

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) P.O. Box 802
 Check if different than previously reported. (ACC) Skyland NC 28776

2. **FEC IDENTIFICATION NUMBER** ▼ C C00503094 CITY ▲ STATE ▲ ZIP CODE ▲
3. IS THIS REPORT NEW (N) OR AMENDED (A) STATE ▼ DISTRICT
NC 11

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

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

5. Covering Period M M / D D / Y Y Y Y through M M / D D / Y Y Y Y
01 / 01 / 2013 through 03 / 31 / 2013

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 Pamela G. Ward
Signature of Treasurer Pamela G. Ward [Electronically Filed] Date M M / D D / Y Y Y Y
04 / 10 / 2013

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

SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name
Meadows for Congress

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

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))....	26787.17	60012.17
(b) Total Contribution Refunds (from Line 20(d))	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	26787.17	60012.17
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	25969.08	78257.14
(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)).....	25969.08	78257.14
8. Cash on Hand at Close of Reporting Period (from Line 27).....	7840.39	
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).....	251500.00	

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3 (Revised 12/2003)

Write or Type Committee Name

Meadows for Congress

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

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).....	4300.00	16600.00
(ii) Unitemized.....	150.00	275.00
(iii) TOTAL of contributions from individuals ▶	4450.00	16875.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	22337.17	42337.17
(d) The Candidate.....	0.00	800.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	26787.17	60012.17
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	3017.28	3267.28
13. LOANS:		
(a) Made or Guaranteed by the Candidate.....	2500.00	2500.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	2500.00	2500.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)	0.00	0.00
15. OTHER RECEIPTS (Dividends, Interest, etc.)	71.30	71.30
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶	32375.75	65850.75

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	25969.08	78257.14
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	0.00
21. OTHER DISBURSEMENTS	13000.00	13000.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	38969.08	91257.14

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	14433.72
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	32375.75
25. SUBTOTAL (add Line 23 and Line 24).....	46809.47
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	38969.08
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	7840.39

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 5 OF 24
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

NAME OF COMMITTEE (In Full)
Meadows for Congress

A. Full Name (Last, First, Middle Initial)
Louis Camilleri

Mailing Address 120 Park Ave, Floor 6

City New York State NY Zip Code 10017

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

Name of Employer Altria Occupation CEO

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 07 / 2013

Transaction ID : SA11AI.8851

Amount of Each Receipt this Period
 1000.00

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

Mailing Address 5446 Harris Farm Road

City Hickory State NC Zip Code 28602

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

Name of Employer United Beverages of NC Occupation Assistant Controller

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 01 / 2013

Transaction ID : SA11AI.8806

Amount of Each Receipt this Period
 1500.00

C. Full Name (Last, First, Middle Initial)
Dean Proctor

Mailing Address 125 6th Street, NW

City Hickory State NC Zip Code 28601

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

Name of Employer Proctor Wholesale Occupation President

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 01 / 2013

Transaction ID : SA11AI.8804

Amount of Each Receipt this Period
 1500.00

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

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

4000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 24
	<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)
C.E. Roseman Jr.

Mailing Address P.O. Box 2128

City State Zip Code
Hickory NC 28603

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

Name of Employer Occupation
CEO CR Laine Furniture

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
300.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
02 / 01 / 2013

Transaction ID : SA11AI.8801

Amount of Each Receipt this Period
300.00

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).....

300.00

4300.00

**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 24
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Meadows for Congress

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

Mailing Address 1120 CONNECTICUT AVENUE NW
SUITE 600

City WASHINGTON State DC Zip Code 20036

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

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 14 / 2013

Transaction ID : SA11C.8830

Amount of Each Receipt this Period
 1000.00

B. Full Name (Last, First, Middle Initial)
CONSERVATIVE VICTORY FUND

Mailing Address 1101 PENNSYLVANIA AVE SE
SUITE 201

City WASHINGTON State DC Zip Code 20003

FEC ID number of contributing federal political committee. **C** C00009704

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 08 / 2013

Transaction ID : SA11C.8857

Amount of Each Receipt this Period
 109.64

In-kind - Marketing

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

Mailing Address 1331 PENNSYLVANIA AVE, NW, STE 560

City WASHINGTON State DC Zip Code 20004

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

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 22 / 2013

Transaction ID : SA11C.8832

Amount of Each Receipt this Period
 1000.00

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

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

2109.64

**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 24
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Meadows for Congress

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

Mailing Address 550 SOUTH TRYON STREET

City State Zip Code
CHARLOTTE NC 28202

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

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y
 03 / 10 / 2013

Transaction ID : SA11C.8853

Amount of Each Receipt this Period
 1000.00

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

Mailing Address 550 SOUTH TRYON STREET

City State Zip Code
CHARLOTTE NC 28202

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

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y
 03 / 26 / 2013

Transaction ID : SA11C.8929

Amount of Each Receipt this Period
 1000.00

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

Mailing Address 25 E MAIN STREET
SUITE 200

City State Zip Code
RICHMOND VA 23219

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

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y
 02 / 14 / 2013

Transaction ID : SA11C.8839

Amount of Each Receipt this Period
 5000.00

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

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

7000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 24
	<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)
EXPRESS SCRIPTS INC. POLITICAL FUND (A/K/A EXPRESS SCRIPTS PAC)

Mailing Address **ONE EXPRESS WAY**

City **ST. LOUIS** State **MO** Zip Code **63121**

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

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
02 / 14 / 2013

Transaction ID : SA11C.8834

Amount of Each Receipt this Period

1000.00

_____ **1000.00**

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

Mailing Address **101 CONSTITUTION AVE. NW
SUITE 500 WEST**

City **WASHINGTON** State **DC** Zip Code **20001**

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

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
01 / 22 / 2013

Transaction ID : SA11C.8863

Amount of Each Receipt this Period

227.53

_____ **227.53**

In-kind - Fundraising Event

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

Mailing Address **101 CONSTITUTION AVE. NW
SUITE 500 WEST**

City **WASHINGTON** State **DC** Zip Code **20001**

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

Name of Employer Occupation

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
02 / 13 / 2013

Transaction ID : SA11C.8827

Amount of Each Receipt this Period

3000.00

_____ **3000.00**

2012 Primary Debt Relief

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

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

_____ **4227.53**

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

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

FOR LINE NUMBER: PAGE 10 OF 24
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
Meadows for Congress

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

A. Mailing Address 412 FIRST STREET, SE, SUITE 300

City State Zip Code
WASHINGTON DC 20003

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

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
M M / D D / Y Y Y Y Y Y
02 / 14 / 2013

Transaction ID : SA11C.8831

Amount of Each Receipt this Period
1000.00

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

B. Mailing Address 430 NORTH MICHIGAN AVENUE

City State Zip Code
CHICAGO IL 60611

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

Name of Employer Occupation

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
M M / D D / Y Y Y Y Y Y
03 / 15 / 2013

Transaction ID : SA11C.8854

Amount of Each Receipt this Period
2500.00

Primary Debt Relief

Full Name (Last, First, Middle Initial)
NATIONAL COUNCIL OF TEXTILE ORGANIZATIONS INC POLITICAL ACTION COMMITTEE

C. Mailing Address 469 HOSPITAL DR.
SUITE C

City State Zip Code
GASTONIA NC 28054

FEC ID number of contributing federal political committee. **C** C00405555

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
M M / D D / Y Y Y Y Y Y
03 / 21 / 2013

Transaction ID : SA11C.8860

Amount of Each Receipt this Period
1000.00

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

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

4500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 24
	<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)
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: 2014
 Primary General
 Other (specify)
 Election Cycle-to-Date **2000.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
03 07 2013

Transaction ID : SA11C.8845

Amount of Each Receipt this Period
2000.00

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

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: 2012
 Primary General
 Other (specify)
 Election Cycle-to-Date **1500.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
02 14 2013

Transaction ID : SA11C.8927

Amount of Each Receipt this Period
1500.00

Primary Debt Relief

C. Full Name (Last, First, Middle Initial)
TACO POLITICAL ACTION COMMITTEE

Mailing Address **6405 METCALF AVENUE, SUITE 503**

 City State Zip Code
SHAWNEE MISSION KS 66202

FEC ID number of contributing federal political committee. **C C00330118**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)
 Election Cycle-to-Date **1000.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
03 07 2013

Transaction ID : SA11C.8844

Amount of Each Receipt this Period
1000.00

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

4500.00

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

22337.17

**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 24
	<input type="checkbox"/> 11a <input checked="" type="checkbox"/> 12 <input type="checkbox"/> 11b <input type="checkbox"/> 13a <input type="checkbox"/> 11c <input type="checkbox"/> 13b <input type="checkbox"/> 11d <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Meadows for Congress

A. Full Name (Last, First, Middle Initial)
NC 4 The Future (Joint Fundraising Representative)

Mailing Address 228 S. Washington Street, Ste 115

City State Zip Code
Alexandria VA 22314

FEC ID number of contributing federal political committee. **C** C00540260

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
3017.28

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 31 / 2013

Transaction ID : SA12.8865

Amount of Each Receipt this Period
 3017.28

Joint Fundraiser - See itemization below

B. 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: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 31 / 2013

Transaction ID : SA12.8865.0

Amount of Each Receipt this Period
 1000.00

Primary Debt -2012
[MEMO ITEM]

C. Full Name (Last, First, Middle Initial)
J. Brad Edwards

Mailing Address 2422 Taylor Avenue

City State Zip Code
Alexandria VA 22302

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

Name of Employer Occupation
Jenkins Hill Consulting Principal

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 31 / 2013

Transaction ID : SA12.8865.1

Amount of Each Receipt this Period
 250.00

[MEMO ITEM]

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

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

3017.28

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 24
	<input type="checkbox"/> 11a <input checked="" type="checkbox"/> 12 <input type="checkbox"/> 11b <input type="checkbox"/> 13a <input type="checkbox"/> 11c <input type="checkbox"/> 13b <input type="checkbox"/> 11d <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Meadows for Congress

A. Full Name (Last, First, Middle Initial)
MCGUIREWOODS LLP

Mailing Address **ONE JAMES CENTER**
901 E. CARY STREET

City **RICHMOND** State **VA** Zip Code **23219**

FEC ID number of contributing federal political committee. **C C00225342**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
03 / 31 / 2013

Transaction ID : SA12.8865.2

Amount of Each Receipt this Period
500.00

[MEMO ITEM]

B. Full Name (Last, First, Middle Initial)
THE HOME DEPOT INC. POLITICAL ACTION COMMITTEE

Mailing Address **1155 F STREET, NW**
SUITE 400

City **WASHINGTON** State **DC** Zip Code **20004**

FEC ID number of contributing federal political committee. **C C00284885**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **2000.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
03 / 31 / 2013

Transaction ID : SA12.8865.3

Amount of Each Receipt this Period
2000.00

[MEMO ITEM]

C. Full Name (Last, First, Middle Initial)
UNIVERSAL AMERICAN CORP. PAC

Mailing Address **6 INTERNATIONAL DRIVE SUITE 190**

City **RYE BROOK** State **NY** Zip Code **10573**

FEC ID number of contributing federal political committee. **C C00433029**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
03 / 31 / 2013

Transaction ID : SA12.8865.4

Amount of Each Receipt this Period
250.00

[MEMO ITEM]

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

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

0.00

3017.28

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 24
	<input type="checkbox"/> 11a 12 <input checked="" type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Meadows for Congress

A. Full Name (Last, First, Middle Initial)
Mark R Meadows

Mailing Address P.O. Box 802

City Skyland State NC Zip Code 28776

FEC ID number of contributing federal political committee. **C H2NC11080**

Name of Employer Highlands Properties, Inc. Occupation Real Estate Investor

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **3300.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
01 / 09 / 2013

Transaction ID : SA13A.8934

Amount of Each Receipt this Period
2500.00

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).....

2500.00

2500.00

**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 15 OF 24			
	<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. Thomas M. Apodaca		Date of Disbursement M M / D D / Y Y Y Y 01 / 17 / 2013
Mailing Address 214 N. King Street		Amount of Each Disbursement this Period 986.32 Transaction ID : SB17.8758
City Hendersonville	State NC Zip Code 28792	
Purpose of Disbursement Reimbursement - Dec, 2012 Expenses	Category/Type 001	
Candidate Name Meadows for Congress	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: NC District: 11		

Full Name (Last, First, Middle Initial) B. AT&T		Date of Disbursement M M / D D / Y Y Y Y 02 / 10 / 2013
Mailing Address P.O. Box 105262		Amount of Each Disbursement this Period 116.56 Transaction ID : SB17.8825
City Atlanta	State GA Zip Code 30348-5262	
Purpose of Disbursement Telephone	Category/Type 001	
Candidate Name Meadows for Congress	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: NC District: 11		

Full Name (Last, First, Middle Initial) c. Capital One Bank		Date of Disbursement M M / D D / Y Y Y Y 02 / 05 / 2013
Mailing Address P.O. Box 71083		Amount of Each Disbursement this Period 759.91 Transaction ID : SB17.8808
City Charlotte	State NC Zip Code 28272-1083	
Purpose of Disbursement See itemization below	Category/Type 001	
Candidate Name Meadows for Congress	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: NC District: 11		

SUBTOTAL of Disbursements This Page (optional).....	1862.79
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 16 OF 24			
	<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. Frontier		Date of Disbursement MM / DD / YYYY 01 / 01 / 2013
Mailing Address P.O. Box 20550		Amount of Each Disbursement this Period 135.15
City Rochester State NY Zip Code 14602-0550	Purpose of Disbursement Telephone 001	Transaction ID : SB17.8808.0
Candidate Name Meadows for Congress	Category/Type	[MEMO ITEM]
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: NC District: 11	

Full Name (Last, First, Middle Initial) B. AT&T		Date of Disbursement MM / DD / YYYY 01 / 01 / 2013
Mailing Address P.O. Box 105262		Amount of Each Disbursement this Period 291.27
City Atlanta State GA Zip Code 30348-5262	Purpose of Disbursement Telephone 001	Transaction ID : SB17.8808.1
Candidate Name Meadows for Congress	Category/Type	[MEMO ITEM]
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: NC District: 11	

Full Name (Last, First, Middle Initial) C. USPS		Date of Disbursement MM / DD / YYYY 02 / 02 / 2013
Mailing Address 675 South 4th Street		Amount of Each Disbursement this Period 45.00
City Highlands State NC Zip Code 28741	Purpose of Disbursement Postage 001	Transaction ID : SB17.8808.2
Candidate Name Meadows for Congress	Category/Type	[MEMO ITEM]
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: NC District: 11	

SUBTOTAL of Disbursements This Page (optional).....	0.00
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 17 OF 24	
	<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 01 / 17 / 2013
Mailing Address P.O. Box 660108		Amount of Each Disbursement this Period 288.49
City Dallas	State TX	
Zip Code 75266	Purpose of Disbursement Telephone	Transaction ID : SB17.8808.3
Candidate Name Meadows for Congress	Category/ Type 001	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: NC	District: 11	

Full Name (Last, First, Middle Initial) B. Cardmember Services		Date of Disbursement M M / D D / Y Y Y Y 02 / 28 / 2013
Mailing Address P.O. Box 790408		Amount of Each Disbursement this Period 250.00
City St. Louis	State MO	
Zip Code 63179-0408	Purpose of Disbursement Capitol Host - Catering-Reception	Transaction ID : SB17.8842
Candidate Name Meadows for Congress	Category/ Type 001	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: NC	District: 11	

Full Name (Last, First, Middle Initial) c. EC Consulting		Date of Disbursement M M / D D / Y Y Y Y 01 / 08 / 2013
Mailing Address 526 6th Street SE		Amount of Each Disbursement this Period 12762.90
City Washington	State DC	
Zip Code 20003	Purpose of Disbursement Consultant	Transaction ID : SB17.8747
Candidate Name Meadows for Congress	Category/ Type 003	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: NC	District: 11	

SUBTOTAL of Disbursements This Page (optional).....	13012.90
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 18 OF 24			
	<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. EC Consulting		Date of Disbursement MM / DD / YYYY 02 / 25 / 2013
Mailing Address 526 6th Street SE		Amount of Each Disbursement this Period 3007.66 Transaction ID : SB17.8840
City Washington State DC Zip Code 20003	Purpose of Disbursement Fundraising 003 Category/Type	
Candidate Name Meadows for Congress	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: NC District: 11		

Full Name (Last, First, Middle Initial) B. EC Consulting		Date of Disbursement MM / DD / YYYY 02 / 28 / 2013
Mailing Address 526 6th Street SE		Amount of Each Disbursement this Period 3232.66 Transaction ID : SB17.8841
City Washington State DC Zip Code 20003	Purpose of Disbursement Consultant 003 Category/Type	
Candidate Name Meadows for Congress	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: NC District: 11		

Full Name (Last, First, Middle Initial) C. Frontier		Date of Disbursement MM / DD / YYYY 02 / 10 / 2013
Mailing Address P.O. Box 20550		Amount of Each Disbursement this Period 560.81 Transaction ID : SB17.8826
City Rochester State NY Zip Code 14602-0550	Purpose of Disbursement Telephone 001 Category/Type	
Candidate Name Meadows for Congress	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: NC District: 11		

SUBTOTAL of Disbursements This Page (optional).....	6801.13
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 19 OF 24	
	<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. HONEYWELL INTERNATIONAL POLITICAL ACTION COMMITTEE		Date of Disbursement M M / D D / Y Y Y Y 01 / 22 / 2013
Mailing Address 101 CONSTITUTION AVE. NW SUITE 500 WEST		Amount of Each Disbursement this Period 227.53 Transaction ID : SB17.8864
City WASHINGTON State DC Zip Code 20001	Purpose of Disbursement In-kind - Fundraising Event Candidate Name Category/Type 003	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. NC Dept of Revenue		Date of Disbursement M M / D D / Y Y Y Y 01 / 09 / 2013
Mailing Address P.O. Box 25000		Amount of Each Disbursement this Period 260.00 Transaction ID : SB17.8748
City Raleigh State NC Zip Code 27640	Purpose of Disbursement Tax - Robert Douglas Crosby Candidate Name Category/Type 001	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: NC District: 11	

Full Name (Last, First, Middle Initial) c. Patricia H. Shepherd		Date of Disbursement M M / D D / Y Y Y Y 01 / 01 / 2013
Mailing Address P.O. Box 879		Amount of Each Disbursement this Period 208.27 Transaction ID : SB17.8746
City Flat Rock State NC Zip Code 28731	Purpose of Disbursement Utilities Candidate Name Category/Type 001	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: NC District: 11	

SUBTOTAL of Disbursements This Page (optional).....	695.80
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 20 OF 24	
	<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 02 / 23 / 2013	
Mailing Address P.O. Box 660108			Amount of Each Disbursement this Period 141.04	
City Dallas	State TX	Zip Code 75266	Transaction ID : SB17.8829	
Purpose of Disbursement Telephone		Category/ Type 001		
Candidate Name Meadows for Congress				
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: NC	District: 11			

Full Name (Last, First, Middle Initial) B. Verizon Wireless			Date of Disbursement M M / D D / Y Y Y Y 03 / 20 / 2013	
Mailing Address P.O. Box 660108			Amount of Each Disbursement this Period 141.04	
City Dallas	State TX	Zip Code 75266	Transaction ID : SB17.8856	
Purpose of Disbursement Telephone		Category/ Type 001		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State:	District:			

Full Name (Last, First, Middle Initial) c. Pamela G. Ward			Date of Disbursement M M / D D / Y Y Y Y 01 / 01 / 2013	
Mailing Address P.O. Box 811			Amount of Each Disbursement this Period 847.00	
City Highlands	State NC	Zip Code 28741	Transaction ID : SB17.8743	
Purpose of Disbursement Compensation - Campaign work		Category/ Type 001		
Candidate Name Meadows for Congress				
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: NC	District: 11			

SUBTOTAL of Disbursements This Page (optional).....	1129.08
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 21 OF 24			
	<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. Pamela G. Ward		Date of Disbursement MM / DD / YYYY 02 / 05 / 2013
Mailing Address P.O. Box 811		Amount of Each Disbursement this Period 335.50 Transaction ID : SB17.8820
City Highlands	State NC	
Zip Code 28741	Purpose of Disbursement Compensation - Campaign work	Category/ Type 001
Candidate Name Meadows for Congress	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: NC District: 11	

Full Name (Last, First, Middle Initial) B. Pamela G. Ward		Date of Disbursement MM / DD / YYYY 02 / 28 / 2013
Mailing Address P.O. Box 811		Amount of Each Disbursement this Period 110.00 Transaction ID : SB17.8843
City Highlands	State NC	
Zip Code 28741	Purpose of Disbursement Compensation - Campaign work	Category/ Type 001
Candidate Name Meadows for Congress	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: NC District: 11	

Full Name (Last, First, Middle Initial) c. Kenneth Douglas West		Date of Disbursement MM / DD / YYYY 01 / 01 / 2013
Mailing Address 440 Herbert Hills Drive		Amount of Each Disbursement this Period 1600.00 Transaction ID : SB17.8744
City Hayesville	State NC	
Zip Code 28904	Purpose of Disbursement Compensation - Transition	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	2045.50
TOTAL This Period (last page this line number only).....	25547.20

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 22 OF 24	
	<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. NC GOP		Date of Disbursement M M / D D / Y Y Y Y 03 / 20 / 2013
Mailing Address P.O. Box 12905		Amount of Each Disbursement this Period 13000.00 Transaction ID : SB21.8855
City Raleigh	State NC Zip Code 27605	
Purpose of Disbursement Contribution	Category/Type 011	
Candidate Name Meadows for Congress	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: NC District: 11	

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

SUBTOTAL of Disbursements This Page (optional).....	13000.00
TOTAL This Period (last page this line number only).....	13000.00

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER:
(check only one)

13a
 13b

NAME OF COMMITTEE (In Full)
Meadows for Congress

Transaction ID : **SC/10.4101**

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

[PERSONAL FUNDS]

Election: 2012

Mark R Meadows

Primary

General

Other (specify) ▼

Mailing Address
P.O. Box 802

City State ZIP Code
Skyland NC 28776

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

TERMS

Date Incurred

Date Due

Interest Rate

Secured:

09

29

2011

none

0.00

% (apr)

Yes

No

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

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

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

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

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

SCHEDULE C (FEC Form 3) LOANS

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

FOR LINE NUMBER:
(check only one)

13a
 13b

NAME OF COMMITTEE (In Full)
Meadows for Congress

Transaction ID : **SC/10.8934**

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

[PERSONAL FUNDS]

Election: 2014

Mark R Meadows

Primary
 General
 Other (specify) ▼

Mailing Address
P.O. Box 802

City State ZIP Code
Skyland NC 28776

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

TERMS

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

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

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

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

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