



**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))....	41390.83	101403.00
(b) Total Contribution Refunds (from Line 20(d)) .....	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	41390.83	101403.00
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17) .....	9617.18	87874.32
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	9617.18	87874.32
8. Cash on Hand at Close of Reporting Period (from Line 27).....	39614.04	
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).....	251500.00	

**For further information contact:**

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

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

**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3 (Revised 12/2003)

Write or Type Committee Name

**Meadows for Congress**

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

<b>I. RECEIPTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Election Cycle-to-Date</b>
<b>11. CONTRIBUTIONS (other than loans) FROM:</b>		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	6350.00	22950.00
(ii) Unitemized.....	885.00	1160.00
(iii) TOTAL of contributions from individuals ▶	7235.00	24110.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	34155.83	76493.00
(d) The Candidate.....	0.00	800.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	41390.83	101403.00
<b>12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES .....</b>	0.00	3267.28
<b>13. LOANS:</b>		
(a) Made or Guaranteed by the Candidate.....	0.00	2500.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0.00	2500.00
<b>14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) .....</b>	0.00	0.00
<b>15. OTHER RECEIPTS (Dividends, Interest, etc.).....</b>	0.00	71.30
<b>16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶</b>	41390.83	107241.58

**DETAILED SUMMARY PAGE**  
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	9617.18	87874.32
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES .....	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans .....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	0.00
21. OTHER DISBURSEMENTS .....	0.00	13000.00
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ►	9617.18	100874.32

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	7840.39
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	41390.83
25. SUBTOTAL (add Line 23 and Line 24).....	49231.22
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	9617.18
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	39614.04

**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 5 OF 26
	<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)  
**Robert D Baber**

Mailing Address 5057 Lighthouse Court

City Morganton State NC Zip Code 28655

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

Name of Employer Baber Turnaround Consulting Occupation Economic Consultant

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **600.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**05 / 31 / 2013**

**Transaction ID : SA11AI.8979**

Amount of Each Receipt this Period  
**100.00**

**B.** Full Name (Last, First, Middle Initial)  
**Kermit Banks**

Mailing Address 955 Blankenship Creek Road

City Burnsville State NC Zip Code 28714

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 **500.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**04 / 03 / 2013**

**Transaction ID : SA11AI.8875**

Amount of Each Receipt this Period  
**500.00**

**C.** Full Name (Last, First, Middle Initial)  
**William R. Banks**

Mailing Address P.O. Box 1037

City Burnsville State NC Zip Code 28714

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

Name of Employer Banco Company Occupation Self-Employed

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **750.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**04 / 03 / 2013**

**Transaction ID : SA11AI.8887**

Amount of Each Receipt this Period  
**500.00**

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

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

**1100.00**

**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 6 OF 26
	<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)  
**George Alexander Bernhardt**

Mailing Address P.O. Box 740

City Lenoir State NC Zip Code 28645

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

Name of Employer Bernhardt Furniture Company Occupation Furniture Manufacturer

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  
**06 / 04 / 2013**

**Transaction ID : SA11AI.8975**

Amount of Each Receipt this Period  
**1000.00**

**B.** Full Name (Last, First, Middle Initial)  
**John T. Branstrom**

Mailing Address 225 West Union Street

City Morganton State NC Zip Code 28655

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

Name of Employer Self-Employed Occupation Insurance Agent

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**05 / 31 / 2013**

**Transaction ID : SA11AI.8980**

Amount of Each Receipt this Period  
**250.00**

**C.** Full Name (Last, First, Middle Initial)  
**Elizabeth Proctor Gaither**

Mailing Address 5446 Harris Farm Road

City Hickory State NC Zip Code 28602

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

Name of Employer United Beverages of NC Occupation Assistant Controller

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  
**06 / 04 / 2013**

**Transaction ID : SA11AI.8977**

Amount of Each Receipt this Period  
**500.00**

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

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

**1750.00**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 26
	<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)  
**Laura T. Gutman**

Mailing Address 310 Watts Street

City State Zip Code  
Durham NC 27701

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

Name of Employer Occupation  
Self-Employed Physician

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 06 / 17 / 2013

**Transaction ID : SA11AI.8998**

Amount of Each Receipt this Period  
250.00

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

Mailing Address P.O. Box 1147

City State Zip Code  
Cullowhee NC 28723

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

Name of Employer Occupation  
N/A Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 04 / 27 / 2013

**Transaction ID : SA11AI.8946**

Amount of Each Receipt this Period  
500.00

**C.** Full Name (Last, First, Middle Initial)  
**William Douglas McClurd**

Mailing Address 1008 NC Hwy 126

City State Zip Code  
Morganton NC 28655

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

Name of Employer Occupation  
Fairfield Chair Manager

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 05 / 31 / 2013

**Transaction ID : SA11AI.8973**

Amount of Each Receipt this Period  
250.00

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

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

1000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 26
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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

**A.** Full Name (Last, First, Middle Initial)  
**James Phillips**

Mailing Address 220 Sheppard Way

City Burnsville State NC Zip Code 28714

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

Name of Employer Occupation  
Bryant & Young Lumber Company Vice President

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 04 / 03 / 2013

**Transaction ID : SA11AI.8888**

Amount of Each Receipt this Period  
 1000.00

**B.** Full Name (Last, First, Middle Initial)  
**Virginia Smith**

Mailing Address 1437 Shortoff Road

City Highlands State NC Zip Code 28741

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

Name of Employer Occupation  
N/A Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 05 / 28 / 2013

**Transaction ID : SA11AI.8972**

Amount of Each Receipt this Period  
 1000.00

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

Mailing Address 109 Laurel Street

City Burnsville State NC Zip Code 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

Date of Receipt  
 M M / D D / Y Y Y Y  
 04 / 03 / 2013

**Transaction ID : SA11AI.8886**

Amount of Each Receipt this Period  
 500.00

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

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

2500.00

6350.00



**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 26
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

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

Mailing Address 1120 CONNECTICUT AVENUE NW  
SUITE 600

City WASHINGTON State DC Zip Code 20036

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

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
06 / 27 / 2013

**Transaction ID : SA11C.9005**

Amount of Each Receipt this Period  
1000.00

**B.** Full Name (Last, First, Middle Initial)  
**AMERICAN SHORT LINE AND REGIONAL RAILROAD ASSOCIATION - POLITICAL ACTION CMTE (ASLRRRA-PAC)**

Mailing Address 50 F STREET NW  
SUITE 7020

City WASHINGTON State DC Zip Code 20001

FEC ID number of contributing federal political committee. **C** C00298190

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  
06 / 12 / 2013

**Transaction ID : SA11C.9001**

Amount of Each Receipt this Period  
1000.00

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

Mailing Address 1310 G STREET NW

City WASHINGTON State DC Zip Code 20005

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

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
06 / 17 / 2013

**Transaction ID : SA11C.9000**

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

**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 26		
	<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)  
**COMCAST CORPORATION & NBCUNIVERSAL POLITICAL ACTION COMMITTEE - FEDERAL**

Mailing Address **1701 JFK BLVD, 49TH FLOOR**

City State Zip Code  
**PHILADELPHIA PA 19103**

FEC ID number of contributing federal political committee. **C C00248716**

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  
**06 27 2013**

**Transaction ID : SA11C.9004**

Amount of Each Receipt this Period  
**2000.00**

B. Full Name (Last, First, Middle Initial)  
**CSX CORPORATION GOOD GOVERNMENT FUND**

Mailing Address **1331 PENNSYLVANIA AVE, NW, STE 560**

City State Zip Code  
**WASHINGTON DC 20004**

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

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  
**06 27 2013**

**Transaction ID : SA11C.9023**

Amount of Each Receipt this Period  
**1000.00**

C. Full Name (Last, First, Middle Initial)  
**EVERY REPUBLICAN IS CRUCIAL (ERICPAC)**

Mailing Address **25 E MAIN STREET  
SUITE 200**

City State Zip Code  
**RICHMOND VA 23219**

FEC ID number of contributing federal political committee. **C C00384701**

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  
**06 27 2013**

**Transaction ID : SA11C.9007**

Amount of Each Receipt this Period  
**5000.00**

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>8000.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 26
	<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: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 06 / 29 / 2013

**Transaction ID : SA11C.9010**

Amount of Each Receipt this Period  
1000.00

**B.** Full Name (Last, First, Middle Initial)  
**HDR, INC. POLITICAL ACTION COMMITTEE (HDR PAC)**

Mailing Address 8404 INDIAN HILLS DRIVE

City OMAHA State NE Zip Code 66114

FEC ID number of contributing federal political committee. **C C00103903**

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  
 04 / 17 / 2013

**Transaction ID : SA11C.8936**

Amount of Each Receipt this Period  
1000.00

**C.** Full Name (Last, First, Middle Initial)  
**HONEYWELL INTERNATIONAL POLITICAL ACTION COMMITTEE**

Mailing Address 101 CONSTITUTION AVE. NW  
SUITE 500 WEST

City WASHINGTON State DC Zip Code 20001

FEC ID number of contributing federal political committee. **C C00096156**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
3283.36

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 06 / 05 / 2013

**Transaction ID : SA11C.9024**

Amount of Each Receipt this Period  
55.83  
In-kind - Catering/Room Rental

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

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

2055.83

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 26
	<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)  
**HONEYWELL INTERNATIONAL POLITICAL ACTION COMMITTEE**

Mailing Address 101 CONSTITUTION AVE. NW  
SUITE 500 WEST

City WASHINGTON State DC Zip Code 20001

FEC ID number of contributing federal political committee. **C** C00096156

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
4283.36

Date of Receipt  
M M / D D / Y Y Y Y Y  
06 / 17 / 2013

**Transaction ID : SA11C.9003**

Amount of Each Receipt this Period  
1000.00

**B.** Full Name (Last, First, Middle Initial)  
INDEPENDENT INSURANCE AGENTS & BROKERS OF AMERICA, INC. POLITICAL ACTION COMMITTEE (INSURP)

Mailing Address 412 FIRST STREET, SE, SUITE 300

City WASHINGTON State DC Zip Code 20003

FEC ID number of contributing federal political committee. **C** C00022343

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  
06 / 27 / 2013

**Transaction ID : SA11C.9018**

Amount of Each Receipt this Period  
2000.00

**C.** Full Name (Last, First, Middle Initial)  
**LOWE'S COMPANIES, INC. POLITICAL ACTION COMMITTEE**

Mailing Address 1000 LOWE'S BOULEVARD

City MOORESVILLE State NC Zip Code 28117

FEC ID number of contributing federal political committee. **C** C00251751

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  
06 / 27 / 2013

**Transaction ID : SA11C.9014**

Amount of Each Receipt this Period  
1000.00

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

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

4000.00

**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 26
	<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 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  
3500.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
06 / 27 / 2013

**Transaction ID : SA11C.9006**

Amount of Each Receipt this Period  
1000.00

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

Mailing Address 1101 KING STREET  
SUITE 600

City State Zip Code  
ALEXANDRIA VA 22314

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

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  
06 / 18 / 2013

**Transaction ID : SA11C.8993**

Amount of Each Receipt this Period  
2000.00

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

Mailing Address 1850 M STREET, NW  
SUITE 540

City State Zip Code  
WASHINGTON DC 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  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
06 / 18 / 2013

**Transaction ID : SA11C.8995**

Amount of Each Receipt this Period  
1000.00

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

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

4000.00

**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 26
<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 RESTAURANT ASSOCIATION**

Mailing Address 1200 17TH STREET NW #800

City WASHINGTON State DC Zip Code 20036

FEC ID number of contributing federal political committee. **C** C70004700

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
06 / 27 / 2013

**Transaction ID : SA11C.9013**

Amount of Each Receipt this Period  
1000.00

**B.** Full Name (Last, First, Middle Initial)  
**NATIONAL RIFLE ASSOCIATION OF AMERICA POLITICAL VICTORY FUND**

Mailing Address 11250 WAPLES MILL ROAD

City FAIRFAX State VA Zip Code 22030

FEC ID number of contributing federal political committee. **C** C00053553

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
06 / 29 / 2013

**Transaction ID : SA11C.9011**

Amount of Each Receipt this Period  
1000.00

**C.** Full Name (Last, First, Middle Initial)  
**NATIONAL STONE, SAND & GRAVEL ASSOCIATION ROCKPAC**

Mailing Address 1605 KING STREET

City ALEXANDRIA State VA Zip Code 22314

FEC ID number of contributing federal political committee. **C** C00089458

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
06 / 27 / 2013

**Transaction ID : SA11C.9019**

Amount of Each Receipt this Period  
2000.00

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

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

4000.00

**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 26
	<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

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**06 / 29 / 2013**

**Transaction ID : SA11C.9016**

Amount of Each Receipt this Period  
 2000.00

**B.** Full Name (Last, First, Middle Initial)  
**PRICEWATERHOUSECOOPERS POLITICAL ACTION COMMITTEE I**

Mailing Address **1301 K STREET, NW  
SUITE 800W**

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

FEC ID number of contributing federal political committee. **C C00107235**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**04 / 27 / 2013**

**Transaction ID : SA11C.8943**

Amount of Each Receipt this Period  
 2000.00

**C.** Full Name (Last, First, Middle Initial)  
**SAFARI CLUB INTERNATIONAL PAC (SCI-PAC)**

Mailing Address **4800 W. GATES PASS ROAD**

City **TUCSON** State **AZ** Zip Code **85745**

FEC ID number of contributing federal political committee. **C C00122101**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**05 / 02 / 2013**

**Transaction ID : SA11C.8941**

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: PAGE 16 OF 26  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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

**A.** Full Name (Last, First, Middle Initial)  
**THERMO FISHER SCIENTIFIC INC. PAC**

Mailing Address 81 WYMAN STREET  
PO BOX 9046

City State Zip Code  
WALTHAM MA 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  
2000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 27 / 2013

**Transaction ID : SA11C.9021**

Amount of Each Receipt this Period  
2000.00

**B.** Full Name (Last, First, Middle Initial)  
**UNITED TRANSPORTATION UNION POLITICAL ACTION COMMITTEE (UTU PAC)**

Mailing Address 24950 COUNTRY CLUB BLVD, STE 340

City State Zip Code  
NORTH OLMSTED OH 44070

FEC ID number of contributing federal political committee. **C** C00001636

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  
 04 / 25 / 2013

**Transaction ID : SA11C.8939**

Amount of Each Receipt this Period  
1000.00

**C.** Full Name (Last, First, Middle Initial)  
**WINE AND SPIRITS WHOLESALERS OF AMERICA, INC. POLITICAL ACTION COMMITTEE**

Mailing Address 805 FIFTEENTH ST NW SUITE 430

City State Zip Code  
WASHINGTON DC 20005

FEC ID number of contributing federal political committee. **C** C00147173

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  
 06 / 18 / 2013

**Transaction ID : SA11C.8991**

Amount of Each Receipt this Period  
1000.00

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

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

4000.00



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

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

FOR LINE NUMBER: PAGE 17 OF 26  
(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)  
**Yancey County Republican Party**

Mailing Address 280 Fox Hill Road

City Burnsville State NC Zip Code 28714

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

Name of Employer Occupation

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 03 / 2013

**Transaction ID : SA11C.8889**

Amount of Each Receipt this Period  
 100.00

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

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

Amount of Each Receipt this Period

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

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

Amount of Each Receipt this Period

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

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

100.00

34155.83

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 26			
	<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. Cardmember Services</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 09 / 2013
Mailing Address P.O. Box 790408		Amount of Each Disbursement this Period 3761.69
City St. Louis	State MO	
Zip Code 63179-0408		Transaction ID : SB17.8914
Purpose of Disbursement Credit Card Charges - see itemization	Category/ Type 001	
Candidate Name <b>Meadows for Congress</b>		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: NC	District: 11	

Full Name (Last, First, Middle Initial) <b>B. Capitol Host</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 09 / 2013
Mailing Address Room B-339B, Rayburn House		Amount of Each Disbursement this Period 1122.73
City Washington	State DC	
Zip Code 20515		Transaction ID : SB17.8914.0 [MEMO ITEM]
Purpose of Disbursement Catering	Category/ Type 001	
Candidate Name <b>Meadows for Congress</b>		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: NC	District: 11	

Full Name (Last, First, Middle Initial) <b>c. Junior League of Raleigh</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 09 / 2013
Mailing Address P.O. Box 26821		Amount of Each Disbursement this Period 700.00
City Raleigh	State NC	
Zip Code 27611		Transaction ID : SB17.8914.2 [MEMO ITEM]
Purpose of Disbursement Membership Dues	Category/ Type 001	
Candidate Name <b>Meadows for Congress</b>		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: NC	District: 11	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	3761.69
<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 19 OF 26			
	<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. Congressional Institute</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 09 / 2013
Mailing Address 1700 Diagonal Road, #730		Amount of Each Disbursement this Period 1689.00
City Alexandria State VA Zip Code 22314	Purpose of Disbursement Retreat	Transaction ID : SB17.8914.5
Candidate Name <b>Meadows for Congress</b>	Category/Type 001	[MEMO ITEM]
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: 11	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) <b>B. Cardmember Services</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 13 / 2013
Mailing Address P.O. Box 790408		Amount of Each Disbursement this Period 1104.38
City St. Louis State MO Zip Code 63179-0408	Purpose of Disbursement Credit Card charges - itemization below	Transaction ID : SB17.8956
Candidate Name <b>Meadows for Congress</b>	Category/Type 001	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: 11	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) <b>c. Paradigm</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 13 / 2013
Mailing Address 1415 N. Taft Street, #100		Amount of Each Disbursement this Period 475.00
City Arlington State VA Zip Code 22201	Purpose of Disbursement Storage	Transaction ID : SB17.8956.3
Candidate Name <b>Meadows for Congress</b>	Category/Type 001	[MEMO ITEM]
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: 11	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1104.38
<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 20 OF 26			
	<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. U-Haul</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 13 / 2013
Mailing Address 6247 Georgia Road		Amount of Each Disbursement this Period 450.67
City Franklin	State NC Zip Code 28734	
Purpose of Disbursement Moving	Category/Type 001	<b>Transaction ID : SB17.8956.5</b>  <b>[MEMO ITEM]</b>
Candidate Name <b>Meadows for Congress</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: NC District: 11		

Full Name (Last, First, Middle Initial) <b>B. EC Consulting</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 10 / 2013
Mailing Address 526 6th Street SE		Amount of Each Disbursement this Period 1954.64
City Washington	State DC Zip Code 20003	
Purpose of Disbursement Consultant	Category/Type 003	<b>Transaction ID : SB17.8935</b>
Candidate Name <b>Meadows for Congress</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: NC District: 11		

Full Name (Last, First, Middle Initial) <b>c. EC Consulting</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 28 / 2013
Mailing Address 526 6th Street SE		Amount of Each Disbursement this Period 1000.00
City Washington	State DC Zip Code 20003	
Purpose of Disbursement Consultant	Category/Type 003	<b>Transaction ID : SB17.8971</b>
Candidate Name <b>Meadows for Congress</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: NC District: 11		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2954.64
<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 21 OF 26	
	<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. HONEYWELL INTERNATIONAL POLITICAL ACTION COMMITTEE</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 05 / 2013
Mailing Address 101 CONSTITUTION AVE. NW SUITE 500 WEST		Amount of Each Disbursement this Period 55.83 <b>Transaction ID : SB17.9025</b>
City WASHINGTON State DC Zip Code 20001	Purpose of Disbursement In-kind - Catering/Room Rental Category/Type 003	
Candidate Name <b>Meadows for Congress</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: NC District: 11		

Full Name (Last, First, Middle Initial) <b>B. Merchant Bankcard</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 04 / 2013
Mailing Address 12202 Airport Way, Ste 100		Amount of Each Disbursement this Period 9.71 <b>Transaction ID : SB17.9040</b>
City Broomfield State CO Zip Code 80021	Purpose of Disbursement Credit Card Fee Category/Type 001	
Candidate Name <b>Meadows for Congress</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: NC District: 11		

Full Name (Last, First, Middle Initial) <b>c. Miracle for Mitchell</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 06 / 2013
Mailing Address P.O. Box 220		Amount of Each Disbursement this Period 425.00 <b>Transaction ID : SB17.8949</b>
City Burnsville State NC Zip Code 28714	Purpose of Disbursement Sponsorship Category/Type 001	
Candidate Name <b>Meadows for Congress</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: NC District: 11		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	490.54
<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 22 OF 26	
	<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. QGIV</b>		Date of Disbursement MM / DD / YYYY 04 / 02 / 2013
Mailing Address 53 Lake Morton Drive		Amount of Each Disbursement this Period 14.00 <b>Transaction ID : SB17.8952</b>
City Lakeland	State FL	
Zip Code 33801	Purpose of Disbursement Credit Card Fees	Category/ Type 001
Candidate Name <b>Meadows for Congress</b>		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: NC	District: 11	

Full Name (Last, First, Middle Initial) <b>B. QGIV</b>		Date of Disbursement MM / DD / YYYY 05 / 02 / 2013
Mailing Address 53 Lake Morton Drive		Amount of Each Disbursement this Period 14.00 <b>Transaction ID : SB17.8988</b>
City Lakeland	State FL	
Zip Code 33801	Purpose of Disbursement Credit Card Fee	Category/ Type 001
Candidate Name <b>Meadows for Congress</b>		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: NC	District: 11	

Full Name (Last, First, Middle Initial) <b>C. QGIV</b>		Date of Disbursement MM / DD / YYYY 06 / 04 / 2013
Mailing Address 53 Lake Morton Drive		Amount of Each Disbursement this Period 16.10 <b>Transaction ID : SB17.9041</b>
City Lakeland	State FL	
Zip Code 33801	Purpose of Disbursement Credit Card Fee	Category/ Type 001
Candidate Name <b>Meadows for Congress</b>		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: NC	District: 11	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	44.10
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 OF 26			
	<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. Transfirst</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 30 / 2013
Mailing Address 12202 Airport Way, Ste 100		Amount of Each Disbursement this Period 68.65 <b>Transaction ID : SB17.8987</b>
City Broomfield State CO Zip Code 80021	Purpose of Disbursement Credit Card Fees 001 Category/Type	
Candidate Name Meadows for Congress	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: NC District: 11		

Full Name (Last, First, Middle Initial) <b>B. USPS</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 14 / 2013
Mailing Address 675 South 4th Street		Amount of Each Disbursement this Period 90.00 <b>Transaction ID : SB17.8967</b>
City Highlands State NC Zip Code 28741	Purpose of Disbursement Postage 001 Category/Type	
Candidate Name Meadows for Congress	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: NC District: 11		

Full Name (Last, First, Middle Initial) <b>c. Verizon Wireless</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 23 / 2013
Mailing Address P.O. Box 660108		Amount of Each Disbursement this Period 139.05 <b>Transaction ID : SB17.8938</b>
City Dallas State TX Zip Code 75266	Purpose of Disbursement Telephone 001 Category/Type	
Candidate Name Meadows for Congress	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: NC District: 11		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	297.05
<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 26	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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

Full Name (Last, First, Middle Initial) <b>A. Verizon Wireless</b>		Date of Disbursement MM / DD / YYYY 05 / 28 / 2013
Mailing Address P.O. Box 660108		Amount of Each Disbursement this Period 5,000.00 138.38
City Dallas	State TX	
Zip Code 75266	Purpose of Disbursement Telephone	Transaction ID : SB17.8970
Candidate Name <b>Meadows for Congress</b>	Category/ Type 001	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: NC District: 11		

Full Name (Last, First, Middle Initial) <b>B. Pamela G. Ward</b>		Date of Disbursement MM / DD / YYYY 04 / 07 / 2013
Mailing Address P.O. Box 811		Amount of Each Disbursement this Period 5,000.00 121.00
City Highlands	State NC	
Zip Code 28741	Purpose of Disbursement Compensation - Campaign work	Transaction ID : SB17.8913
Candidate Name <b>Meadows for Congress</b>	Category/ Type 001	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: NC District: 11		

Full Name (Last, First, Middle Initial) <b>c. Pamela G. Ward</b>		Date of Disbursement MM / DD / YYYY 05 / 07 / 2013
Mailing Address P.O. Box 811		Amount of Each Disbursement this Period 5,000.00 264.00
City Highlands	State NC	
Zip Code 28741	Purpose of Disbursement Compensation - Campaign Work	Transaction ID : SB17.8955
Candidate Name <b>Meadows for Congress</b>	Category/ Type 001	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: NC District: 11		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	523.38
<b>TOTAL</b> This Period (last page this line number only).....	9176.43



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

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

FOR LINE NUMBER:  
(check only one)

13a  
 13b

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

Transaction ID : **SC/10.4101**

LOAN SOURCE Full Name (Last, First, Middle Initial)

**[PERSONAL FUNDS]**

Election: 2012

**Mark R Meadows**

Primary

General

Other (specify) ▼

Mailing Address  
P.O. Box 802

City State ZIP Code  
Skyland NC 28776

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

**TERMS**

Date Incurred

Date Due

Interest Rate

Secured:

M 09 /

D 29 /

Y 2011 Y

M /

D /

Y none Y

0.00 % (apr)

Yes

No

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

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

**SUBTOTALS** This Period This Page (optional)..... ▶ 249000.00

**TOTALS** This Period (last page in this line only)..... ▶

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

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

NAME OF COMMITTEE (In Full) **Meadows for Congress** Transaction ID : **SC/10.8934**

**LOAN SOURCE** Full Name (Last, First, Middle Initial) **Mark R Meadows** *[PERSONAL FUNDS]* Election: 2014  
 Primary  
 General  
 Other (specify) ▼

Mailing Address P.O. Box 802  
 City Skyland State NC ZIP Code 28776

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
2500.00	0.00	2500.00

**TERMS**  
 Date Incurred: M 01 / D 09 / Y 2013  
 Date Due: M / D / Y None  
 Interest Rate: 0.00 % (apr)  
 Secured:  Yes  No

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

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

<b>SUBTOTALS</b> This Period This Page (optional).....	▶	2500.00
<b>TOTALS</b> This Period (last page in this line only).....	▶	251500.00

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