b>Transaction ID : SB17.11766</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. Morganton Motown Deli</b>		Date of Disbursement M M / D D / Y Y Y Y <b>10 / 16 / 2014</b>
Mailing Address 112 W Union St		Amount of Each Disbursement this Period <b>254.11</b>
City Morganton State NC Zip Code 28655	Purpose of Disbursement Food/Beverage	
Candidate Name	Category/Type	<b>Transaction ID : SB17.11729</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. Mountaineer</b>		Date of Disbursement M M / D D / Y Y Y Y <b>10 / 24 / 2014</b>
Mailing Address 220 N Main St		Amount of Each Disbursement this Period <b>803.25</b>
City Waynesville State NC Zip Code 28786	Purpose of Disbursement Advertising	
Candidate Name	Category/Type	<b>Transaction ID : SB17.11753</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).....	<b>1538.64</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 29 OF 41	
	<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. North Carolina Christmas Tree Association</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 20 / 2014
Mailing Address PO Box 1937		Amount of Each Disbursement this Period 350.00 <b>Transaction ID : SB17.11815</b>
City Boone	State NC	
Zip Code 28607	Purpose of Disbursement Donation	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. Robert W. Penland</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 06 / 2014
Mailing Address P.O. Box 777		Amount of Each Disbursement this Period 3249.12 <b>Transaction ID : SB17.11823</b>
City Enka	State NC	
Zip Code 28728	Purpose of Disbursement Field Representative, Mileage	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. Red Dome Group</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 17 / 2014
Mailing Address 15511 Brittle Ridge Dr		Amount of Each Disbursement this Period 8732.55 <b>Transaction ID : SB17.11733</b>
City Huntersville	State NC	
Zip Code 28078	Purpose of Disbursement Online Services, Mercchant Fees, Website	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).....	12331.67
<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 41	
	<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. Red Dome Group</b>		Date of Disbursement M M / D D / Y Y Y Y <b>11 / 03 / 2014</b>
Mailing Address 15511 Britley Ridge Dr		Amount of Each Disbursement this Period <b>6079.45</b>
City Huntersville	State NC	
Zip Code 28078	Purpose of Disbursement Online Services, Merchant Services, Advertising, Email Services	<b>Transaction ID : SB17.11792</b>
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. RedPledge</b>		Date of Disbursement M M / D D / Y Y Y Y <b>11 / 04 / 2014</b>
Mailing Address 4400 North Point Parkway		Amount of Each Disbursement this Period <b>109.59</b>
City Alpharetta	State GA	
Zip Code 30022	Purpose of Disbursement Merchant Services	<b>Transaction ID : SB17.11797</b>
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Smoky Mountain News</b>		Date of Disbursement M M / D D / Y Y Y Y <b>10 / 21 / 2014</b>
Mailing Address PO Box 629		Amount of Each Disbursement this Period <b>396.00</b>
City Waynesville	State NC	
Zip Code 28789	Purpose of Disbursement Advertising	<b>Transaction ID : SB17.11744</b>
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).....	<b>6585.04</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 31 OF 41			
	<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 Catalyst Group RW, LLC</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 06 / 2014
Mailing Address 600 Pennsylvania Ave SE, STE 330		Amount of Each Disbursement this Period 2000.00 <b>Transaction ID : SB17.11802</b>
City Washington State DC Zip Code 20003	Purpose of Disbursement Advertising Production	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. The Stoneridge Group, LLC</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 31 / 2014
Mailing Address 4400 North Point Parkway Suite 190		Amount of Each Disbursement this Period 500.00 <b>Transaction ID : SB17.11764</b>
City Alpharetta State GA Zip Code 30022	Purpose of Disbursement Online Services	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. The Stoneridge Group, LLC</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 03 / 2014
Mailing Address 4400 North Point Parkway Suite 190		Amount of Each Disbursement this Period 19.95 <b>Transaction ID : SB17.11788</b>
City Alpharetta State GA Zip Code 30022	Purpose of Disbursement Online Services	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2519.95
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 OF 41			
	<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. US Airways</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 16 / 2014
Mailing Address 4000 E. Sky Harbor Blvd		Amount of Each Disbursement this Period 365.70
City Phoenix	State AZ	
Zip Code 85034	Purpose of Disbursement Airfare	<b>Transaction ID : SB17.11731</b>
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. US Airways</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 16 / 2014
Mailing Address 4000 E. Sky Harbor Blvd		Amount of Each Disbursement this Period 365.70
City Phoenix	State AZ	
Zip Code 85034	Purpose of Disbursement Airfare	<b>Transaction ID : SB17.11732</b>
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. US Airways</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 23 / 2014
Mailing Address 4000 E. Sky Harbor Blvd		Amount of Each Disbursement this Period 200.00
City Phoenix	State AZ	
Zip Code 85034	Purpose of Disbursement Airfare	<b>Transaction ID : SB17.11748</b>
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).....	931.40
<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 41			
	<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. US Airways</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 23 / 2014
Mailing Address 4000 E. Sky Harbor Blvd		Amount of Each Disbursement this Period 200.00 <b>Transaction ID : SB17.11749</b>
City Phoenix	State AZ	
Zip Code 85034	Purpose of Disbursement Airfare	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. US Airways</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 23 / 2014
Mailing Address 4000 E. Sky Harbor Blvd		Amount of Each Disbursement this Period 341.00 <b>Transaction ID : SB17.11750</b>
City Phoenix	State AZ	
Zip Code 85034	Purpose of Disbursement Airfare	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. US Airways</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 23 / 2014
Mailing Address 4000 E. Sky Harbor Blvd		Amount of Each Disbursement this Period 341.00 <b>Transaction ID : SB17.11751</b>
City Phoenix	State AZ	
Zip Code 85034	Purpose of Disbursement Airfare	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).....	882.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 OF 41		
	<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 <b>10 / 20 / 2014</b>
Mailing Address <b>675 South 4th Street</b>		Amount of Each Disbursement this Period <b>196.00</b> <b>Transaction ID : SB17.11734</b>
City <b>Highlands</b>	State <b>NC</b>	
Zip Code <b>28741</b>	Purpose of Disbursement <b>Postage</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. USPS</b>		Date of Disbursement M M / D D / Y Y Y Y <b>10 / 20 / 2014</b>
Mailing Address <b>675 South 4th Street</b>		Amount of Each Disbursement this Period <b>588.00</b> <b>Transaction ID : SB17.11737</b>
City <b>Highlands</b>	State <b>NC</b>	
Zip Code <b>28741</b>	Purpose of Disbursement <b>Postage</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. USPS</b>		Date of Disbursement M M / D D / Y Y Y Y <b>10 / 21 / 2014</b>
Mailing Address <b>675 South 4th Street</b>		Amount of Each Disbursement this Period <b>98.00</b> <b>Transaction ID : SB17.11742</b>
City <b>Highlands</b>	State <b>NC</b>	
Zip Code <b>28741</b>	Purpose of Disbursement <b>Postage</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>882.00</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 35 OF 41	
	<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 <b>10 / 21 / 2014</b>
Mailing Address <b>675 South 4th Street</b>		Amount of Each Disbursement this Period <b>294.00</b>
City <b>Highlands</b>	State <b>NC</b>	
Zip Code <b>28741</b>	Purpose of Disbursement <b>Postage</b>	<b>Transaction ID : SB17.11743</b>
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. USPS</b>		Date of Disbursement M M / D D / Y Y Y Y <b>10 / 23 / 2014</b>
Mailing Address <b>675 South 4th Street</b>		Amount of Each Disbursement this Period <b>3.92</b>
City <b>Highlands</b>	State <b>NC</b>	
Zip Code <b>28741</b>	Purpose of Disbursement <b>Postage</b>	<b>Transaction ID : SB17.11747</b>
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Verizon Wireless</b>		Date of Disbursement M M / D D / Y Y Y Y <b>11 / 03 / 2014</b>
Mailing Address <b>P.O. Box 660108</b>		Amount of Each Disbursement this Period <b>259.71</b>
City <b>Dallas</b>	State <b>TX</b>	
Zip Code <b>75266</b>	Purpose of Disbursement <b>Phone Services</b>	<b>Transaction ID : SB17.11793</b>
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).....	<b>557.63</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 36 OF 41	
	<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. WNC Agricultural Center</b>		Date of Disbursement M M / D D / Y Y Y Y <b>10 / 31 / 2014</b>
Mailing Address 1301 Fanning Bridge Rd		Amount of Each Disbursement this Period <b>792.00</b>
City Fletcher	State NC Zip Code 28732	
Purpose of Disbursement Site Fee, Catering	Candidate Name	<b>Transaction ID : SB17.11765</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) <b>B. WNC Agricultural Center</b>		Date of Disbursement M M / D D / Y Y Y Y <b>11 / 18 / 2014</b>
Mailing Address 1301 Fanning Bridge Rd		Amount of Each Disbursement this Period <b>212.00</b>
City Fletcher	State NC Zip Code 28732	
Purpose of Disbursement Site Fee	Candidate Name	<b>Transaction ID : SB17.11813</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) <b>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	Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>1004.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	<b>36034.13</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 37 OF 41	
	<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 M M / D D / Y Y Y Y <b>11 / 06 / 2014</b>
Mailing Address PO Box 811		Amount of Each Disbursement this Period <b>4000.00</b>
City Hendersonville State NC Zip Code 28793-0811	Purpose of Disbursement Loan Repayment	
Candidate Name	Category/Type	<b>Transaction ID : SB19A.11819</b>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: 11	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

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	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) <b>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	
Candidate Name	Category/Type	
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)	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>4000.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	<b>4000.00</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 38 OF 41			
	<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. CARLOS CURBELO CONGRESS</b>		Date of Disbursement M M / D D / Y Y Y Y <b>10 / 17 / 2014</b>
Mailing Address <b>8770 SUNSET DRIVE #355</b>		Amount of Each Disbursement this Period <b>1000.00</b>
City <b>MIAMI</b> State <b>FL</b> Zip Code <b>33173</b>	Purpose of Disbursement Contribution	Transaction ID : <b>SB21.11774</b>
Candidate Name <b>CARLOS CURBELO</b>	Category/Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: <b>FL</b> District: <b>26</b>		

Full Name (Last, First, Middle Initial) <b>B. CARR FOR CONGRESS</b>		Date of Disbursement M M / D D / Y Y Y Y <b>10 / 17 / 2014</b>
Mailing Address <b>525 E SEASIDE WAY #101-C</b>		Amount of Each Disbursement this Period <b>1000.00</b>
City <b>LONG BEACH</b> State <b>CA</b> Zip Code <b>90802</b>	Purpose of Disbursement Contribution	Transaction ID : <b>SB21.11775</b>
Candidate Name <b>ELAN S CARR</b>	Category/Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: <b>CA</b> District: <b>33</b>		

Full Name (Last, First, Middle Initial) <b>C. COAKLEY FOR CONGRESS ELECTION COMMITTEE</b>		Date of Disbursement M M / D D / Y Y Y Y <b>10 / 27 / 2014</b>
Mailing Address <b>5806 HIGHLAND SHOPPES DRIVE SUITE A-2-129</b>		Amount of Each Disbursement this Period <b>500.00</b>
City <b>CHARLOTTE</b> State <b>NC</b> Zip Code <b>28269</b>	Purpose of Disbursement Contribution	Transaction ID : <b>SB21.11781</b>
Candidate Name <b>VINCE COAKLEY</b>	Category/Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: <b>NC</b> District: <b>12</b>		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>2500.00</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 39 OF 41
	<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. FRIENDS OF NAN HAYWORTH</b>		Date of Disbursement M M / D D / Y Y Y Y <b>10 / 17 / 2014</b>
Mailing Address <b>P.O. BOX 394</b>		Amount of Each Disbursement this Period <b>1000.00</b>
City <b>FISHKILL</b>	State <b>NY</b>	Zip Code <b>12524</b>
Purpose of Disbursement Contribution	Category/Type	<b>Transaction ID : SB21.11771</b>
Candidate Name <b>NAN HAYWORTH</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)
State: <b>NY</b>	District: <b>18</b>	

Full Name (Last, First, Middle Initial) <b>B. Henderson County Republican Party</b>		Date of Disbursement M M / D D / Y Y Y Y <b>11 / 19 / 2014</b>
Mailing Address <b>P.O. Box 2552</b>		Amount of Each Disbursement this Period <b>3475.00</b>
City <b>Hendersonville</b>	State <b>NC</b>	Zip Code <b>28793</b>
Purpose of Disbursement Non-Federal Contribution	Category/Type	<b>Transaction ID : SB21.11820</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. MCSALLY FOR CONGRESS</b>		Date of Disbursement M M / D D / Y Y Y Y <b>10 / 17 / 2014</b>
Mailing Address <b>PO BOX 19128</b>		Amount of Each Disbursement this Period <b>1000.00</b>
City <b>TUCSON</b>	State <b>AZ</b>	Zip Code <b>85731</b>
Purpose of Disbursement Contribution	Category/Type	<b>Transaction ID : SB21.11770</b>
Candidate Name <b>MARTHA E MCSALLY</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)
State: <b>AZ</b>	District: <b>02</b>	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>5475.00</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 40 OF 41	
	<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. ZINKE FOR CONGRESS</b>		Date of Disbursement M M / D D / Y Y Y Y <b>10 / 17 / 2014</b>
Mailing Address <b>PO BOX 1596</b>		Amount of Each Disbursement this Period <b>1000.00</b> <b>Transaction ID : SB21.11778</b>
City <b>HELENA</b> State <b>MT</b> Zip Code <b>59624</b>	Purpose of Disbursement Contribution	
Candidate Name <b>RYAN K ZINKE</b>	Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: <b>MT</b> District: <b>01</b>		

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	
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	
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>1000.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	<b>8975.00</b>



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

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

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

Original Amount of Loan 250000.00	Cumulative Payment To Date 37500.00	Balance Outstanding at Close of This Period 212500.00
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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: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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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).....	▶	212500.00
<b>TOTALS</b> This Period (last page in this line only).....	▶	212500.00

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