

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 3. IS THIS REPORT NEW (N) **OR** AMENDED (A) CITY STATE ZIP CODE STATE ▼ DISTRICT
NC 11

4. **TYPE OF REPORT** (Choose One)
(a) Quarterly Reports:
 April 15 Quarterly Report (Q1)
 July 15 Quarterly Report (Q2)
 October 15 Quarterly Report (Q3)
 January 31 Year-End Report (YE)
 Termination Report (TER)

(b) 12-Day **PRE**-Election Report for the:
 Primary (12P) General (12G) Runoff (12R)
 Convention (12C) Special (12S)
Election on M M / D D / Y Y Y Y in the State of
(c) 30-Day **POST**-Election Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on M M / D D / Y Y Y Y in the State of

5. Covering Period M M / D D / Y Y Y Y through M M / D D / Y Y Y Y
04 / 01 / 2015 through 06 / 30 / 2015

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
07 / 15 / 2015

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

FEC Form 3 (Revised 02/2003)

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))....	103393.96	157097.14
(b) Total Contribution Refunds (from Line 20(d))	0.00	5250.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	103393.96	151847.14
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	38371.95	93490.99
(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)).....	38371.95	93490.99
8. Cash on Hand at Close of Reporting Period (from Line 27).....	200169.47	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	184500.00	

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3 (Revised 12/2003)

Write or Type Committee Name

Meadows for Congress

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

I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
11. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	15260.00	38235.00
(ii) Unitemized.....	45033.86	47785.06
(iii) TOTAL of contributions from individuals ▶	60293.86	86020.06
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	43100.10	71077.08
(d) The Candidate.....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	103393.96	157097.14
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate.....	0.00	0.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0.00	0.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)	0.00	0.00
15. OTHER RECEIPTS (Dividends, Interest, etc.)	0.00	0.00
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶	103393.96	157097.14

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	38371.95	93490.99
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	12000.00	32000.00
(b) Of All Other Loans	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	12000.00	32000.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	5250.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	5250.00
21. OTHER DISBURSEMENTS	3853.25	28378.25
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ▶	54225.20	159119.24

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	151000.71
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	103393.96
25. SUBTOTAL (add Line 23 and Line 24).....	254394.67
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	54225.20
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	200169.47

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: F3N
Transaction ID :

Schedule B includes all required memo entries for reimbursements. All additional reimbursements do not meet the \$200.00 per vendor aggregate threshold.

Form/Schedule:
Transaction ID:

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 60
	<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	

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)
Mike Ain

Mailing Address PO Box 290101

City Nashville State TN Zip Code 37229-0101

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

Name of Employer Asurion Corporation Occupation Attorney

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 30 / 2015

Transaction ID : SA11AI.15905

Amount of Each Receipt this Period
250.00

Earmarked through Senate Conservatives Fund

B. Full Name (Last, First, Middle Initial)
SENATE CONSERVATIVES FUND

Mailing Address PO BOX 388

City ALEXANDRIA State VA Zip Code 22313

FEC ID number of contributing federal political committee. **C** C00448696

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
29575.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 30 / 2015

Transaction ID : SA11AI.15905.0

Amount of Each Receipt this Period
250.00

Total earmarked through conduit. PAC limit not affected.
[MEMO ITEM]

C. Full Name (Last, First, Middle Initial)
Taz L. Anderson Jr.

Mailing Address 2931 Paces Ferry Rd, Ste 150

City Atlanta State GA Zip Code 30339

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

Name of Employer Taz Anderson Realty Occupation Owner

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 30 / 2015

Transaction ID : SA11AI.15917

Amount of Each Receipt this Period
500.00

Earmarked through Senate Conservatives Fund

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

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

750.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 60
	<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)
SENATE CONSERVATIVES FUND

Mailing Address PO BOX 388

City State Zip Code
ALEXANDRIA VA 22313

FEC ID number of contributing federal political committee. **C** C00448696

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
30575.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
06 / 30 / 2015

Transaction ID : SA11AI.15917.0

Amount of Each Receipt this Period
500.00

Total earmarked through conduit. PAC limit not affected.

[MEMO ITEM]

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

Mailing Address 206 Mine Gap Road

City State Zip Code
Flat East Rock NC 28726

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

Name of Employer Occupation
Self-Employed Self-Employed

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
520.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
06 / 20 / 2015

Transaction ID : SA11AI.15541

Amount of Each Receipt this Period
520.00

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

Mailing Address 163 Woodland Hills

City State Zip Code
Sherman TX 75092-6703

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

Name of Employer Occupation
Rgb Eye Associates, Pa Md

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
210.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
06 / 30 / 2015

Transaction ID : SA11AI.16070

Amount of Each Receipt this Period
100.00

Earmarked through Senate Conservatives Fund

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

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

620.00

**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 60
	<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)
SENATE CONSERVATIVES FUND

Mailing Address PO BOX 388

City State Zip Code
ALEXANDRIA VA 22313

FEC ID number of contributing federal political committee. **C** C00448696

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
22900.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
06 / 30 / 2015

Transaction ID : SA11AI.16070.0

Amount of Each Receipt this Period
100.00

Total earmarked through conduit. PAC limit not affected.

[MEMO ITEM]

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

Mailing Address 12021 Theta Road

City State Zip Code
Santa Ana CA 92705

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

Name of Employer Occupation
Freedom Innovations Chairman/CEO

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
04 / 02 / 2015

Transaction ID : SA11AI.13128

Amount of Each Receipt this Period
500.00

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

Mailing Address 2238 Aztec Drive

City State Zip Code
Chico CA 95928

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

Name of Employer Occupation
Cascade Ortho CPA

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
04 / 02 / 2015

Transaction ID : SA11AI.13137

Amount of Each Receipt this Period
500.00

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: PAGE 9 OF 60
(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)
Steven Cowles

Mailing Address 601 N Fairfax St Apt 317

City State Zip Code
Alexandria VA 22314-2079

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

Name of Employer Occupation
Cowles Parkway Ford Auto Dealer

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 30 / 2015

Transaction ID : SA11AI.16174

Amount of Each Receipt this Period
250.00

Earmarked through Senate Conservatives Fund

B. Full Name (Last, First, Middle Initial)
SENATE CONSERVATIVES FUND

Mailing Address PO BOX 388

City State Zip Code
ALEXANDRIA VA 22313

FEC ID number of contributing federal political committee. **C** C00448696

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
29325.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 30 / 2015

Transaction ID : SA11AI.16174.0

Amount of Each Receipt this Period
250.00

Total earmarked through conduit. PAC limit not affected.
[MEMO ITEM]

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

Mailing Address 825 N. Hammond Ferry Road
Suite D

City State Zip Code
Linthicum Heights MD 21090

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

Name of Employer Occupation
Dankmeyer, Inc. Prosthetist/Orthotist

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 02 / 2015

Transaction ID : SA11AI.13135

Amount of Each Receipt this Period
500.00

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

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

750.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 60
	<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)
Joseph Douek

Mailing Address 298 5th Avenue

City State Zip Code
New York NY 10001

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

Name of Employer Occupation
Willoughby's CEO

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 07 / 2015

Transaction ID : SA11AI.13226

Amount of Each Receipt this Period
1000.00

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

Mailing Address 853 97th Ave SE

City State Zip Code
Bellevue WA 98004-6752

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

Name of Employer Occupation
Retired Retired

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 30 / 2015

Transaction ID : SA11AI.16295

Amount of Each Receipt this Period
250.00

Earmarked through Senate Conservatives Fund

C. Full Name (Last, First, Middle Initial)
SENATE CONSERVATIVES FUND

Mailing Address PO BOX 388

City State Zip Code
ALEXANDRIA VA 22313

FEC ID number of contributing federal political committee. **C** C00448696

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
29075.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 30 / 2015

Transaction ID : SA11AI.16295.0

Amount of Each Receipt this Period
250.00

Total earmarked through conduit. PAC limit not affected.

[MEMO ITEM]

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

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

1250.00

**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 60
	<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)
Elizabeth Ginzel

Mailing Address 732 E. Bluff Street

City State Zip Code
Fort Worth TX 76102

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

Name of Employer Occupation
Baker Orthotics & Prothetics Prosthetist

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 02 / 2015

Transaction ID : SA11AI.13133

Amount of Each Receipt this Period
500.00

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

Mailing Address 6 Grey Haven Drive

City State Zip Code
Mills River NC 28759

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

Name of Employer Occupation
I Buy Homes Real Estate Investor

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
240.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 27 / 2015

Transaction ID : SA11AI.15756

Amount of Each Receipt this Period
240.00

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

Mailing Address 7602 Twisting Creek Lane

City State Zip Code
Ooltewah TN 37363

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

Name of Employer Occupation
Burner Systems International President/CEO

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 21 / 2015

Transaction ID : SA11AI.15497

Amount of Each Receipt this Period
1000.00

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

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

1740.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 60
	<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)
Jim Johnson

Mailing Address **PO Box 1144**

City **Troy** State **MT** Zip Code **59935-1144**

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

Name of Employer **Chlor Rid** Occupation **Marketing**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **220.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
06 / 30 / 2015

Transaction ID : SA11AI.16589

Amount of Each Receipt this Period
200.00

Earmarked through Senate Conservatives Fund

B. Full Name (Last, First, Middle Initial)
SENATE CONSERVATIVES FUND

Mailing Address **PO BOX 388**

City **ALEXANDRIA** State **VA** Zip Code **22313**

FEC ID number of contributing federal political committee. **C C00448696**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **28575.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
06 / 30 / 2015

Transaction ID : SA11AI.16589.0

Amount of Each Receipt this Period
200.00

Total earmarked through conduit. PAC limit not affected.
[MEMO ITEM]

C. Full Name (Last, First, Middle Initial)
Eileen A Levis

Mailing Address **301 Parkway**

City **Point Pleasant Beach** State **NJ** Zip Code **08742**

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

Name of Employer **Pennsylvania Orthotic & Prosth** Occupation **President**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
04 / 10 / 2015

Transaction ID : SA11AI.13153

Amount of Each Receipt this Period
500.00

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

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

700.00

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

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

FOR LINE NUMBER: PAGE 13 OF 60
(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)
Michele E Lieber

Mailing Address 1515 O Street, NW
Apt 206

City Washington State DC Zip Code 20005

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

Name of Employer Ally Occupation Chief Public Policy Officer

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 27 / 2015

Transaction ID : SA11AI.13213

Amount of Each Receipt this Period
 500.00

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

Mailing Address 203 Aqua Cort

City Royal Oak Court State MI Zip Code 48073

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

Name of Employer Wright & Fillippos Occupation Orthotist

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 02 / 2015

Transaction ID : SA11AI.13143

Amount of Each Receipt this Period
 500.00

C. Full Name (Last, First, Middle Initial)
T. Burke McKinney

Mailing Address P.O. Box 3088

City Cashiers State NC Zip Code 28717

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

Name of Employer Retired Occupation Retired

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 28 / 2015

Transaction ID : SA11AI.13231

Amount of Each Receipt this Period
 400.00

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

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

1400.00

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

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

FOR LINE NUMBER: PAGE 14 OF 60
(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)
Michael Park

Mailing Address 2753 N. Quebec Street

City State Zip Code
Arlington VA 22207

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

Name of Employer Occupation
Alston & Bird Attorney

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 02 / 2015

Transaction ID : SA11AI.13132

Amount of Each Receipt this Period
500.00

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

Mailing Address 926 Howard Street

City State Zip Code
San Francisco CA 94103

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

Name of Employer Occupation
LIM Innovations CEO/Co-Founder

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 02 / 2015

Transaction ID : SA11AI.13131

Amount of Each Receipt this Period
500.00

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

Mailing Address PO Box 430

City State Zip Code
Bellaire TX 77402-0430

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

Name of Employer Occupation
Homemaker Homemaker

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 30 / 2015

Transaction ID : SA11AI.16967

Amount of Each Receipt this Period
500.00

Earmarked through Senate Conservatives Fund

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

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

1500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 60
	<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)
SENATE CONSERVATIVES FUND

Mailing Address PO BOX 388

City State Zip Code
ALEXANDRIA VA 22313

FEC ID number of contributing federal political committee. **C** C00448696

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
31075.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 30 / 2015

Transaction ID : SA11AI.16967.0

Amount of Each Receipt this Period
500.00

Total earmarked through conduit. PAC limit not affected.

[MEMO ITEM]

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

Mailing Address 2300 Cecarfield Parkway Apt. 263

City State Zip Code
Henrico VA 23233

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

Name of Employer Occupation
Retired Retired

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 30 / 2015

Transaction ID : SA11AI.16991

Amount of Each Receipt this Period
1000.00

Earmarked through Senate Conservatives Fund

C. Full Name (Last, First, Middle Initial)
SENATE CONSERVATIVES FUND

Mailing Address PO BOX 388

City State Zip Code
ALEXANDRIA VA 22313

FEC ID number of contributing federal political committee. **C** C00448696

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
32075.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 30 / 2015

Transaction ID : SA11AI.16991.0

Amount of Each Receipt this Period
1000.00

Total earmarked through conduit. PAC limit not affected.

[MEMO ITEM]

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

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

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 16 OF 60
	<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)
Richard Riley

Mailing Address 15821 Black Hawk Avenue

City Bakersfield State CA Zip Code 93314

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

Name of Employer Townsend Design Occupation CEO

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 02 / 2015

Transaction ID : SA11AI.13142

Amount of Each Receipt this Period
 500.00

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

Mailing Address 8441 SE 68th St # 217

City Mercer Island State WA Zip Code 98040-5235

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

Name of Employer Homemaker Occupation Homemaker

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 30 / 2015

Transaction ID : SA11AI.17010

Amount of Each Receipt this Period
 250.00

Earmarked through Senate Conservatives Fund

C. Full Name (Last, First, Middle Initial)
SENATE CONSERVATIVES FUND

Mailing Address PO BOX 388

City ALEXANDRIA State VA Zip Code 22313

FEC ID number of contributing federal political committee. **C** C00448696

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 30 / 2015

Transaction ID : SA11AI.17010.0

Amount of Each Receipt this Period
 250.00

Total earmarked through conduit. PAC limit not affected.

[MEMO ITEM]

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

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

750.00

**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 60
(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)
Bradley Ruhl

Mailing Address 9818 Westminster Glen Avenue

City Austin State TX Zip Code 78730

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

Name of Employer Otto Bock Healthcare Occupation VP Sales & Advertising

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 02 / 2015

Transaction ID : SA11AI.13130

Amount of Each Receipt this Period
 500.00

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

Mailing Address 7545 Highland Bluff

City Atlanta State GA Zip Code 30328

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

Name of Employer Keller Williams Realty Occupation Realtor

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 26 / 2015

Transaction ID : SA11AI.15744

Amount of Each Receipt this Period
 360.00

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

Mailing Address 1383 N. Criss Street

City Chandler State AZ Zip Code 85226-1307

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

Name of Employer Retired Occupation Retired

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 30 / 2015

Transaction ID : SA11AI.17095

Amount of Each Receipt this Period
 500.00
 Earmarked through Senate Conservatives Fund

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

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

1360.00

**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 60
	<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)
SENATE CONSERVATIVES FUND

Mailing Address PO BOX 388

City State Zip Code
ALEXANDRIA VA 22313

FEC ID number of contributing federal political committee. **C** C00448696

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
30075.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
06 / 30 / 2015

Transaction ID : SA11AI.17095.0

Amount of Each Receipt this Period
500.00

Total earmarked through conduit. PAC limit not affected.

[MEMO ITEM]

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

Mailing Address 357 Rocky Branch Road

City State Zip Code
Canton NC 28716

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

Name of Employer Occupation
Self-Employed Business Owner

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
400.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
06 / 26 / 2015

Transaction ID : SA11AI.15746

Amount of Each Receipt this Period
400.00

C. Full Name (Last, First, Middle Initial)
Matthew T. Wechtel

Mailing Address 170 Seven Glens Drive

City State Zip Code
Weaverville NC 28787

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

Name of Employer Occupation
NC Farm Bureau Senior Field Adjuster

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
240.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
06 / 26 / 2015

Transaction ID : SA11AI.15753

Amount of Each Receipt this Period
40.00

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

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

440.00

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

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

FOR LINE NUMBER: PAGE 19 OF 60
(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)
Ashlie White

Mailing Address 107 E. Parrish Street
#301

City State Zip Code
Durham NC 27701

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

Name of Employer Occupation
NC Orthotics & Prosthetics Executive

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 02 / 2015

Transaction ID : SA11AI.13141

Amount of Each Receipt this Period
500.00

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

Mailing Address 2380 Canwood Place

City State Zip Code
Macon GA 31220

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

Name of Employer Occupation
Amputee Prosthetix Clinic Certified Prosthetist

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 02 / 2015

Transaction ID : SA11AI.13139

Amount of Each Receipt this Period
1500.00

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).....

2000.00

15260.00

**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 60
	<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

Full Name (Last, First, Middle Initial)
ACTION COMMITTEE FOR RURAL ELECTRIFICATION. (ACRE) NATIONAL RURAL ELECTRIC COOPERATIVE

A. Mailing Address 4301 WILSON BOULEVARD

City State Zip Code
ARLINGTON VA 22203

FEC ID number of contributing federal political committee. **C** C00002972

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)
 Election Cycle-to-Date 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 30 / 2015

Transaction ID : SA11C.15895

Amount of Each Receipt this Period
 1000.00

B. Full Name (Last, First, Middle Initial)
AIRCRAFT OWNERS AND PILOTS ASSOCIATION POLITICAL ACTION COMMITTEE

Mailing Address 421 AVIATION WAY

City State Zip Code
FREDERICK MD 21701

FEC ID number of contributing federal political committee. **C** C00131185

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)
 Election Cycle-to-Date 2000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 01 / 2015

Transaction ID : SA11C.13217

Amount of Each Receipt this Period
 1000.00

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

Mailing Address 1120 CONNECTICUT AVENUE NW
SUITE 600

City State Zip Code
WASHINGTON DC 20036

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

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)
 Election Cycle-to-Date 2000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 30 / 2015

Transaction ID : SA11C.15663

Amount of Each Receipt this Period
 2000.00

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

4000.00

TOTAL 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 21 OF 60
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Meadows for Congress

A. Full Name (Last, First, Middle Initial)
AMERICAN COUNCIL OF ENGINEERING COMPANIES (ACEC/PAC)

Mailing Address 1015 15TH ST. NW
SUITE 802

City WASHINGTON State DC Zip Code 20005

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

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
3000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 18 / 2015

Transaction ID : SA11C.13207

Amount of Each Receipt this Period
2000.00

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

Mailing Address 218 Vincent Pl

City Hendersonville State NC Zip Code 28739

FEC ID number of contributing federal political committee. **C** C00564401

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
350.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 30 / 2015

Transaction ID : SA11C.15723

Amount of Each Receipt this Period
100.00

C. Full Name (Last, First, Middle Initial)
ASSOCIATION OF AMERICAN RAILROADS POLITICAL ACTION COMMITTEE

Mailing Address 425 THIRD STREET SW
SUITE 1000

City WASHINGTON State DC Zip Code 20024

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

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 28 / 2015

Transaction ID : SA11C.13159

Amount of Each Receipt this Period
1000.00

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

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

3100.00

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

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

FOR LINE NUMBER: PAGE 22 OF 60
(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)
BLUEPAC - BLUE CROSS BLUE SHIELD ASSOCIATION PAC

Mailing Address 1310 G STREET NW

City State Zip Code
WASHINGTON DC 20005

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

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 30 / 2015

Transaction ID : SA11C.15894

Amount of Each Receipt this Period
2500.00

B. Full Name (Last, First, Middle Initial)
BNSF RAILWAY COMPANY RAILPAC (BNSF RAILPAC)

Mailing Address P.O. BOX 961039

City State Zip Code
FORT WORTH TX 76161

FEC ID number of contributing federal political committee. **C C00235739**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 10 / 2015

Transaction ID : SA11C.13147

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
BNSF RAILWAY COMPANY RAILPAC (BNSF RAILPAC)

Mailing Address P.O. BOX 961039

City State Zip Code
FORT WORTH TX 76161

FEC ID number of contributing federal political committee. **C C00235739**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
3000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 18 / 2015

Transaction ID : SA11C.13206

Amount of Each Receipt this Period
2000.00

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

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

5500.00

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

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

FOR LINE NUMBER: PAGE 23 OF 60
(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)
CITIZENS UNITED POLITICAL VICTORY FUND

Mailing Address 1006 PENNSYLVANIA AVE SE

City State Zip Code
WASHINGTON DC 20003

FEC ID number of contributing federal political committee. **C C0029527**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 30 / 2015

Transaction ID : SA11C.15664

Amount of Each Receipt this Period
 5000.00

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: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 18 / 2015

Transaction ID : SA11C.13203

Amount of Each Receipt this Period
 2500.00

C. 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: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 30 / 2015

Transaction ID : SA11C.15662

Amount of Each Receipt this Period
 1000.00

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: PAGE 24 OF 60
(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)
FEDEXPAC FEDERAL EXPRESS POLITICAL ACTION COMMITTEE

Mailing Address 942 SOUTH SHADY GROVE ROAD

City State Zip Code
MEMPHIS TN 38120

FEC ID number of contributing federal political committee. **C C00068692**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 09 / 2015

Transaction ID : SA11C.13228

Amount of Each Receipt this Period
 1000.00

B. Full Name (Last, First, Middle Initial)
GENERAL ELECTRIC COMPANY POLITICAL ACTION COMMITTEE (GEPAC)

Mailing Address 1299 PENNSYLVANIA AVE NW
SUITE 900

City State Zip Code
WASHINGTON DC 20004

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

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 10 / 2015

Transaction ID : SA11C.13150

Amount of Each Receipt this Period
 1000.00

C. Full Name (Last, First, Middle Initial)
NATIONAL ASSOCIATION OF POSTAL SUPERVISORS PAC

Mailing Address 1727 KING ST
SUITE 400

City State Zip Code
ALEXANDRIA VA 22311

FEC ID number of contributing federal political committee. **C C00092957**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 29 / 2015

Transaction ID : SA11C.13162

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 25 OF 60
	<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 POSTMASTERS OF THE UNITED STATES (NAPUS PAC)

Mailing Address 8 HERBERT STREET

City State Zip Code
ALEXANDRIA VA 22305

FEC ID number of contributing federal political committee. **C** C00100404

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 10 / 2015

Transaction ID : SA11C.13151

Amount of Each Receipt this Period
1000.00

B. 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: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 30 / 2015

Transaction ID : SA11C.15893

Amount of Each Receipt this Period
2500.00

C. Full Name (Last, First, Middle Initial)
NORFOLK SOUTHERN CORPORATION GOOD GOVERNMENT FUND

Mailing Address ONE CONSTITUTION AVE NE

City State Zip Code
WASHINGTON DC 20002

FEC ID number of contributing federal political committee. **C** C00009282

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 28 / 2015

Transaction ID : SA11C.13158

Amount of Each Receipt this Period
2000.00

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

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

5500.00

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

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

FOR LINE NUMBER: PAGE 26 OF 60
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Meadows for Congress

Full Name (Last, First, Middle Initial)
PHARMACEUTICAL CARE MANAGEMENT ASSOCIATION POLITICAL ACTION COMMITTEE (PCMA PAC)

A. Mailing Address 601 PENNSYLVANIA AVENUE NW STE 740

City State Zip Code
WASHINGTON DC 20004

FEC ID number of contributing federal political committee. **C** C00388819

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)
 Election Cycle-to-Date 2500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 15 / 2015

Transaction ID : SA11C.13202

Amount of Each Receipt this Period
 2500.00

B. Full Name (Last, First, Middle Initial)
SANDLER TRAVIS AND ROSENBERG P.A. POLITICAL ACTION COMMITTEE

Mailing Address 1000 NW 57TH COURT SUITE 600

City State Zip Code
MIAMI FL 33126

FEC ID number of contributing federal political committee. **C** C00409250

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)
 Election Cycle-to-Date 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 10 / 2015

Transaction ID : SA11C.13148

Amount of Each Receipt this Period
 1000.00

C. Full Name (Last, First, Middle Initial)
SENATE CONSERVATIVES FUND

Mailing Address PO BOX 388

City State Zip Code
ALEXANDRIA VA 22313

FEC ID number of contributing federal political committee. **C** C00448696

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)
 Election Cycle-to-Date 5000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 30 / 2015

Transaction ID : SA11C.15724

Amount of Each Receipt this Period
 5000.00

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

8500.00

TOTAL 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: PAGE 27 OF 60
(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)
TEA PARTY LEADERSHIP FUND

Mailing Address 203 S. UNION ST.
SUITE 300

City State Zip Code
ALEXANDRIA VA 22314

FEC ID number of contributing federal political committee. **C C00520825**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
M M / D D / Y Y Y Y Y Y
04 / 08 / 2015

Transaction ID : SA11C.13292

Amount of Each Receipt this Period
0.10

B. 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: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
M M / D D / Y Y Y Y Y Y
06 / 30 / 2015

Transaction ID : SA11C.15665

Amount of Each Receipt this Period
2500.00

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

Mailing Address 600 THIRTEENTH STREET, NW
SUITE 340

City State Zip Code
WASHINGTON DC 20005

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

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
M M / D D / Y Y Y Y Y Y
05 / 18 / 2015

Transaction ID : SA11C.13204

Amount of Each Receipt this Period
2000.00

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

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

4500.10

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

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

FOR LINE NUMBER: PAGE 28 OF 60
(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)
UNITED PARCEL SERVICE INC. PAC

Mailing Address 55 GLENLAKE PARKWAY NE

City ATLANTA State GA Zip Code 30328

FEC ID number of contributing federal political committee. **C** C00064766

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 01 / 2015

Transaction ID : SA11C.13215

Amount of Each Receipt this Period
 500.00

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).....

500.00

43100.10

**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 60			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
Meadows for Congress

Full Name (Last, First, Middle Initial) A. Add A Space			Date of Disbursement M M / D D / Y Y Y Y 04 / 02 / 2015
Mailing Address 4001 ASHEVILLE HWY.			Amount of Each Disbursement this Period 65.00
City HENDERSONVILLE	State NC	Zip Code 28791	
Purpose of Disbursement Storage	Candidate Name		Transaction ID : SB17.13169
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:	Category/Type		

Full Name (Last, First, Middle Initial) B. Add A Space			Date of Disbursement M M / D D / Y Y Y Y 05 / 04 / 2015
Mailing Address 4001 ASHEVILLE HWY.			Amount of Each Disbursement this Period 65.00
City HENDERSONVILLE	State NC	Zip Code 28791	
Purpose of Disbursement Storage	Candidate Name		Transaction ID : SB17.15626
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:	Category/Type		

Full Name (Last, First, Middle Initial) c. Add A Space			Date of Disbursement M M / D D / Y Y Y Y 06 / 02 / 2015
Mailing Address 4001 ASHEVILLE HWY.			Amount of Each Disbursement this Period 65.00
City HENDERSONVILLE	State NC	Zip Code 28791	
Purpose of Disbursement Storage	Candidate Name		Transaction ID : SB17.15802
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:	Category/Type		

SUBTOTAL of Disbursements This Page (optional).....	195.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 OF 60			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
Meadows for Congress

Full Name (Last, First, Middle Initial) A. Amtrak		Date of Disbursement M M / D D / Y Y Y Y 05 / 21 / 2015
Mailing Address 50 Massachusetts Av		Amount of Each Disbursement this Period 554.00
City Washington	State DC	
Zip Code 20002	Purpose of Disbursement Transportation	Transaction ID : SB17.15654
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. Amtrak		Date of Disbursement M M / D D / Y Y Y Y 06 / 25 / 2015
Mailing Address 50 Massachusetts Av		Amount of Each Disbursement this Period 316.00
City Washington	State DC	
Zip Code 20002	Purpose of Disbursement Transportation	Transaction ID : SB17.15867
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. Asheville Rent All		Date of Disbursement M M / D D / Y Y Y Y 06 / 26 / 2015
Mailing Address 1106 Ehndersonville Road		Amount of Each Disbursement this Period 601.88
City Asheville	State NC	
Zip Code 28803	Purpose of Disbursement Event Rentals - Tables, Chairs, Catering Supplies	Transaction ID : SB17.15871
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	1471.88
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 31 OF 60	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Meadows for Congress

Full Name (Last, First, Middle Initial) A. Capital Grille		Date of Disbursement M M / D D / Y Y Y Y 05 / 15 / 2015
Mailing Address 601 Pennsylvania Avenue NW		Amount of Each Disbursement this Period 334.85 Transaction ID : SB17.15639
City Washington State DC Zip Code 20004	Purpose of Disbursement Food/Beverage	
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. Capitol Hill Club		Date of Disbursement M M / D D / Y Y Y Y 04 / 17 / 2015
Mailing Address 300 First Street, SE		Amount of Each Disbursement this Period 59.55 Transaction ID : SB17.13185
City Washington State DC Zip Code 20003	Purpose of Disbursement Food/Beverage	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. Capitol Hill Club		Date of Disbursement M M / D D / Y Y Y Y 06 / 16 / 2015
Mailing Address 300 First Street, SE		Amount of Each Disbursement this Period 48.56 Transaction ID : SB17.15845
City Washington State DC Zip Code 20003	Purpose of Disbursement Food/Beverage	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	442.96
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 OF 60			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
Meadows for Congress

Full Name (Last, First, Middle Initial) A. Capitol Hill Club			Date of Disbursement M M / D D / Y Y Y Y 06 / 24 / 2015
Mailing Address 300 First Street, SE			Amount of Each Disbursement this Period 48.56 Transaction ID : SB17.15863
City Washington	State DC	Zip Code 20003	
Purpose of Disbursement Food/Beverage		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. CM&CO, LLC			Date of Disbursement M M / D D / Y Y Y Y 05 / 18 / 2015
Mailing Address PO Box 97275			Amount of Each Disbursement this Period 4183.99 Transaction ID : SB17.15645
City Raleigh	State NC	Zip Code 27624	
Purpose of Disbursement Accounting Services		Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President			
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		State: District:	

Full Name (Last, First, Middle Initial) C. CM&CO, LLC			Date of Disbursement M M / D D / Y Y Y Y 06 / 24 / 2015
Mailing Address PO Box 97275			Amount of Each Disbursement this Period 623.01 Transaction ID : SB17.15864
City Raleigh	State NC	Zip Code 27624	
Purpose of Disbursement Accounting Services		Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President			
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		State: District:	

SUBTOTAL of Disbursements This Page (optional).....	4855.56
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 OF 60			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
Meadows for Congress

Full Name (Last, First, Middle Initial) A. Del Frisco's		Date of Disbursement M M / D D / Y Y Y Y 05 / 18 / 2015
Mailing Address 1201 Pennsylvania Avenue		Amount of Each Disbursement this Period 639.69 Transaction ID : SB17.15643
City Washington State DC Zip Code 20004	Purpose of Disbursement Food/Beverage	
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. Del Frisco's		Date of Disbursement M M / D D / Y Y Y Y 06 / 22 / 2015
Mailing Address 1201 Pennsylvania Avenue		Amount of Each Disbursement this Period 211.90 Transaction ID : SB17.15852
City Washington State DC Zip Code 20004	Purpose of Disbursement Food/Beverage	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. Delta Airlines		Date of Disbursement M M / D D / Y Y Y Y 04 / 01 / 2015
Mailing Address 1500 MH Jackson Service Rd		Amount of Each Disbursement this Period 267.10 Transaction ID : SB17.13166
City Atlanta State GA Zip Code 30354	Purpose of Disbursement Airfare	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	639.69
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 34 OF 60			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
Meadows for Congress

Full Name (Last, First, Middle Initial) A. Executive Limo			Date of Disbursement M M / D D / Y Y Y Y 06 / 10 / 2015	
Mailing Address 875 Avenue of Americas			Amount of Each Disbursement this Period 266.36	
City New York	State NY	Zip Code 10004	Transaction ID : SB17.15827	
Purpose of Disbursement Transportation		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. Executive Limo			Date of Disbursement M M / D D / Y Y Y Y 06 / 11 / 2015	
Mailing Address 875 Avenue of Americas			Amount of Each Disbursement this Period 149.68	
City New York	State NY	Zip Code 10004	Transaction ID : SB17.15832	
Purpose of Disbursement Transportation		Category/ Type		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) c. Hilton Garden Inn			Date of Disbursement M M / D D / Y Y Y Y 04 / 16 / 2015	
Mailing Address 1325 Creekshire Way			Amount of Each Disbursement this Period 36.00	
City Winston-Salem	State NC	Zip Code 27103	Transaction ID : SB17.13178	
Purpose of Disbursement Travel - Parking		Category/ Type		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

SUBTOTAL of Disbursements This Page (optional).....	452.04
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 35 OF 60	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Meadows for Congress

Full Name (Last, First, Middle Initial) A. Insurance Services of Asheville, Inc.		Date of Disbursement M M / D D / Y Y Y Y 06 / 24 / 2015
Mailing Address 8 Executive Park		Amount of Each Disbursement this Period 822.50 Transaction ID : SB17.15859
City Asheville State NC Zip Code 28801	Purpose of Disbursement Insurance	
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. Landini Brothers Restaurant		Date of Disbursement M M / D D / Y Y Y Y 06 / 29 / 2015
Mailing Address 115 King Street		Amount of Each Disbursement this Period 120.18 Transaction ID : SB17.15879
City Alexandria State VA Zip Code 22314	Purpose of Disbursement Food/Beverage	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. NYC Taxi		Date of Disbursement M M / D D / Y Y Y Y 06 / 08 / 2015
Mailing Address 33 Beaver St		Amount of Each Disbursement this Period 103.61 Transaction ID : SB17.15816
City New York State NY Zip Code 10004	Purpose of Disbursement Transportation	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	1046.29
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 36 OF 60			
	<input checked="" type="checkbox"/> 17 <input type="checkbox"/> 20a	<input type="checkbox"/> 18 <input type="checkbox"/> 20b	<input type="checkbox"/> 19a <input type="checkbox"/> 20c	<input type="checkbox"/> 19b <input type="checkbox"/> 21	

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NAME OF COMMITTEE (In Full)
Meadows for Congress

Full Name (Last, First, Middle Initial) A. NYC Taxi		Date of Disbursement <table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td>06</td> <td></td> <td>10</td> <td></td> <td>2015</td> </tr> </table>	M M	/	D D	/	Y Y Y Y	06		10		2015
M M	/	D D	/	Y Y Y Y								
06		10		2015								
Mailing Address 33 Beaver St		Amount of Each Disbursement this Period <table border="1"> <tr> <td>12.25</td> </tr> </table>	12.25									
12.25												
City New York	State NY	Zip Code 10004										
Purpose of Disbursement Transportation		Transaction ID : SB17.15824										
Candidate Name												
Office Sought:	<table border="1"> <tr> <td><input type="checkbox"/></td> <td>House</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Senate</td> </tr> <tr> <td><input type="checkbox"/></td> <td>President</td> </tr> </table>	<input type="checkbox"/>	House	<input type="checkbox"/>	Senate	<input type="checkbox"/>	President	Disbursement For:				
<input type="checkbox"/>	House											
<input type="checkbox"/>	Senate											
<input type="checkbox"/>	President											
State:	District:	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)										

Full Name (Last, First, Middle Initial) B. Park Lane Hotel		Date of Disbursement <table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td>06</td> <td></td> <td>10</td> <td></td> <td>2015</td> </tr> </table>	M M	/	D D	/	Y Y Y Y	06		10		2015
M M	/	D D	/	Y Y Y Y								
06		10		2015								
Mailing Address 36 Central Park S		Amount of Each Disbursement this Period <table border="1"> <tr> <td>21.60</td> </tr> </table>	21.60									
21.60												
City New York	State NY	Zip Code 10019										
Purpose of Disbursement Food/Beverage		Transaction ID : SB17.15825										
Candidate Name												
Office Sought:	<table border="1"> <tr> <td><input type="checkbox"/></td> <td>House</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Senate</td> </tr> <tr> <td><input type="checkbox"/></td> <td>President</td> </tr> </table>	<input type="checkbox"/>	House	<input type="checkbox"/>	Senate	<input type="checkbox"/>	President	Disbursement For:				
<input type="checkbox"/>	House											
<input type="checkbox"/>	Senate											
<input type="checkbox"/>	President											
State:	District:	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)										

Full Name (Last, First, Middle Initial) C. Park Lane Hotel		Date of Disbursement <table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td>06</td> <td></td> <td>11</td> <td></td> <td>2015</td> </tr> </table>	M M	/	D D	/	Y Y Y Y	06		11		2015
M M	/	D D	/	Y Y Y Y								
06		11		2015								
Mailing Address 36 Central Park S		Amount of Each Disbursement this Period <table border="1"> <tr> <td>1592.84</td> </tr> </table>	1592.84									
1592.84												
City New York	State NY	Zip Code 10019										
Purpose of Disbursement Lodging		Transaction ID : SB17.15833										
Candidate Name												
Office Sought:	<table border="1"> <tr> <td><input type="checkbox"/></td> <td>House</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Senate</td> </tr> <tr> <td><input type="checkbox"/></td> <td>President</td> </tr> </table>	<input type="checkbox"/>	House	<input type="checkbox"/>	Senate	<input type="checkbox"/>	President	Disbursement For:				
<input type="checkbox"/>	House											
<input type="checkbox"/>	Senate											
<input type="checkbox"/>	President											
State:	District:	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)										

SUBTOTAL of Disbursements This Page (optional)	<table border="1"> <tr> <td>1626.69</td> </tr> </table>	1626.69
1626.69		
TOTAL This Period (last page this line number only)	<table border="1"> <tr> <td></td> </tr> </table>	

**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 60			
	<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) A. Robert W. Penland			Date of Disbursement M M / D D / Y Y Y Y 04 / 16 / 2015	
Mailing Address P.O. Box 777			Amount of Each Disbursement this Period 3328.08	
City Enka	State NC	Zip Code 28728	Transaction ID : SB17.13182	
Purpose of Disbursement Management Consulting, 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. Robert W. Penland			Date of Disbursement M M / D D / Y Y Y Y 05 / 18 / 2015	
Mailing Address P.O. Box 777			Amount of Each Disbursement this Period 2852.64	
City Enka	State NC	Zip Code 28728	Transaction ID : SB17.15646	
Purpose of Disbursement Management Consulting, 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) c. Robert W. Penland			Date of Disbursement M M / D D / Y Y Y Y 06 / 24 / 2015	
Mailing Address P.O. Box 777			Amount of Each Disbursement this Period 2909.76	
City Enka	State NC	Zip Code 28728	Transaction ID : SB17.15865	
Purpose of Disbursement Management Consulting, 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: _____			

SUBTOTAL of Disbursements This Page (optional).....	9090.48
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 38 OF 60			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
Meadows for Congress

Full Name (Last, First, Middle Initial) A. Piryx, Inc.		Date of Disbursement MM / DD / YYYY 06 / 17 / 2015
Mailing Address 144 2nd St. 1st Floor		Amount of Each Disbursement this Period 85.10 Transaction ID : SB17.15847
City San Francisco	State CA	
Zip Code 94105	Purpose of Disbursement Merchant Fees	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. Piryx, Inc.		Date of Disbursement MM / DD / YYYY 06 / 18 / 2015
Mailing Address 144 2nd St. 1st Floor		Amount of Each Disbursement this Period 41.40 Transaction ID : SB17.15849
City San Francisco	State CA	
Zip Code 94105	Purpose of Disbursement Merchant Fees	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) C. Piryx, Inc.		Date of Disbursement MM / DD / YYYY 06 / 19 / 2015
Mailing Address 144 2nd St. 1st Floor		Amount of Each Disbursement this Period 94.30 Transaction ID : SB17.15850
City San Francisco	State CA	
Zip Code 94105	Purpose of Disbursement Merchant Fees	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	220.80
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 39 OF 60			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
Meadows for Congress

Full Name (Last, First, Middle Initial) A. Piryx, Inc.			Date of Disbursement M M / D D / Y Y Y Y 06 / 22 / 2015	
Mailing Address 144 2nd St. 1st Floor			Amount of Each Disbursement this Period 43.70	
City San Francisco	State CA	Zip Code 94105	Transaction ID : SB17.15853	
Purpose of Disbursement Merchant Fees		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. Piryx, Inc.			Date of Disbursement M M / D D / Y Y Y Y 06 / 23 / 2015	
Mailing Address 144 2nd St. 1st Floor			Amount of Each Disbursement this Period 13.80	
City San Francisco	State CA	Zip Code 94105	Transaction ID : SB17.15855	
Purpose of Disbursement Merchant Fee		Category/ Type		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: _____	District: _____			

Full Name (Last, First, Middle Initial) C. Piryx, Inc.			Date of Disbursement M M / D D / Y Y Y Y 06 / 24 / 2015	
Mailing Address 144 2nd St. 1st Floor			Amount of Each Disbursement this Period 18.40	
City San Francisco	State CA	Zip Code 94105	Transaction ID : SB17.15857	
Purpose of Disbursement Merchant Fees		Category/ Type		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: _____	District: _____			

SUBTOTAL of Disbursements This Page (optional).....	75.90
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 40 OF 60			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
Meadows for Congress

Full Name (Last, First, Middle Initial) A. Piryx, Inc.		Date of Disbursement M M / D D / Y Y Y Y 06 / 25 / 2015
Mailing Address 144 2nd St. 1st Floor		Amount of Each Disbursement this Period 6.90 Transaction ID : SB17.15868
City San Francisco	State CA	
Zip Code 94105	Purpose of Disbursement Merchant Fees	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. Piryx, Inc.		Date of Disbursement M M / D D / Y Y Y Y 06 / 26 / 2015
Mailing Address 144 2nd St. 1st Floor		Amount of Each Disbursement this Period 131.10 Transaction ID : SB17.15874
City San Francisco	State CA	
Zip Code 94105	Purpose of Disbursement Merchant Fees	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) C. Piryx, Inc.		Date of Disbursement M M / D D / Y Y Y Y 06 / 29 / 2015
Mailing Address 144 2nd St. 1st Floor		Amount of Each Disbursement this Period 57.50 Transaction ID : SB17.15882
City San Francisco	State CA	
Zip Code 94105	Purpose of Disbursement Merchant Fees	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	195.50
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 41 OF 60			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
Meadows for Congress

Full Name (Last, First, Middle Initial) A. Piryx, Inc.		Date of Disbursement M M / D D / Y Y Y Y 06 / 30 / 2015
Mailing Address 144 2nd St. 1st Floor		Amount of Each Disbursement this Period 11.50 Transaction ID : SB17.15884
City San Francisco	State CA	
Zip Code 94105	Purpose of Disbursement Merchant Fees	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. Piryx, Inc.		Date of Disbursement M M / D D / Y Y Y Y 06 / 30 / 2015
Mailing Address 144 2nd St. 1st Floor		Amount of Each Disbursement this Period 48.30 Transaction ID : SB17.15885
City San Francisco	State CA	
Zip Code 94105	Purpose of Disbursement Merchant Fees	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) C. Piryx, Inc.		Date of Disbursement M M / D D / Y Y Y Y 06 / 30 / 2015
Mailing Address 144 2nd St. 1st Floor		Amount of Each Disbursement this Period 71.30 Transaction ID : SB17.15886
City San Francisco	State CA	
Zip Code 94105	Purpose of Disbursement Merchant Fee	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	131.10
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 42 OF 60			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
Meadows for Congress

Full Name (Last, First, Middle Initial) A. Piryx, Inc.		Date of Disbursement MM / DD / YYYY 06 / 30 / 2015
Mailing Address 144 2nd St. 1st Floor		Amount of Each Disbursement this Period 59.80
City San Francisco	State CA	
Zip Code 94105	Purpose of Disbursement Merchant Fee	Transaction ID : SB17.15888
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. Piryx, Inc.		Date of Disbursement MM / DD / YYYY 06 / 30 / 2015
Mailing Address 144 2nd St. 1st Floor		Amount of Each Disbursement this Period 232.30
City San Francisco	State CA	
Zip Code 94105	Purpose of Disbursement Merchant Fee	Transaction ID : SB17.15889
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. Rare Sweets		Date of Disbursement MM / DD / YYYY 04 / 27 / 2015
Mailing Address 936 Palmer Alley NW		Amount of Each Disbursement this Period 50.76
City Washington	State DC	
Zip Code 20005	Purpose of Disbursement Food/Beverage	Transaction ID : SB17.13199
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	342.86
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 43 OF 60			
	<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. Rare Sweets

Full Name (Last, First, Middle Initial)
Mailing Address 936 Palmer Alley NW

City Washington State DC Zip Code 20005

Purpose of Disbursement Food/Beverage

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement: 05 / 12 / 2015

Amount of Each Disbursement this Period: 25.38

Transaction ID : SB17.15635

B. Rayburn House Office Building

Full Name (Last, First, Middle Initial)
Mailing Address 45 Independence Avenue SW

City Washington State DC Zip Code 20237

Purpose of Disbursement Food/Beverage

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement: 04 / 16 / 2015

Amount of Each Disbursement this Period: 78.20

Transaction ID : SB17.13179

C. Rayburn House Office Building

Full Name (Last, First, Middle Initial)
Mailing Address 45 Independence Avenue SW

City Washington State DC Zip Code 20237

Purpose of Disbursement Food/Beverage

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement: 05 / 04 / 2015

Amount of Each Disbursement this Period: 21.70

Transaction ID : SB17.15628

SUBTOTAL of Disbursements This Page (optional) 125.28

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 44 OF 60		
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21			

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NAME OF COMMITTEE (In Full)
Meadows for Congress

Full Name (Last, First, Middle Initial) A. Rayburn House Office Building		Date of Disbursement M M / D D / Y Y Y Y 05 / 19 / 2015
Mailing Address 45 Independence Avenue SW		Amount of Each Disbursement this Period 21.80 Transaction ID : SB17.15648
City Washington State DC Zip Code 20237	Purpose of Disbursement Food/Beverage	
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. Rayburn House Office Building		Date of Disbursement M M / D D / Y Y Y Y 05 / 22 / 2015
Mailing Address 45 Independence Avenue SW		Amount of Each Disbursement this Period 28.40 Transaction ID : SB17.15656
City Washington State DC Zip Code 20237	Purpose of Disbursement Food/Beverage	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. Rayburn House Office Building		Date of Disbursement M M / D D / Y Y Y Y 05 / 29 / 2015
Mailing Address 45 Independence Avenue SW		Amount of Each Disbursement this Period 43.35 Transaction ID : SB17.15652
City Washington State DC Zip Code 20237	Purpose of Disbursement Food/Beverage	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	93.55
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 45 OF 60			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
Meadows for Congress

Full Name (Last, First, Middle Initial) A. Rayburn House Office Building			Date of Disbursement M M / D D / Y Y Y Y 06 / 26 / 2015
Mailing Address 45 Independence Avenue SW			Amount of Each Disbursement this Period 43.35 Transaction ID : SB17.15870
City Washington	State DC	Zip Code 20237	
Purpose of Disbursement Food/Beverage		Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:			

Full Name (Last, First, Middle Initial) B. RedPledge			Date of Disbursement M M / D D / Y Y Y Y 04 / 02 / 2015
Mailing Address 4400 North Point Parkway			Amount of Each Disbursement this Period 58.54 Transaction ID : SB17.13172
City Alpharetta	State GA	Zip Code 30022	
Purpose of Disbursement Merchant Fees		Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:			

Full Name (Last, First, Middle Initial) c. RedPledge			Date of Disbursement M M / D D / Y Y Y Y 05 / 04 / 2015
Mailing Address 4400 North Point Parkway			Amount of Each Disbursement this Period 298.15 Transaction ID : SB17.15629
City Alpharetta	State GA	Zip Code 30022	
Purpose of Disbursement Merchant Fees		Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:			

SUBTOTAL of Disbursements This Page (optional).....	400.04
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 46 OF 60			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
Meadows for Congress

Full Name (Last, First, Middle Initial) A. RedPledge		Date of Disbursement M M / D D / Y Y Y Y 06 / 02 / 2015
Mailing Address 4400 North Point Parkway		Amount of Each Disbursement this Period 24.95 Transaction ID : SB17.15804
City Alpharetta	State GA	
Zip Code 30022	Purpose of Disbursement Merchant Fees	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. Republican Congressional Spouses		Date of Disbursement M M / D D / Y Y Y Y 05 / 18 / 2015
Mailing Address 2336 South Queen Street		Amount of Each Disbursement this Period 32.00 Transaction ID : SB17.18219
City Arlington	State VA	
Zip Code 22202	Purpose of Disbursement Event Ticket	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) C. Republican Congressional Spouses		Date of Disbursement M M / D D / Y Y Y Y 06 / 24 / 2015
Mailing Address 2336 South Queen Street		Amount of Each Disbursement this Period 26.00 Transaction ID : SB17.15858
City Arlington	State VA	
Zip Code 22202	Purpose of Disbursement Event Tickets	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	82.95
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 47 OF 60			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
Meadows for Congress

Full Name (Last, First, Middle Initial) A. Sarabeth's			Date of Disbursement MM / DD / YYYY 06 / 08 / 2015	
Mailing Address 40 Central Park S			Amount of Each Disbursement this Period 253.88	
City New York	State NY	Zip Code 10019	Transaction ID : SB17.15819	
Purpose of Disbursement Food/Beverage		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. The Catalyst Group RW, LLC			Date of Disbursement MM / DD / YYYY 05 / 18 / 2015	
Mailing Address 600 Pennsylvania Ave SE, STE 330			Amount of Each Disbursement this Period 4832.21	
City Washington	State DC	Zip Code 20003	Transaction ID : SB17.15647	
Purpose of Disbursement Fundraising Consulting		Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President			Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:				

Full Name (Last, First, Middle Initial) c. The Catalyst Group RW, LLC			Date of Disbursement MM / DD / YYYY 06 / 24 / 2015	
Mailing Address 600 Pennsylvania Ave SE, STE 330			Amount of Each Disbursement this Period 2097.50	
City Washington	State DC	Zip Code 20003	Transaction ID : SB17.15866	
Purpose of Disbursement Fundraising Consulting		Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President			Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:				

SUBTOTAL of Disbursements This Page (optional).....	7183.59
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 48 OF 60	
	<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Meadows for Congress

Full Name (Last, First, Middle Initial) A. TriConsultants		Date of Disbursement MM / DD / YYYY 04 / 16 / 2015
Mailing Address 449 East 84th Street		Amount of Each Disbursement this Period 2000.00 Transaction ID : SB17.13183
City New York	State NY	
Zip Code 10028	Purpose of Disbursement Fundraising Consulting	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. TriConsultants		Date of Disbursement MM / DD / YYYY 06 / 01 / 2015
Mailing Address 449 East 84th Street		Amount of Each Disbursement this Period 2000.00 Transaction ID : SB17.15800
City New York	State NY	
Zip Code 10028	Purpose of Disbursement Fundraising Consulting	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) c. Uber Technologies, Inc		Date of Disbursement MM / DD / YYYY 04 / 16 / 2015
Mailing Address 182 Howard Street		Amount of Each Disbursement this Period 22.00 Transaction ID : SB17.13180
City San Francisco	State CA	
Zip Code 94105	Purpose of Disbursement Transportation	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	4022.00
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 49 OF 60			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
Meadows for Congress

Full Name (Last, First, Middle Initial) A. Uber Technologies, Inc		Date of Disbursement M M / D D / Y Y Y Y 04 / 16 / 2015
Mailing Address 182 Howard Street		Amount of Each Disbursement this Period 24.00 Transaction ID : SB17.13181
City San Francisco	State CA Zip Code 94105	
Purpose of Disbursement Transportation	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. Uber Technologies, Inc		Date of Disbursement M M / D D / Y Y Y Y 04 / 23 / 2015
Mailing Address 182 Howard Street		Amount of Each Disbursement this Period 18.00 Transaction ID : SB17.13194
City San Francisco	State CA Zip Code 94105	
Purpose of Disbursement Transportation	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. Uber Technologies, Inc		Date of Disbursement M M / D D / Y Y Y Y 04 / 24 / 2015
Mailing Address 182 Howard Street		Amount of Each Disbursement this Period 17.35 Transaction ID : SB17.13196
City San Francisco	State CA Zip Code 94105	
Purpose of Disbursement Transportation	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	59.35
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 50 OF 60			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
Meadows for Congress

Full Name (Last, First, Middle Initial) A. Uber Technologies, Inc			Date of Disbursement M M / D D / Y Y Y Y 05 / 01 / 2015	
Mailing Address 182 Howard Street			Amount of Each Disbursement this Period 19.00	
City San Francisco	State CA	Zip Code 94105	Transaction ID : SB17.15619	
Purpose of Disbursement Transportation		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. Uber Technologies, Inc			Date of Disbursement M M / D D / Y Y Y Y 05 / 21 / 2015	
Mailing Address 182 Howard Street			Amount of Each Disbursement this Period 17.00	
City San Francisco	State CA	Zip Code 94105	Transaction ID : SB17.15655	
Purpose of Disbursement Transportation		Category/ Type		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) c. Uber Technologies, Inc			Date of Disbursement M M / D D / Y Y Y Y 06 / 04 / 2015	
Mailing Address 182 Howard Street			Amount of Each Disbursement this Period 28.28	
City San Francisco	State CA	Zip Code 94105	Transaction ID : SB17.15807	
Purpose of Disbursement Transportation		Category/ Type		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

SUBTOTAL of Disbursements This Page (optional).....	64.28
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 51 OF 60	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Meadows for Congress

Full Name (Last, First, Middle Initial) A. Uber Technologies, Inc		Date of Disbursement M M / D D / Y Y Y Y 06 / 08 / 2015
Mailing Address 182 Howard Street		Amount of Each Disbursement this Period 15.16 Transaction ID : SB17.15820
City San Francisco	State CA Zip Code 94105	
Purpose of Disbursement Transportation	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:		

Full Name (Last, First, Middle Initial) B. Uber Technologies, Inc		Date of Disbursement M M / D D / Y Y Y Y 06 / 08 / 2015
Mailing Address 182 Howard Street		Amount of Each Disbursement this Period 78.00 Transaction ID : SB17.15821
City San Francisco	State CA Zip Code 94105	
Purpose of Disbursement Transportation	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:		

Full Name (Last, First, Middle Initial) c. Uber Technologies, Inc		Date of Disbursement M M / D D / Y Y Y Y 06 / 09 / 2015
Mailing Address 182 Howard Street		Amount of Each Disbursement this Period 84.00 Transaction ID : SB17.15823
City San Francisco	State CA Zip Code 94105	
Purpose of Disbursement Transportation	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	177.16
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 52 OF 60			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
Meadows for Congress

Full Name (Last, First, Middle Initial) A. Uber Technologies, Inc			Date of Disbursement M M / D D / Y Y Y Y 06 / 10 / 2015	
Mailing Address 182 Howard Street			Amount of Each Disbursement this Period 9999.99 16.17	
City San Francisco	State CA	Zip Code 94105	Transaction ID : SB17.15829	
Purpose of Disbursement Transportation		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. Uber Technologies, Inc			Date of Disbursement M M / D D / Y Y Y Y 06 / 12 / 2015	
Mailing Address 182 Howard Street			Amount of Each Disbursement this Period 9999.99 20.21	
City San Francisco	State CA	Zip Code 94105	Transaction ID : SB17.15834	
Purpose of Disbursement Transportation		Category/ Type		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) c. Uber Technologies, Inc			Date of Disbursement M M / D D / Y Y Y Y 06 / 12 / 2015	
Mailing Address 182 Howard Street			Amount of Each Disbursement this Period 9999.99 58.59	
City San Francisco	State CA	Zip Code 94105	Transaction ID : SB17.15836	
Purpose of Disbursement Transportation		Category/ Type		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

SUBTOTAL of Disbursements This Page (optional).....	94.97
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 53 OF 60			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
Meadows for Congress

Full Name (Last, First, Middle Initial) A. Uber Technologies, Inc		Date of Disbursement M M / D D / Y Y Y Y 06 / 16 / 2015
Mailing Address 182 Howard Street		Amount of Each Disbursement this Period 51.52 Transaction ID : SB17.15844
City San Francisco State CA Zip Code 94105	Purpose of Disbursement Transportation	
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. Uber Technologies, Inc		Date of Disbursement M M / D D / Y Y Y Y 06 / 23 / 2015
Mailing Address 182 Howard Street		Amount of Each Disbursement this Period 17.17 Transaction ID : SB17.15854
City San Francisco State CA Zip Code 94105	Purpose of Disbursement Transportation	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. Uber Technologies, Inc		Date of Disbursement M M / D D / Y Y Y Y 06 / 24 / 2015
Mailing Address 182 Howard Street		Amount of Each Disbursement this Period 19.20 Transaction ID : SB17.15856
City San Francisco State CA Zip Code 94105	Purpose of Disbursement Transportation	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	51.52
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 54 OF 60			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
Meadows for Congress

Full Name (Last, First, Middle Initial) A. Uber Technologies, Inc			Date of Disbursement M M / D D / Y Y Y Y 06 / 26 / 2015	
Mailing Address 182 Howard Street			Amount of Each Disbursement this Period 19.20	
City San Francisco	State CA	Zip Code 94105	Transaction ID : SB17.15873	
Purpose of Disbursement Transportation		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. Uber Technologies, Inc			Date of Disbursement M M / D D / Y Y Y Y 06 / 29 / 2015	
Mailing Address 182 Howard Street			Amount of Each Disbursement this Period 17.17	
City San Francisco	State CA	Zip Code 94105	Transaction ID : SB17.15880	
Purpose of Disbursement Transportation		Category/ Type		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) c. Uber Technologies, Inc			Date of Disbursement M M / D D / Y Y Y Y 06 / 29 / 2015	
Mailing Address 182 Howard Street			Amount of Each Disbursement this Period 20.20	
City San Francisco	State CA	Zip Code 94105	Transaction ID : SB17.15881	
Purpose of Disbursement Transportation		Category/ Type		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

SUBTOTAL of Disbursements This Page (optional).....	56.57
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 55 OF 60		
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Meadows for Congress

Full Name (Last, First, Middle Initial) A. US Airways		Date of Disbursement M M / D D / Y Y Y Y 04 / 02 / 2015
Mailing Address 4000 E. Sky Harbor Blvd		Amount of Each Disbursement this Period 327.10
City Phoenix	State AZ	
Zip Code 85034	Purpose of Disbursement Airfare	Transaction ID : SB17.13170
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. US Airways		Date of Disbursement M M / D D / Y Y Y Y 04 / 20 / 2015
Mailing Address 4000 E. Sky Harbor Blvd		Amount of Each Disbursement this Period 432.10
City Phoenix	State AZ	
Zip Code 85034	Purpose of Disbursement Airfare	Transaction ID : SB17.13186
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. Verizon Wireless		Date of Disbursement M M / D D / Y Y Y Y 04 / 23 / 2015
Mailing Address P.O. Box 660108		Amount of Each Disbursement this Period 143.14
City Dallas	State TX	
Zip Code 75266	Purpose of Disbursement Phone Services	Transaction ID : SB17.13195
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	902.34
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 56 OF 60			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
Meadows for Congress

Full Name (Last, First, Middle Initial) A. Verizon Wireless		Date of Disbursement M M / D D / Y Y Y Y 05 / 22 / 2015
Mailing Address P.O. Box 660108		Amount of Each Disbursement this Period 889.13 Transaction ID : SB17.15657
City Dallas	State TX	
Zip Code 75266	Purpose of Disbursement Phone 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. Verizon Wireless		Date of Disbursement M M / D D / Y Y Y Y 06 / 19 / 2015
Mailing Address P.O. Box 660108		Amount of Each Disbursement this Period 143.14 Transaction ID : SB17.15851
City Dallas	State TX	
Zip Code 75266	Purpose of Disbursement Phone 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) C. Western Business Systems		Date of Disbursement M M / D D / Y Y Y Y 06 / 14 / 2015
Mailing Address 135 Sweeten Creek Road		Amount of Each Disbursement this Period 602.85 Transaction ID : SB17.15839
City Asheville	State NC	
Zip Code 28803	Purpose of Disbursement Phone 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:	

SUBTOTAL of Disbursements This Page (optional).....	889.13
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 57 OF 60			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
Meadows for Congress

Full Name (Last, First, Middle Initial) A. WNC Agricultural Center			Date of Disbursement M M / D D / Y Y Y Y 06 / 05 / 2015		
Mailing Address 1301 Fanning Bridge Rd			Amount of Each Disbursement this Period 1802.00 Transaction ID : SB17.15810		
City Fletcher	State NC	Zip Code 28732			
Purpose of Disbursement Event Site Fee		Category/ Type			
Candidate Name					
Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State:	District:				

Full Name (Last, First, Middle Initial) 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			
Candidate Name					
Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State:	District:				

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

SUBTOTAL of Disbursements This Page (optional).....	1802.00
TOTAL This Period (last page this line number only).....	36791.48

**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 58 OF 60	
	<input type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input checked="" type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Meadows for Congress

Full Name (Last, First, Middle Initial) A. Mark R Meadows		Date of Disbursement M M / D D / Y Y Y Y 04 / 23 / 2015
Mailing Address PO Box 811		Amount of Each Disbursement this Period 4000.00 Transaction ID : SB19A.18230
City Hendersonville State NC Zip Code 28793-0811	Purpose of Disbursement Loan Repayment	
Candidate Name	Category/Type	
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. Mark R Meadows		Date of Disbursement M M / D D / Y Y Y Y 05 / 15 / 2015
Mailing Address PO Box 811		Amount of Each Disbursement this Period 4000.00 Transaction ID : SB19A.18231
City Hendersonville State NC Zip Code 28793-0811	Purpose of Disbursement Loan Repayment	
Candidate Name	Category/Type	
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) C. Mark R Meadows		Date of Disbursement M M / D D / Y Y Y Y 06 / 12 / 2015
Mailing Address PO Box 811		Amount of Each Disbursement this Period 4000.00 Transaction ID : SB19A.18232
City Hendersonville State NC Zip Code 28793-0811	Purpose of Disbursement Loan Repayment	
Candidate Name	Category/Type	
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)	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 59 OF 60
	<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) A. BUNCOMBE COUNTY REPUBLICAN PARTY		Date of Disbursement M M / D D / Y Y Y Y 05 / 04 / 2015
Mailing Address BOX 9834		Amount of Each Disbursement this Period 500.00 Transaction ID : SB21.18221
City ASHEVILLE State NC Zip Code 28815	Purpose of Disbursement Non-Federal Contribution	
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. RON DESANTIS FOR FLORIDA		Date of Disbursement M M / D D / Y Y Y Y 06 / 30 / 2015
Mailing Address PO BOX 1425		Amount of Each Disbursement this Period 2000.00 Transaction ID : SB21.18225
City PONTE VERDE BEACH State FL Zip Code 32004	Purpose of Disbursement Contribution	
Candidate Name RONALD D DESANTIS	Category/Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: FL District: 06		

Full Name (Last, First, Middle Initial) C. SENATE CONSERVATIVES FUND		Date of Disbursement M M / D D / Y Y Y Y 06 / 30 / 2015
Mailing Address PO BOX 388		Amount of Each Disbursement this Period 1353.25 Transaction ID : SB21.18223
City ALEXANDRIA State VA Zip Code 22313	Purpose of Disbursement Contribution	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	3853.25
TOTAL This Period (last page this line number only).....	3853.25

SCHEDULE C (FEC Form 3)
LOANS

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

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

Mailing Address
PO Box 811

City Hendersonville State NC ZIP Code 28793-0811

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
250000.00	65500.00	184500.00

TERMS

Date Incurred: M 09 / D 29 / Y 2011 Date Due: M / D / Y none Interest Rate: 0.00 % (apr) Secured: Yes No

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

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

SUBTOTALS This Period This Page (optional).....	▶	184500.00
TOTALS This Period (last page in this line only).....	▶	184500.00

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