

# FEC FORM 3

# REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type over the lines.

12FE4M5

Meadows for Congress

ADDRESS (number and street)

PO Box 811

Check if different than previously reported. (ACC)

Hendersonville

NC

28793-0811

2. FEC IDENTIFICATION NUMBER ▼

C C00503094

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

3. IS THIS REPORT

NEW (N)

OR

AMENDED (A)

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 2016

through

M M /

D D /

Y Y Y Y 2016

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 2016

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

Office Use Only

FEC FORM 3 (Revised 02/2003)

**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))....	29808.00	355950.23
(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)).....	29808.00	350700.23
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17) .....	51732.35	241992.18
(b) Total Offsets to Operating Expenditures (from Line 14).....	2508.48	2552.48
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	49223.87	239439.70
8. Cash on Hand at Close of Reporting Period (from Line 27).....	225523.85	
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	142500.00	

**For further information contact:**

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

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

**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3 (Revised 12/2003)

Write or Type Committee Name

**Meadows for Congress**

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

<b>I. RECEIPTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Election Cycle-to-Date</b>
<b>11. CONTRIBUTIONS (other than loans) FROM:</b>		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	11275.00	156179.38
(ii) Unitemized.....	2283.00	84093.77
(iii) TOTAL of contributions from individuals ▶	13558.00	240273.15
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	16250.00	115677.08
(d) The Candidate.....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	29808.00	355950.23
<b>12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES .....</b>	0.00	0.00
<b>13. LOANS:</b>		
(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
<b>14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) .....</b>	2508.48	2552.48
<b>15. OTHER RECEIPTS (Dividends, Interest, etc.).....</b>	0.00	0.00
<b>16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶</b>	32316.48	358502.71

**DETAILED SUMMARY PAGE**  
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	51732.35	241992.18
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES .....	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	18000.00	74000.00
(b) Of All Other Loans .....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	18000.00	74000.00
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 .....	2500.00	13928.25
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ►	72232.35	335170.43

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	265439.72
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	32316.48
25. SUBTOTAL (add Line 23 and Line 24).....	297756.20
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	72232.35
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	225523.85

: 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 55
	<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)  
**Neil Annas**

Mailing Address 1460 May Road

City Granite Falls State NC Zip Code 28630

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

Name of Employer Insurance Occupation Granite Insurance Agency

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  
 01 / 21 / 2016

**Transaction ID : SA11AI.21198**

Amount of Each Receipt this Period  
250.00

Memo Item

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

Mailing Address 9260 Monte Mar Drive

City Los Angeles State CA Zip Code 90035

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

Name of Employer Conrad N. Hilton Foundation Occupation Director of Investments

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  
 02 / 10 / 2016

**Transaction ID : SA11AI.21500**

Amount of Each Receipt this Period  
500.00

Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**Mrs. William H Clark**

Mailing Address 3716 Maplewood

City Dallas State TX Zip Code 27502

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  
2700.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 14 / 2016

**Transaction ID : SA11AI.21598**

Amount of Each Receipt this Period  
2700.00

Memo Item  
Earmarked through House Freedom Fund

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

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

3450.00

**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 55
	<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)  
**HOUSE FREEDOM FUND**

Mailing Address **PO BOX 1948**

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

FEC ID number of contributing federal political committee. **C C00552851**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**34966.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**03 / 14 / 2016**

**Transaction ID : SA11AI.21598.0**

Amount of Each Receipt this Period  
**2700.00**

Memo Item  
 Total earmarked through conduit. PAC limit not affected.

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

Mailing Address **PO Box 1408**

City **Beaufort** State **NC** Zip Code **29901**

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

Name of Employer Occupation  
**Self-Employed Investor**

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**2700.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**03 / 28 / 2016**

**Transaction ID : SA11AI.21606**

Amount of Each Receipt this Period  
**2700.00**

Memo Item  
 Earmarked through FreedomWorks PAC

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

Mailing Address **PO BOX 374**

City **MCLEAN** State **VA** Zip Code **22101**

FEC ID number of contributing federal political committee. **C C00573550**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**4150.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**03 / 28 / 2016**

**Transaction ID : SA11AI.21606.0**

Amount of Each Receipt this Period  
**2700.00**

Memo Item  
 Total earmarked through conduit. PAC limit not affected.

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

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

**2700.00**

**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 55
	<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  
2700.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 20 / 2016

**Transaction ID : SA11AI.21563**

Amount of Each Receipt this Period  
1700.00

Memo Item

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

Mailing Address 234 E. Linden Avenue

City State Zip Code  
Englewood NJ 07361

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

Name of Employer Occupation  
Tandem Components 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  
 02 / 25 / 2016

**Transaction ID : SA11AI.21543**

Amount of Each Receipt this Period  
500.00

Memo Item  
Earmarked through NORPAC

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

Mailing Address PO BOX 1543

City State Zip Code  
ENGLEWOOD CLIFFS NJ 07632

FEC ID number of contributing federal political committee. **C** C00247403

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
14075.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 25 / 2016

**Transaction ID : SA11AI.21543.0**

Amount of Each Receipt this Period  
500.00

Memo Item  
Total earmarked through conduit. PAC limit not affected.

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

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

2200.00



**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 55
	<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)  
**Donny Feldman**

Mailing Address 2010 Bagley Avenue

City State Zip Code  
Los Angeles CA 90034

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

Name of Employer Occupation  
Healthcare Executive SNF Management Company, LLC

Receipt For: 2016  
 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 / 2016

**Transaction ID : SA11AI.21196**

Amount of Each Receipt this Period  
50.00

Memo Item

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

Mailing Address 400 Avinger Lane, #708

City State Zip Code  
Davidson NC 28036

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  
 02 / 09 / 2016

**Transaction ID : SA11AI.21204**

Amount of Each Receipt this Period  
250.00

Memo Item

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

Mailing Address 2300 Cedarfield 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  
2500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 18 / 2016

**Transaction ID : SA11AI.21354**

Amount of Each Receipt this Period  
500.00

Memo Item  
Earmarked through House Freedom Fund

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

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

800.00

**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 55  
(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)  
**HOUSE FREEDOM FUND**

Mailing Address PO BOX 1948

City State Zip Code  
ALEXANDRIA VA 22313

FEC ID number of contributing federal political committee. **C** C00552851

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
31886.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 18 / 2016

**Transaction ID : SA11AI.21354.0**

Amount of Each Receipt this Period  
500.00

Memo Item  
Total earmarked through conduit. PAC limit not affected.

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

Mailing Address 1037 Glenn Ave

City State Zip Code  
Washington OH 43160-2604

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  
210.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 01 / 2016

**Transaction ID : SA11AI.21429**

Amount of Each Receipt this Period  
100.00

Memo Item  
Earmarked through House Freedom Fund

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

Mailing Address PO BOX 1948

City State Zip Code  
ALEXANDRIA VA 22313

FEC ID number of contributing federal political committee. **C** C00552851

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
29181.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 01 / 2016

**Transaction ID : SA11AI.21429.0**

Amount of Each Receipt this Period  
100.00

Memo Item  
Total earmarked through conduit. PAC limit not affected.

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

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

100.00

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

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

FOR LINE NUMBER: PAGE 11 OF 55  
(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)  
**Norman Rogers**

Mailing Address 3750 Las Vegas Blvd S

City State Zip Code  
Las Vegas NV 89158-4356

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  
2000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
01 / 01 / 2016

**Transaction ID : SA11AI.21434**

Amount of Each Receipt this Period  
2000.00

Memo Item  
Earmarked through House Freedom Fund

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

Mailing Address PO BOX 1948

City State Zip Code  
ALEXANDRIA VA 22313

FEC ID number of contributing federal political committee. **C** C00552851

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
31381.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
01 / 01 / 2016

**Transaction ID : SA11AI.21434.0**

Amount of Each Receipt this Period  
2000.00

Memo Item  
Total earmarked through conduit. PAC limit not affected.

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

Mailing Address 85 Rivard Road

City State Zip Code  
Glennville NC 28736

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

Name of Employer Occupation  
ASAP Automation, Inc. Owner

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
205.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
03 / 02 / 2016

**Transaction ID : SA11AI.21510**

Amount of Each Receipt this Period  
25.00

Memo Item

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

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

2025.00

11275.00

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

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

FOR LINE NUMBER: PAGE 12 OF 55  
(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)  
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 4000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 14 / 2016

Transaction ID : SA11C.21714

Amount of Each Receipt this Period  
 3000.00  
 Memo Item

B. Full Name (Last, First, Middle Initial)  
**AIR LINE PILOTS ASSOCIATION PAC**

Mailing Address 1625 MASSACHUSETTS AVE. NW

City State Zip Code  
WASHINGTON DC 20036

FEC ID number of contributing federal political committee. **C** C00035451

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  
 03 / 04 / 2016

Transaction ID : SA11C.21506

Amount of Each Receipt this Period  
 2500.00  
 Memo Item

C. 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 3500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 25 / 2016

Transaction ID : SA11C.21505

Amount of Each Receipt this Period  
 1000.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... 6500.00  
**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 13 OF 55  
(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)  
**HOUSE FREEDOM FUND**

Mailing Address **PO BOX 1948**

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

FEC ID number of contributing federal political committee. **C C00552851**

Name of Employer Occupation

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
**32136.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**02 / 10 / 2016**

**Transaction ID : SA11C.21202**

Amount of Each Receipt this Period  
**250.00**

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**NATIONAL ASSOCIATION OF INSURANCE AND FINANCIAL ADVISORS POLITICAL ACTION COMM**

Mailing Address **2901 TELESTAR CT.**

City **FALLS CHURCH** State **VA** Zip Code **22042**

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

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  
**03 / 14 / 2016**

**Transaction ID : SA11C.21716**

Amount of Each Receipt this Period  
**5000.00**

Memo Item

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

Mailing Address **430 NORTH MICHIGAN AVENUE**

City **CHICAGO** State **IL** Zip Code **60611**

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

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  
**02 / 09 / 2016**

**Transaction ID : SA11C.21206**

Amount of Each Receipt this Period  
**2000.00**

Memo Item

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

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

**7250.00**

# SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)		PAGE 14 OF 55	
<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input checked="" type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 15

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

**A.** Full Name (Last, First, Middle Initial)  
**PUBLIX SUPER MARKETS, INC. ASSOCIATES POLITICAL ACTION COMMITTEE**

Mailing Address **PO BOX 407**

City **LAKELAND** State **FL** Zip Code **33811**

FEC ID number of contributing federal political committee. **C C00400705**

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  
**03 / 04 / 2016**

**Transaction ID : SA11C.21507**

Amount of Each Receipt this Period  
**2500.00**

Memo Item

**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  
\_\_\_\_\_

Memo Item

**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  
\_\_\_\_\_

Memo Item

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

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

**2500.00**

**16250.00**

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

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

FOR LINE NUMBER: PAGE 15 OF 55  
(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)  
**Congressional Institute**

Mailing Address 1700 Diagonal Road, #730

City Alexandria State VA Zip Code 22314

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

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  
 01 / 19 / 2016

**Transaction ID : SA14.21353**

Amount of Each Receipt this Period  
 685.00

Memo Item  
**VENDOR REFUND**

**B.** Full Name (Last, First, Middle Initial)  
**North Carolina State Board of Elections**

Mailing Address 441 North Harrington Street

City Raleigh State NC Zip Code 27603

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

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  
 03 / 29 / 2016

**Transaction ID : SA14.21631**

Amount of Each Receipt this Period  
 1740.00

Memo Item  
**REFUND OF FILING FEE**

**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

Memo Item

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

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

2425.00

2425.00

**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 16 OF 55			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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

Full Name (Last, First, Middle Initial) <b>A. Add A Space</b>		Date of Disbursement
Mailing Address 4001 ASHEVILLE HWY.		<input type="text" value="01"/> / <input type="text" value="05"/> / <input type="text" value="2016"/>
City HENDERSONVILLE	State NC	Zip Code 28791
Purpose of Disbursement Rent	<input type="text"/>	Amount of Each Disbursement this Period <input type="text" value="65.00"/>
Candidate Name	Category/ Type	<input type="checkbox"/> Memo Item
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)	<b>Transaction ID : SB17.21211</b>
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Add A Space</b>		Date of Disbursement
Mailing Address 4001 ASHEVILLE HWY.		<input type="text" value="02"/> / <input type="text" value="03"/> / <input type="text" value="2016"/>
City HENDERSONVILLE	State NC	Zip Code 28791
Purpose of Disbursement Rent	<input type="text"/>	Amount of Each Disbursement this Period <input type="text" value="65.00"/>
Candidate Name	Category/ Type	<input type="checkbox"/> Memo Item
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)	<b>Transaction ID : SB17.21325</b>
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Add A Space</b>		Date of Disbursement
Mailing Address 4001 ASHEVILLE HWY.		<input type="text" value="03"/> / <input type="text" value="02"/> / <input type="text" value="2016"/>
City HENDERSONVILLE	State NC	Zip Code 28791
Purpose of Disbursement Rent	<input type="text"/>	Amount of Each Disbursement this Period <input type="text" value="65.00"/>
Candidate Name	Category/ Type	<input type="checkbox"/> Memo Item
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)	<b>Transaction ID : SB17.21633</b>
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<input type="text" value="195.00"/>
<b>TOTAL</b> This Period (last page this line number only).....	<input type="text"/>



**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 55	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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

Full Name (Last, First, Middle Initial) <b>A. American Airlines</b>		Date of Disbursement MM / DD / YYYY 01 / 06 / 2016
Mailing Address PO Box 619616		Amount of Each Disbursement this Period 321.10
City DFW Airport	State TX	
Zip Code 75261	Purpose of Disbursement Airfare	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	<b>Transaction ID : SB17.21217</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. American Airlines</b>		Date of Disbursement MM / DD / YYYY 01 / 07 / 2016
Mailing Address PO Box 619616		Amount of Each Disbursement this Period 25.00
City DFW Airport	State TX	
Zip Code 75261	Purpose of Disbursement Airfare	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	<b>Transaction ID : SB17.21222</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. American Airlines</b>		Date of Disbursement MM / DD / YYYY 01 / 08 / 2016
Mailing Address PO Box 619616		Amount of Each Disbursement this Period 56.00
City DFW Airport	State TX	
Zip Code 75261	Purpose of Disbursement Airfare	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	<b>Transaction ID : SB17.21229</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	402.10
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 55			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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

Full Name (Last, First, Middle Initial) <b>A. American Airlines</b>		Date of Disbursement MM / DD / YYYY 01 / 08 / 2016
Mailing Address PO Box 619616		Amount of Each Disbursement this Period 267.10
City DFW Airport	State TX Zip Code 75261	
Purpose of Disbursement Airfare	Candidate Name	<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	<b>Transaction ID : SB17.21230</b>

Full Name (Last, First, Middle Initial) <b>B. American Airlines</b>		Date of Disbursement MM / DD / YYYY 01 / 11 / 2016
Mailing Address PO Box 619616		Amount of Each Disbursement this Period 169.10
City DFW Airport	State TX Zip Code 75261	
Purpose of Disbursement Airfare	Candidate Name	<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	<b>Transaction ID : SB17.21232</b>

Full Name (Last, First, Middle Initial) <b>C. American Airlines</b>		Date of Disbursement MM / DD / YYYY 01 / 20 / 2016
Mailing Address PO Box 619616		Amount of Each Disbursement this Period 101.10
City DFW Airport	State TX Zip Code 75261	
Purpose of Disbursement Airfare	Candidate Name	<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	<b>Transaction ID : SB17.21276</b>

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	537.30
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 OF 55			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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

Full Name (Last, First, Middle Initial) <b>A. American Airlines</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 25 / 2016
Mailing Address PO Box 619616		Amount of Each Disbursement this Period 108.10
City DFW Airport	State TX Zip Code 75261	
Purpose of Disbursement Airfare	Candidate Name	<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	<b>Transaction ID : SB17.21297</b>

Full Name (Last, First, Middle Initial) <b>B. American Airlines</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 25 / 2016
Mailing Address PO Box 619616		Amount of Each Disbursement this Period 306.10
City DFW Airport	State TX Zip Code 75261	
Purpose of Disbursement Airfare	Candidate Name	<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	<b>Transaction ID : SB17.21298</b>

Full Name (Last, First, Middle Initial) <b>C. American Airlines</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 08 / 2016
Mailing Address PO Box 619616		Amount of Each Disbursement this Period 25.00
City DFW Airport	State TX Zip Code 75261	
Purpose of Disbursement Airfare	Candidate Name	<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	<b>Transaction ID : SB17.21341</b>

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	439.20
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 20 OF 55	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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

Full Name (Last, First, Middle Initial) <b>A. American Airlines</b>		Date of Disbursement MM / DD / YYYY 03 / 28 / 2016
Mailing Address PO Box 619616		Amount of Each Disbursement this Period 638.20
City DFW Airport	State TX Zip Code 75261	
Purpose of Disbursement Airfare	Category/Type	<input type="checkbox"/> Memo Item
Candidate Name	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Transaction ID : SB17.21702</b>
Office Sought: House Senate President		
State: District:		

Full Name (Last, First, Middle Initial) <b>B. American Express</b>		Date of Disbursement MM / DD / YYYY 01 / 04 / 2016
Mailing Address P.O. Box 53852		Amount of Each Disbursement this Period 162.14
City Phoenix	State AZ Zip Code 85072-3852	
Purpose of Disbursement Merchant Fees	Category/Type	<input type="checkbox"/> Memo Item
Candidate Name	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Transaction ID : SB17.21208</b>
Office Sought: House Senate President		
State: District:		

Full Name (Last, First, Middle Initial) <b>C. American Express</b>		Date of Disbursement MM / DD / YYYY 02 / 03 / 2016
Mailing Address P.O. Box 53852		Amount of Each Disbursement this Period 0.67
City Phoenix	State AZ Zip Code 85072-3852	
Purpose of Disbursement Merchant Fees	Category/Type	<input type="checkbox"/> Memo Item
Candidate Name	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Transaction ID : SB17.21326</b>
Office Sought: House Senate President		
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	801.01
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 21 OF 55	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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

Full Name (Last, First, Middle Initial) <b>A. American Express</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 03 / 2016
Mailing Address P.O. Box 53852		Amount of Each Disbursement this Period 16.20
City Phoenix	State AZ	
Zip Code 85072-3852	Purpose of Disbursement Merchant Fees	<input type="checkbox"/> Memo Item
Candidate Name	Category/ Type	<b>Transaction ID : SB17.21642</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Amtrak</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 19 / 2016
Mailing Address 50 Massachusetts Av		Amount of Each Disbursement this Period 352.00
City Washington	State DC	
Zip Code 20002	Purpose of Disbursement Transportation	<input type="checkbox"/> Memo Item
Candidate Name	Category/ Type	<b>Transaction ID : SB17.21268</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Amtrak</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 16 / 2016
Mailing Address 50 Massachusetts Av		Amount of Each Disbursement this Period 170.00
City Washington	State DC	
Zip Code 20002	Purpose of Disbursement Transportation	<input type="checkbox"/> Memo Item
Candidate Name	Category/ Type	<b>Transaction ID : SB17.21670</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	538.20
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 22 OF 55	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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

Full Name (Last, First, Middle Initial) <b>A. Avis Rent-a-Car</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 06 / 2016
Mailing Address 9217 Airport Boulevard		Amount of Each Disbursement this Period 206.69
City Los Angeles	State CA	
Zip Code 90045	Purpose of Disbursement Transportation	<input type="checkbox"/> Memo Item
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)	<b>Transaction ID : SB17.21216</b>
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Capitol Hill Club</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 19 / 2016
Mailing Address 300 First Street, SE		Amount of Each Disbursement this Period 254.40
City Washington	State DC	
Zip Code 20003	Purpose of Disbursement Food/Beverage	<input type="checkbox"/> Memo Item
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)	<b>Transaction ID : SB17.21269</b>
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Capitol Hill Club</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 19 / 2016
Mailing Address 300 First Street, SE		Amount of Each Disbursement this Period 293.65
City Washington	State DC	
Zip Code 20003	Purpose of Disbursement Food/Beverage	<input type="checkbox"/> Memo Item
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)	<b>Transaction ID : SB17.21270</b>
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	754.74
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 OF 55			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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

Full Name (Last, First, Middle Initial) <b>A. Capitol Hill Club</b>			Date of Disbursement MM / DD / YYYY 02 / 18 / 2016
Mailing Address 300 First Street, SE			Amount of Each Disbursement this Period 69.50
City Washington	State DC	Zip Code 20003	
Purpose of Disbursement Food/Beverage		Category/ Type	<input type="checkbox"/> Memo Item
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)		<b>Transaction ID : SB17.21499</b>
State: District:			

Full Name (Last, First, Middle Initial) <b>B. Capitol Hill Club</b>			Date of Disbursement MM / DD / YYYY 03 / 17 / 2016
Mailing Address 300 First Street, SE			Amount of Each Disbursement this Period 37.43
City Washington	State DC	Zip Code 20003	
Purpose of Disbursement Food / Beverage		Category/ Type	<input type="checkbox"/> Memo Item
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)		<b>Transaction ID : SB17.21674</b>
State: District:			

Full Name (Last, First, Middle Initial) <b>c. Capitol Hill Club</b>			Date of Disbursement MM / DD / YYYY 03 / 17 / 2016
Mailing Address 300 First Street, SE			Amount of Each Disbursement this Period 81.79
City Washington	State DC	Zip Code 20003	
Purpose of Disbursement Food / Beverage		Category/ Type	<input type="checkbox"/> Memo Item
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)		<b>Transaction ID : SB17.21675</b>
State: District:			

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	188.79
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 OF 55			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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

Full Name (Last, First, Middle Initial) <b>A. Carmine's</b>			Date of Disbursement MM / DD / YYYY 02 / 26 / 2016		
Mailing Address 425 7th Street NW			Amount of Each Disbursement this Period 657.91		
City Washington	State DC	Zip Code 20004	Memo Item <input type="checkbox"/>		
Purpose of Disbursement Food/Beverage		Candidate Name	Transaction ID : <b>SB17.21525</b>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President			Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State:	District:		Category/Type		

Full Name (Last, First, Middle Initial) <b>B. Chick-Fil-A</b>			Date of Disbursement MM / DD / YYYY 01 / 20 / 2016		
Mailing Address 1832 Hendersonville Road			Amount of Each Disbursement this Period 9.16		
City Asheville	State NC	Zip Code 28803	Memo Item <input type="checkbox"/>		
Purpose of Disbursement Food/Beverage		Candidate Name	Transaction ID : <b>SB17.21273</b>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President			Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State:	District:		Category/Type		

Full Name (Last, First, Middle Initial) <b>C. CM&amp;CO, LLC</b>			Date of Disbursement MM / DD / YYYY 01 / 08 / 2016		
Mailing Address PO Box 97275			Amount of Each Disbursement this Period 2195.71		
City Raleigh	State NC	Zip Code 27624	Memo Item <input type="checkbox"/>		
Purpose of Disbursement Accounting Services		Candidate Name	Transaction ID : <b>SB17.21231</b>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President			Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State:	District:		Category/Type		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2862.78
<b>TOTAL</b> This Period (last page this line number only).....	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 OF 55			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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

Full Name (Last, First, Middle Initial) <b>A. CM&amp;CO, LLC</b>			Date of Disbursement MM / DD / YYYY 02 / 10 / 2016		
Mailing Address PO Box 97275			Amount of Each Disbursement this Period 1883.49		
City Raleigh	State NC	Zip Code 27624	Memo Item <input type="checkbox"/>		
Purpose of Disbursement Accounting Service		Category/ Type			
Candidate Name		Transaction ID : <b>SB17.21349</b>			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: _____	District: _____				

Full Name (Last, First, Middle Initial) <b>B. CM&amp;CO, LLC</b>			Date of Disbursement MM / DD / YYYY 03 / 14 / 2016		
Mailing Address PO Box 97275			Amount of Each Disbursement this Period 1323.39		
City Raleigh	State NC	Zip Code 27624	Memo Item <input type="checkbox"/>		
Purpose of Disbursement Accounting Services		Category/ Type			
Candidate Name		Transaction ID : <b>SB17.21664</b>			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: _____	District: _____				

Full Name (Last, First, Middle Initial) <b>c. Congressional Club</b>			Date of Disbursement MM / DD / YYYY 01 / 12 / 2016		
Mailing Address 2001 New Hampshire Ave, NW			Amount of Each Disbursement this Period 40.00		
City Washington	State DC	Zip Code 20009	Memo Item <input type="checkbox"/>		
Purpose of Disbursement Event Fee		Category/ Type			
Candidate Name		Transaction ID : <b>SB17.21236</b>			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: _____	District: _____				

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	3246.88
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 OF 55			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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

Full Name (Last, First, Middle Initial) <b>A. Congressional Club</b>			Date of Disbursement M M / D D / Y Y Y Y 03 / 15 / 2016		
Mailing Address 2001 New Hampshire Ave, NW			Amount of Each Disbursement this Period 500.00		
City Washington	State DC	Zip Code 20009	Memo Item <input type="checkbox"/>		
Purpose of Disbursement Registration		Candidate Name	Transaction ID : <b>SB17.21669</b>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President			Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State:	District:				

Full Name (Last, First, Middle Initial) <b>B. Embassy Suites</b>			Date of Disbursement M M / D D / Y Y Y Y 01 / 19 / 2016		
Mailing Address 3705 Spectrum Blvd			Amount of Each Disbursement this Period 291.46		
City Tampa	State FL	Zip Code 33612	Memo Item <input type="checkbox"/>		
Purpose of Disbursement Lodging		Candidate Name	Transaction ID : <b>SB17.21267</b>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President			Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State:	District:				

Full Name (Last, First, Middle Initial) <b>c. Embassy Suites</b>			Date of Disbursement M M / D D / Y Y Y Y 02 / 19 / 2016		
Mailing Address 3705 Spectrum Blvd			Amount of Each Disbursement this Period 267.97		
City Tampa	State FL	Zip Code 33612	Memo Item <input type="checkbox"/>		
Purpose of Disbursement Lodging		Candidate Name	Transaction ID : <b>SB17.21511</b>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President			Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State:	District:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1059.43
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 OF 55			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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

Full Name (Last, First, Middle Initial) <b>A. Embassy Suites</b>			Date of Disbursement MM / DD / YYYY 02 / 22 / 2016		
Mailing Address 3705 Spectrum Blvd			Amount of Each Disbursement this Period 558.36		
City Tampa	State FL	Zip Code 33612	<input type="checkbox"/> Memo Item <b>Transaction ID : SB17.21516</b>		
Purpose of Disbursement Lodging		Category/ Type			
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: _____	District: _____				

Full Name (Last, First, Middle Initial) <b>B. Enterprise Rent A Car</b>			Date of Disbursement MM / DD / YYYY 01 / 25 / 2016		
Mailing Address 61 Terminal Drive, Ste 18			Amount of Each Disbursement this Period 357.12		
City Fletcher	State NC	Zip Code 28732	<input type="checkbox"/> Memo Item <b>Transaction ID : SB17.21301</b>		
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>c. Enterprise Rent A Car</b>			Date of Disbursement MM / DD / YYYY 02 / 08 / 2016		
Mailing Address 61 Terminal Drive, Ste 18			Amount of Each Disbursement this Period 215.42		
City Fletcher	State NC	Zip Code 28732	<input type="checkbox"/> Memo Item <b>Transaction ID : SB17.21345</b>		
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: _____				

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	1130.90
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 OF 55			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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

Full Name (Last, First, Middle Initial) <b>A. Fairfax Micro Center</b>			Date of Disbursement M M / D D / Y Y Y Y 01 / 15 / 2016		
Mailing Address 3089 Nutley Street SW			Amount of Each Disbursement this Period 953.96		
City Fairfax	State VA	Zip Code 22031	<input type="checkbox"/> Memo Item <b>Transaction ID : SB17.21244</b>		
Purpose of Disbursement Computer Equipment		Category/ Type			
Candidate Name					
Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For:			
State:	District:	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			

Full Name (Last, First, Middle Initial) <b>B. Alyssa Farah</b>			Date of Disbursement M M / D D / Y Y Y Y 03 / 10 / 2016		
Mailing Address 1229 30th St NW			Amount of Each Disbursement this Period 810.00		
City Washington	State DC	Zip Code 20007	<input type="checkbox"/> Memo Item <b>Transaction ID : SB17.21658</b>		
Purpose of Disbursement Communications Consulting		Category/ Type			
Candidate Name					
Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For:			
State:	District:	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			

Full Name (Last, First, Middle Initial) <b>C. Hampton Inns &amp; Suites</b>			Date of Disbursement M M / D D / Y Y Y Y 02 / 17 / 2016		
Mailing Address 18 Rockwood Road			Amount of Each Disbursement this Period 387.63		
City Fletcher	State NC	Zip Code 28732	<input type="checkbox"/> Memo Item <b>Transaction ID : SB17.21493</b>		
Purpose of Disbursement Lodging		Category/ Type			
Candidate Name					
Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For:			
State:	District:	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2151.59
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 29 OF 55	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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

Full Name (Last, First, Middle Initial) <b>A. Hilton Asheville Biltmore Park</b>			Date of Disbursement M M / D D / Y Y Y Y <b>01 / 25 / 2016</b>	
Mailing Address 43 Town Square Blvd			Amount of Each Disbursement this Period <b>359.26</b>	
City Asheville	State NC	Zip Code 28803	<input type="checkbox"/> Memo Item	
Purpose of Disbursement Lodging		Candidate Name	Transaction ID : <b>SB17.21302</b>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President			Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:			

Full Name (Last, First, Middle Initial) <b>B. Hilton Asheville Biltmore Park</b>			Date of Disbursement M M / D D / Y Y Y Y <b>02 / 18 / 2016</b>	
Mailing Address 43 Town Square Blvd			Amount of Each Disbursement this Period <b>275.97</b>	
City Asheville	State NC	Zip Code 28803	<input type="checkbox"/> Memo Item	
Purpose of Disbursement Lodging		Candidate Name	Transaction ID : <b>SB17.21498</b>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President			Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:			

Full Name (Last, First, Middle Initial) <b>C. Hilton Garden Inn</b>			Date of Disbursement M M / D D / Y Y Y Y <b>01 / 19 / 2016</b>	
Mailing Address 1325 Creekshire Way			Amount of Each Disbursement this Period <b>271.27</b>	
City Winston-Salem	State NC	Zip Code 27103	<input type="checkbox"/> Memo Item	
Purpose of Disbursement Lodging		Candidate Name	Transaction ID : <b>SB17.21266</b>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President			Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:			

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>906.50</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 OF 55			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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

Full Name (Last, First, Middle Initial) <b>A. Robert L. Holland</b>			Date of Disbursement M M / D D / Y Y Y Y 03 / 09 / 2016		
Mailing Address 595 Battle Branch Rd			Amount of Each Disbursement this Period 450.00		
City Franklin	State NC	Zip Code 28734	Memo Item <input type="checkbox"/>		
Purpose of Disbursement REIMBURSEMENT: Decals		Category/ Type			
Candidate Name		Transaction ID : <b>SB17.21653</b>			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: District:					

Full Name (Last, First, Middle Initial) <b>B. Gooder Grafix, Inc</b>			Date of Disbursement M M / D D / Y Y Y Y 03 / 09 / 2016		
Mailing Address 1021 E Main St			Amount of Each Disbursement this Period 450.00		
City Franklin	State NC	Zip Code 28734	Memo Item <input checked="" type="checkbox"/>		
Purpose of Disbursement Decals		Category/ Type			
Candidate Name		Transaction ID : <b>SB17.21653.0</b>			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: District:					

Full Name (Last, First, Middle Initial) <b>c. House Gift Shop</b>			Date of Disbursement M M / D D / Y Y Y Y 03 / 23 / 2016		
Mailing Address First St SE			Amount of Each Disbursement this Period 153.60		
City Washington	State DC	Zip Code 20004	Memo Item <input type="checkbox"/>		
Purpose of Disbursement Event Host Gifts		Category/ Type			
Candidate Name		Transaction ID : <b>SB17.21699</b>			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: District:					

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	603.60
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 31 OF 55	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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

Full Name (Last, First, Middle Initial) <b>A. Ingle's Grocery</b>			Date of Disbursement M M / D D / Y Y Y Y 02 / 21 / 2016	
Mailing Address US 64			Amount of Each Disbursement this Period 22.75	
City Cashiers	State NC	Zip Code 28717	Memo Item <input type="checkbox"/>	
Purpose of Disbursement Food/Beverage		Category/ Type	Transaction ID : <b>SB17.21513</b>	
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) <b>B. International Foundation Club</b>			Date of Disbursement M M / D D / Y Y Y Y 02 / 10 / 2016	
Mailing Address 2145 24th Street N			Amount of Each Disbursement this Period 225.00	
City Arlington	State VA	Zip Code 22207	Memo Item <input type="checkbox"/>	
Purpose of Disbursement Event Fee		Category/ Type	Transaction ID : <b>SB17.21554</b>	
Candidate Name				
Office Sought: <input 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: District:				

Full Name (Last, First, Middle Initial) <b>c. JetBlue</b>			Date of Disbursement M M / D D / Y Y Y Y 01 / 20 / 2016	
Mailing Address 27-01 Queens Plaza			Amount of Each Disbursement this Period 204.10	
City North Long Island City	State NY	Zip Code 11101	Memo Item <input type="checkbox"/>	
Purpose of Disbursement Airfare		Category/ Type	Transaction ID : <b>SB17.21277</b>	
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	451.85
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 32 OF 55	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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

Full Name (Last, First, Middle Initial) <b>A. JetBlue</b>		Date of Disbursement MM / DD / YYYY 02 / 08 / 2016
Mailing Address 27-01 Queens Plaza		Amount of Each Disbursement this Period 25.00
City North Long Island City	State NY	
Zip Code 11101	Purpose of Disbursement Airfare	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	<b>Transaction ID : SB17.21340</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. JetBlue</b>		Date of Disbursement MM / DD / YYYY 03 / 23 / 2016
Mailing Address 27-01 Queens Plaza		Amount of Each Disbursement this Period 192.20
City North Long Island City	State NY	
Zip Code 11101	Purpose of Disbursement Airfare	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	<b>Transaction ID : SB17.21698</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Wayne King</b>		Date of Disbursement MM / DD / YYYY 01 / 25 / 2016
Mailing Address PO Box 944		Amount of Each Disbursement this Period 185.44
City Kings Mountain	State NC	
Zip Code 28086	Purpose of Disbursement Transportation	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	<b>Transaction ID : SB17.21307</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	402.64
<b>TOTAL</b> This Period (last page this line number only).....	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 OF 55			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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

Full Name (Last, First, Middle Initial) <b>A. Enterprise Rent A Car</b>			Date of Disbursement M M / D D / Y Y Y Y 01 / 25 / 2016		
Mailing Address 61 Terminal Drive, Ste 18			Amount of Each Disbursement this Period 185.44		
City Fletcher	State NC	Zip Code 28732	<input type="checkbox"/> Memo Item <b>Transaction ID : SB17.21307.0</b>		
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>B. Miles &amp; Stockbridge, PC</b>			Date of Disbursement M M / D D / Y Y Y Y 01 / 25 / 2016		
Mailing Address 100 Light Street			Amount of Each Disbursement this Period 4560.00		
City Baltimore	State MD	Zip Code 21202	<input type="checkbox"/> Memo Item <b>Transaction ID : SB17.21304</b>		
Purpose of Disbursement Legal 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>c. Miles &amp; Stockbridge, PC</b>			Date of Disbursement M M / D D / Y Y Y Y 01 / 29 / 2016		
Mailing Address 100 Light Street			Amount of Each Disbursement this Period 1920.00		
City Baltimore	State MD	Zip Code 21202	<input type="checkbox"/> Memo Item <b>Transaction ID : SB17.21316</b>		
Purpose of Disbursement Legal 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:					

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	6480.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 34 OF 55	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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

Full Name (Last, First, Middle Initial) <b>A. Miles &amp; Stockbridge, PC</b>			Date of Disbursement M M / D D / Y Y Y Y 03 / 14 / 2016	
Mailing Address 100 Light Street			Amount of Each Disbursement this Period 360.00	
City Baltimore	State MD	Zip Code 21202	Memo Item <input type="checkbox"/>	
Purpose of Disbursement Legal Services		Category/ Type		
Candidate Name			Transaction ID : <b>SB17.21667</b>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) <b>B. Jean C Miller</b>			Date of Disbursement M M / D D / Y Y Y Y 01 / 07 / 2016	
Mailing Address 8436 Bates Drive			Amount of Each Disbursement this Period 700.00	
City Bowie	State MD	Zip Code 20720	Memo Item <input type="checkbox"/>	
Purpose of Disbursement Event Registration Fee		Category/ Type		
Candidate Name			Transaction ID : <b>SB17.21227</b>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) <b>C. New Yorker Hotel</b>			Date of Disbursement M M / D D / Y Y Y Y 03 / 22 / 2016	
Mailing Address 481 8th Ave			Amount of Each Disbursement this Period 739.10	
City New York	State NY	Zip Code 10001	Memo Item <input type="checkbox"/>	
Purpose of Disbursement Lodging		Category/ Type		
Candidate Name			Transaction ID : <b>SB17.21692</b>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1799.10
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 35 OF 55	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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

Full Name (Last, First, Middle Initial) <b>A. North Carolina State Board of Elections</b>			Date of Disbursement M M / D D / Y Y Y Y <b>03 / 17 / 2016</b>
Mailing Address <b>441 North Harrington Street</b>			Amount of Each Disbursement this Period <b>1740.00</b>
City <b>Raleigh</b>	State <b>NC</b>	Zip Code <b>27603</b>	
Purpose of Disbursement <b>Filing Fee</b>		Category/ Type	<input type="checkbox"/> Memo Item
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)		<b>Transaction ID : SB17.21676</b>
State: District:			

Full Name (Last, First, Middle Initial) <b>B. NYC Taxi</b>			Date of Disbursement M M / D D / Y Y Y Y <b>03 / 21 / 2016</b>
Mailing Address <b>33 Beaver St</b>			Amount of Each Disbursement this Period <b>10.35</b>
City <b>New York</b>	State <b>NY</b>	Zip Code <b>10004</b>	
Purpose of Disbursement <b>Transportation</b>		Category/ Type	<input type="checkbox"/> Memo Item
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)		<b>Transaction ID : SB17.21686</b>
State: District:			

Full Name (Last, First, Middle Initial) <b>C. Palm Beach National Golf Resort</b>			Date of Disbursement M M / D D / Y Y Y Y <b>01 / 25 / 2016</b>
Mailing Address <b>400 Avenue of the Champions</b>			Amount of Each Disbursement this Period <b>334.88</b>
City <b>Palm Beach Gardens</b>	State <b>FL</b>	Zip Code <b>33418</b>	
Purpose of Disbursement <b>Lodging</b>		Category/ Type	<input type="checkbox"/> Memo Item
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)		<b>Transaction ID : SB17.21299</b>
State: District:			

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>2085.23</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 36 OF 55	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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

Full Name (Last, First, Middle Initial) <b>A. Palm Beach National Golf Resort</b>		Date of Disbursement M M / D D / Y Y Y Y <b>02 / 08 / 2016</b>
Mailing Address 400 Avenue of the Champions		Amount of Each Disbursement this Period <b>580.16</b>
City Palm Beach Gardens	State FL	
Zip Code 33418	Purpose of Disbursement Lodging	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	<b>Transaction ID : SB17.21346</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Robert W. Penland</b>		Date of Disbursement M M / D D / Y Y Y Y <b>01 / 04 / 2016</b>
Mailing Address P.O. Box 777		Amount of Each Disbursement this Period <b>3260.32</b>
City Enka	State NC	
Zip Code 28728	Purpose of Disbursement Management Consulting, Mileage	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	<b>Transaction ID : SB17.21209</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Robert W. Penland</b>		Date of Disbursement M M / D D / Y Y Y Y <b>02 / 10 / 2016</b>
Mailing Address P.O. Box 777		Amount of Each Disbursement this Period <b>3029.04</b>
City Enka	State NC	
Zip Code 28728	Purpose of Disbursement Mileage, Management Consulting	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	<b>Transaction ID : SB17.21350</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>6869.52</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 37 OF 55	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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

Full Name (Last, First, Middle Initial) <b>A. Robert W. Penland</b>			Date of Disbursement M M / D D / Y Y Y Y <b>03 / 14 / 2016</b>	
Mailing Address <b>P.O. Box 777</b>			Amount of Each Disbursement this Period <b>3017.28</b>	
City <b>Enka</b>	State <b>NC</b>	Zip Code <b>28728</b>	<input type="checkbox"/> Memo Item	
Purpose of Disbursement <b>Management Consulting, Mileage</b>		Category/ Type	<b>Transaction ID : SB17.21668</b>	
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: _____	District: _____			

Full Name (Last, First, Middle Initial) <b>B. Pennsylvania 6</b>			Date of Disbursement M M / D D / Y Y Y Y <b>01 / 11 / 2016</b>	
Mailing Address <b>1350 Eye Street NW</b>			Amount of Each Disbursement this Period <b>211.27</b>	
City <b>Washington</b>	State <b>DC</b>	Zip Code <b>20005</b>	<input type="checkbox"/> Memo Item	
Purpose of Disbursement <b>Food/Beverage</b>		Category/ Type	<b>Transaction ID : SB17.21233</b>	
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: _____	District: _____			

Full Name (Last, First, Middle Initial) <b>c. Rare Sweets</b>			Date of Disbursement M M / D D / Y Y Y Y <b>02 / 08 / 2016</b>	
Mailing Address <b>936 Palmer Alley NW</b>			Amount of Each Disbursement this Period <b>66.05</b>	
City <b>Washington</b>	State <b>DC</b>	Zip Code <b>20005</b>	<input type="checkbox"/> Memo Item	
Purpose of Disbursement <b>Food Beverage</b>		Category/ Type	<b>Transaction ID : SB17.21342</b>	
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: _____	District: _____			

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>3294.60</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 38 OF 55			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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

Full Name (Last, First, Middle Initial) <b>A. Rare Sweets</b>		Date of Disbursement MM / DD / YYYY 02 / 16 / 2016
Mailing Address 936 Palmer Alley NW		Amount of Each Disbursement this Period 39.90
City Washington	State DC	
Zip Code 20005	Purpose of Disbursement Food/Beverage	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	<b>Transaction ID : SB17.21484</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. RedPledge</b>		Date of Disbursement MM / DD / YYYY 01 / 05 / 2016
Mailing Address 4400 North Point Parkway		Amount of Each Disbursement this Period 144.41
City Alpharetta	State GA	
Zip Code 30022	Purpose of Disbursement Merchant Fees	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	<b>Transaction ID : SB17.21212</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. RedPledge</b>		Date of Disbursement MM / DD / YYYY 02 / 02 / 2016
Mailing Address 4400 North Point Parkway		Amount of Each Disbursement this Period 38.32
City Alpharetta	State GA	
Zip Code 30022	Purpose of Disbursement Merchant Fees	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	<b>Transaction ID : SB17.21324</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	222.63
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 39 OF 55			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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

Full Name (Last, First, Middle Initial) <b>A. RedPledge</b>			Date of Disbursement M M / D D / Y Y Y Y 03 / 02 / 2016	
Mailing Address 4400 North Point Parkway			Amount of Each Disbursement this Period 39.72	
City Alpharetta	State GA	Zip Code 30022	Memo Item <input type="checkbox"/>	
Purpose of Disbursement Merchant Fees		Category/ Type		
Candidate Name			Transaction ID : <b>SB17.21637</b>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) <b>B. Republican Congressional Spouses</b>			Date of Disbursement M M / D D / Y Y Y Y 03 / 01 / 2016	
Mailing Address 2336 South Queen Street			Amount of Each Disbursement this Period 30.00	
City Arlington	State VA	Zip Code 22202	Memo Item <input type="checkbox"/>	
Purpose of Disbursement Entrance Fee		Category/ Type		
Candidate Name			Transaction ID : <b>SB17.21632</b>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) <b>c. The Stoneridge Group, LLC</b>			Date of Disbursement M M / D D / Y Y Y Y 01 / 04 / 2016	
Mailing Address 4400 North Point Parkway Suite 190			Amount of Each Disbursement this Period 19.95	
City Alpharetta	State GA	Zip Code 30022	Memo Item <input type="checkbox"/>	
Purpose of Disbursement Online Services		Category/ Type		
Candidate Name			Transaction ID : <b>SB17.21207</b>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	89.67
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 40 OF 55	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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

Full Name (Last, First, Middle Initial) <b>A. The Stoneridge Group, LLC</b>			Date of Disbursement M M / D D / Y Y Y Y 02 / 04 / 2016	
Mailing Address 4400 North Point Parkway Suite 190			Amount of Each Disbursement this Period 19.95	
City Alpharetta	State GA	Zip Code 30022	Memo Item <input type="checkbox"/>	
Purpose of Disbursement Online Services		Candidate Name	Transaction ID : <b>SB17.21323</b>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President			Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:	Category/Type		

Full Name (Last, First, Middle Initial) <b>B. The Stoneridge Group, LLC</b>			Date of Disbursement M M / D D / Y Y Y Y 03 / 02 / 2016	
Mailing Address 4400 North Point Parkway Suite 190			Amount of Each Disbursement this Period 19.95	
City Alpharetta	State GA	Zip Code 30022	Memo Item <input type="checkbox"/>	
Purpose of Disbursement Online Services		Candidate Name	Transaction ID : <b>SB17.21634</b>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President			Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:	Category/Type		

Full Name (Last, First, Middle Initial) <b>c. Tortilla Coast</b>			Date of Disbursement M M / D D / Y Y Y Y 02 / 10 / 2016	
Mailing Address 400 First Street SE			Amount of Each Disbursement this Period 1139.34	
City Washington	State DC	Zip Code 20003	Memo Item <input type="checkbox"/>	
Purpose of Disbursement Food/Beverage		Candidate Name	Transaction ID : <b>SB17.21348</b>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President			Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:	Category/Type		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1179.24
<b>TOTAL</b> This Period (last page this line number only).....	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 41 OF 55			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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

Full Name (Last, First, Middle Initial) <b>A. Trail Blazer Campaign Services Inc</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 02 / 2016
Mailing Address 620 Mendelssohn Ave N Ste186		Amount of Each Disbursement this Period 7000.00
City Golden Valley State MN Zip Code 55437	Purpose of Disbursement Software	
Candidate Name		<input type="checkbox"/> Memo Item
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)	<b>Transaction ID : SB17.21635</b>
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) <b>B. Uber Technologies, Inc</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 12 / 2016
Mailing Address 182 Howard Street		Amount of Each Disbursement this Period 18.60
City San Francisco State CA Zip Code 94105	Purpose of Disbursement Transportation	
Candidate Name		<input type="checkbox"/> Memo Item
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)	<b>Transaction ID : SB17.21235</b>
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) <b>c. Uber Technologies, Inc</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 13 / 2016
Mailing Address 182 Howard Street		Amount of Each Disbursement this Period 18.65
City San Francisco State CA Zip Code 94105	Purpose of Disbursement Transportation	
Candidate Name		<input type="checkbox"/> Memo Item
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)	<b>Transaction ID : SB17.21237</b>
State: District:	Category/Type	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	7037.25
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 42 OF 55			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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

Full Name (Last, First, Middle Initial) <b>A. Uber Technologies, Inc</b>			Date of Disbursement M M / D D / Y Y Y Y 01 / 14 / 2016	
Mailing Address 182 Howard Street			Amount of Each Disbursement this Period 19.34	
City San Francisco	State CA	Zip Code 94105	Memo Item <input type="checkbox"/>	
Purpose of Disbursement Transportation		Candidate Name	Transaction ID : <b>SB17.21238</b>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President			Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		Category/Type		

Full Name (Last, First, Middle Initial) <b>B. Uber Technologies, Inc</b>			Date of Disbursement M M / D D / Y Y Y Y 01 / 27 / 2016	
Mailing Address 182 Howard Street			Amount of Each Disbursement this Period 23.81	
City San Francisco	State CA	Zip Code 94105	Memo Item <input type="checkbox"/>	
Purpose of Disbursement Transportation		Candidate Name	Transaction ID : <b>SB17.21311</b>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President			Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		Category/Type		

Full Name (Last, First, Middle Initial) <b>c. Uber Technologies, Inc</b>			Date of Disbursement M M / D D / Y Y Y Y 02 / 04 / 2016	
Mailing Address 182 Howard Street			Amount of Each Disbursement this Period 23.02	
City San Francisco	State CA	Zip Code 94105	Memo Item <input type="checkbox"/>	
Purpose of Disbursement Transportation		Candidate Name	Transaction ID : <b>SB17.21327</b>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President			Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		Category/Type		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	66.17
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 43 OF 55			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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

Full Name (Last, First, Middle Initial) <b>A. Uber Technologies, Inc</b>			Date of Disbursement MM / DD / YYYY 02 / 04 / 2016		
Mailing Address 182 Howard Street			Amount of Each Disbursement this Period 36.88		
City San Francisco	State CA	Zip Code 94105	Memo Item <input type="checkbox"/>		
Purpose of Disbursement Transportation		Category/ Type			
Candidate Name		Transaction ID : <b>SB17.21328</b>			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: District:					

Full Name (Last, First, Middle Initial) <b>B. Uber Technologies, Inc</b>			Date of Disbursement MM / DD / YYYY 02 / 05 / 2016		
Mailing Address 182 Howard Street			Amount of Each Disbursement this Period 21.46		
City San Francisco	State CA	Zip Code 94105	Memo Item <input type="checkbox"/>		
Purpose of Disbursement Transportation		Category/ Type			
Candidate Name		Transaction ID : <b>SB17.21335</b>			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: District:					

Full Name (Last, First, Middle Initial) <b>c. Uber Technologies, Inc</b>			Date of Disbursement MM / DD / YYYY 02 / 12 / 2016		
Mailing Address 182 Howard Street			Amount of Each Disbursement this Period 19.54		
City San Francisco	State CA	Zip Code 94105	Memo Item <input type="checkbox"/>		
Purpose of Disbursement Transportation		Category/ Type			
Candidate Name		Transaction ID : <b>SB17.21480</b>			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: District:					

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	77.88
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 44 OF 55	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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

Full Name (Last, First, Middle Initial) <b>A. Uber Technologies, Inc</b>		Date of Disbursement MM / DD / YYYY 02 / 16 / 2016
Mailing Address 182 Howard Street		Amount of Each Disbursement this Period 63.52
City San Francisco	State CA Zip Code 94105	
Purpose of Disbursement Transportation	Category/Type	Memo Item <input type="checkbox"/>
Candidate Name	Transaction ID : <b>SB17.21485</b>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Uber Technologies, Inc</b>		Date of Disbursement MM / DD / YYYY 02 / 16 / 2016
Mailing Address 182 Howard Street		Amount of Each Disbursement this Period 18.13
City San Francisco	State CA Zip Code 94105	
Purpose of Disbursement Transportation	Category/Type	Memo Item <input type="checkbox"/>
Candidate Name	Transaction ID : <b>SB17.21486</b>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Uber Technologies, Inc</b>		Date of Disbursement MM / DD / YYYY 02 / 19 / 2016
Mailing Address 182 Howard Street		Amount of Each Disbursement this Period 29.63
City San Francisco	State CA Zip Code 94105	
Purpose of Disbursement Transportation	Category/Type	Memo Item <input type="checkbox"/>
Candidate Name	Transaction ID : <b>SB17.21512</b>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	63.52
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 45 OF 55			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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

Full Name (Last, First, Middle Initial) <b>A. Uber Technologies, Inc</b>			Date of Disbursement MM / DD / YYYY 02 / 24 / 2016		
Mailing Address 182 Howard Street			Amount of Each Disbursement this Period 20.22		
City San Francisco	State CA	Zip Code 94105	Memo Item <input type="checkbox"/>		
Purpose of Disbursement Transportation		Candidate Name	Transaction ID : <b>SB17.21519</b>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President			Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:		Category/Type			

Full Name (Last, First, Middle Initial) <b>B. Uber Technologies, Inc</b>			Date of Disbursement MM / DD / YYYY 02 / 25 / 2016		
Mailing Address 182 Howard Street			Amount of Each Disbursement this Period 18.72		
City San Francisco	State CA	Zip Code 94105	Memo Item <input type="checkbox"/>		
Purpose of Disbursement Transportation		Candidate Name	Transaction ID : <b>SB17.21522</b>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President			Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:		Category/Type			

Full Name (Last, First, Middle Initial) <b>c. Uber Technologies, Inc</b>			Date of Disbursement MM / DD / YYYY 02 / 26 / 2016		
Mailing Address 182 Howard Street			Amount of Each Disbursement this Period 15.15		
City San Francisco	State CA	Zip Code 94105	Memo Item <input type="checkbox"/>		
Purpose of Disbursement Transportation		Candidate Name	Transaction ID : <b>SB17.21526</b>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President			Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:		Category/Type			

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	54.09
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 46 OF 55			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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

Full Name (Last, First, Middle Initial) <b>A. Uber Technologies, Inc</b>			Date of Disbursement MM / DD / YYYY 02 / 26 / 2016		
Mailing Address 182 Howard Street			Amount of Each Disbursement this Period 19.36		
City San Francisco	State CA	Zip Code 94105			
Purpose of Disbursement Transportation		Category/ Type	<input type="checkbox"/> Memo Item		
Candidate Name			Transaction ID : <b>SB17.21527</b>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: _____	District: _____				

Full Name (Last, First, Middle Initial) <b>B. Uber Technologies, Inc</b>			Date of Disbursement MM / DD / YYYY 02 / 29 / 2016		
Mailing Address 182 Howard Street			Amount of Each Disbursement this Period 18.54		
City San Francisco	State CA	Zip Code 94105			
Purpose of Disbursement Transportation		Category/ Type	<input type="checkbox"/> Memo Item		
Candidate Name			Transaction ID : <b>SB17.21528</b>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: _____	District: _____				

Full Name (Last, First, Middle Initial) <b>c. Uber Technologies, Inc</b>			Date of Disbursement MM / DD / YYYY 03 / 14 / 2016		
Mailing Address 182 Howard Street			Amount of Each Disbursement this Period 15.15		
City San Francisco	State CA	Zip Code 94105			
Purpose of Disbursement Transportation		Category/ Type	<input type="checkbox"/> Memo Item		
Candidate Name			Transaction ID : <b>SB17.21662</b>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: _____	District: _____				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	53.05
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 47 OF 55	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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

Full Name (Last, First, Middle Initial) <b>A. Uber Technologies, Inc</b>		Date of Disbursement MM / DD / YYYY 03 / 14 / 2016
Mailing Address 182 Howard Street		Amount of Each Disbursement this Period 88.00 <input type="checkbox"/> Memo Item <b>Transaction ID : SB17.21663</b>
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>B. Uber Technologies, Inc</b>		Date of Disbursement MM / DD / YYYY 03 / 21 / 2016
Mailing Address 182 Howard Street		Amount of Each Disbursement this Period 37.02 <input type="checkbox"/> Memo Item <b>Transaction ID : SB17.21680</b>
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>c. Uber Technologies, Inc</b>		Date of Disbursement MM / DD / YYYY 03 / 21 / 2016
Mailing Address 182 Howard Street		Amount of Each Disbursement this Period 32.22 <input type="checkbox"/> Memo Item <b>Transaction ID : SB17.21681</b>
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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	84.39
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 48 OF 55			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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

Full Name (Last, First, Middle Initial) <b>A. Uber Technologies, Inc</b>			Date of Disbursement MM / DD / YYYY 03 / 21 / 2016	
Mailing Address 182 Howard Street			Amount of Each Disbursement this Period 20.60	
City San Francisco	State CA	Zip Code 94105	Memo Item <input type="checkbox"/>	
Purpose of Disbursement Transportation		Candidate Name	Transaction ID : <b>SB17.21682</b>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President			Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		Category/Type		

Full Name (Last, First, Middle Initial) <b>B. Uber Technologies, Inc</b>			Date of Disbursement MM / DD / YYYY 03 / 22 / 2016	
Mailing Address 182 Howard Street			Amount of Each Disbursement this Period 20.09	
City San Francisco	State CA	Zip Code 94105	Memo Item <input type="checkbox"/>	
Purpose of Disbursement Transportation		Candidate Name	Transaction ID : <b>SB17.21690</b>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President			Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		Category/Type		

Full Name (Last, First, Middle Initial) <b>c. Uber Technologies, Inc</b>			Date of Disbursement MM / DD / YYYY 03 / 22 / 2016	
Mailing Address 182 Howard Street			Amount of Each Disbursement this Period 15.15	
City San Francisco	State CA	Zip Code 94105	Memo Item <input type="checkbox"/>	
Purpose of Disbursement Transportation		Candidate Name	Transaction ID : <b>SB17.21691</b>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President			Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		Category/Type		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	55.84
<b>TOTAL</b> This Period (last page this line number only).....	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 49 OF 55			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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

Full Name (Last, First, Middle Initial) <b>A. Uber Technologies, Inc</b>			Date of Disbursement M M / D D / Y Y Y Y 03 / 23 / 2016		
Mailing Address 182 Howard Street			Amount of Each Disbursement this Period 16.05		
City San Francisco	State CA	Zip Code 94105	Memo Item <input type="checkbox"/>		
Purpose of Disbursement Transportation		Category/ Type			
Candidate Name		Transaction ID : <b>SB17.21696</b>			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: District:					

Full Name (Last, First, Middle Initial) <b>B. Uber Technologies, Inc</b>			Date of Disbursement M M / D D / Y Y Y Y 03 / 23 / 2016		
Mailing Address 182 Howard Street			Amount of Each Disbursement this Period 19.07		
City San Francisco	State CA	Zip Code 94105	Memo Item <input type="checkbox"/>		
Purpose of Disbursement Transportation		Category/ Type			
Candidate Name		Transaction ID : <b>SB17.21700</b>			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: District:					

Full Name (Last, First, Middle Initial) <b>C. USPS</b>			Date of Disbursement M M / D D / Y Y Y Y 03 / 18 / 2016		
Mailing Address 675 South 4th Street			Amount of Each Disbursement this Period 22.95		
City Highlands	State NC	Zip Code 28741	Memo Item <input type="checkbox"/>		
Purpose of Disbursement Postage		Category/ Type			
Candidate Name		Transaction ID : <b>SB17.21679</b>			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: District:					

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	58.07
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 50 OF 55	
	<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. USPS**

Mailing Address 675 South 4th Street

City Highlands State NC Zip Code 28741

Purpose of Disbursement Postage

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify)

State: District:

Date of Disbursement: 03 / 23 / 2016

Amount of Each Disbursement this Period: 17.80

Memo Item

Transaction ID : SB17.21701

Full Name (Last, First, Middle Initial)

**B. Verizon Wireless**

Mailing Address P.O. Box 660108

City Dallas State TX Zip Code 75266

Purpose of Disbursement Phone Services

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify)

State: District:

Date of Disbursement: 01 / 04 / 2016

Amount of Each Disbursement this Period: 138.41

Memo Item

Transaction ID : SB17.21210

Full Name (Last, First, Middle Initial)

**C. Verizon Wireless**

Mailing Address P.O. Box 660108

City Dallas State TX Zip Code 75266

Purpose of Disbursement Phone Services

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify)

State: District:

Date of Disbursement: 01 / 25 / 2016

Amount of Each Disbursement this Period: 140.62

Memo Item

Transaction ID : SB17.21306

**SUBTOTAL** of Disbursements This Page (optional) ..... 296.83

**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 55			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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

Full Name (Last, First, Middle Initial) <b>A. Verizon Wireless</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 23 / 2016
Mailing Address P.O. Box 660108		Amount of Each Disbursement this Period 168.54
City Dallas	State TX	
Zip Code 75266	Purpose of Disbursement Phone Services	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	<b>Transaction ID : SB17.21517</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Western Business Systems</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 23 / 2016
Mailing Address 135 Sweeten Creek Road		Amount of Each Disbursement this Period 1602.66
City Asheville	State NC	
Zip Code 28803	Purpose of Disbursement Phone Services	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	<b>Transaction ID : SB17.21518</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Western Business Systems</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 14 / 2016
Mailing Address 135 Sweeten Creek Road		Amount of Each Disbursement this Period 281.33
City Asheville	State NC	
Zip Code 28803	Purpose of Disbursement Phone Services	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	<b>Transaction ID : SB17.21661</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2052.53
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 52 OF 55	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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

Full Name (Last, First, Middle Initial) <b>A. Western Business Systems</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 29 / 2016
Mailing Address 135 Sweeten Creek Road		Amount of Each Disbursement this Period 69.39
City Asheville	State NC	
Zip Code 28803	Purpose of Disbursement Phone Services	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	<b>Transaction ID : SB17.21708</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

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

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

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	69.39
<b>TOTAL</b> This Period (last page this line number only).....	48661.44

**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 55	
	<input type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input checked="" type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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

Full Name (Last, First, Middle Initial) <b>A. Mark R Meadows</b>		Date of Disbursement M M / D D / Y Y Y Y <b>01 / 09 / 2016</b>
Mailing Address <b>PO Box 811</b>		Amount of Each Disbursement this Period <b>6000.00</b>
City <b>Hendersonville</b> State <b>NC</b> Zip Code <b>28793-0811</b>	Purpose of Disbursement <b>Loan Repayment</b>	
Candidate Name	Category/Type	<input type="checkbox"/> Memo Item
Office Sought: <input checked="" 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)	<b>Transaction ID : SB19A.21558</b>
State: <b>NC</b> District: <b>11</b>		

Full Name (Last, First, Middle Initial) <b>B. Mark R Meadows</b>		Date of Disbursement M M / D D / Y Y Y Y <b>02 / 10 / 2016</b>
Mailing Address <b>PO Box 811</b>		Amount of Each Disbursement this Period <b>6000.00</b>
City <b>Hendersonville</b> State <b>NC</b> Zip Code <b>28793-0811</b>	Purpose of Disbursement <b>Loan Repayment</b>	
Candidate Name	Category/Type	<input type="checkbox"/> Memo Item
Office Sought: <input checked="" 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)	<b>Transaction ID : SB19A.21559</b>
State: <b>NC</b> District: <b>11</b>		

Full Name (Last, First, Middle Initial) <b>c. Mark R Meadows</b>		Date of Disbursement M M / D D / Y Y Y Y <b>03 / 14 / 2016</b>
Mailing Address <b>PO Box 811</b>		Amount of Each Disbursement this Period <b>6000.00</b>
City <b>Hendersonville</b> State <b>NC</b> Zip Code <b>28793-0811</b>	Purpose of Disbursement <b>Loan Repayment</b>	
Candidate Name	Category/Type	<input type="checkbox"/> Memo Item
Office Sought: <input checked="" 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)	<b>Transaction ID : SB19A.21666</b>
State: <b>NC</b> District: <b>11</b>		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>18000.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	<b>18000.00</b>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 54 OF 55	
	<input type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input checked="" type="checkbox"/> 19b 21

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

Full Name (Last, First, Middle Initial) <b>A. BUNCOMBE COUNTY REPUBLICAN PARTY</b>		Date of Disbursement M M / D D / Y Y Y Y <b>03 / 28 / 2016</b>
Mailing Address <b>BOX 9834</b>		Amount of Each Disbursement this Period <b>500.00</b>
City <b>ASHEVILLE</b> State <b>NC</b> Zip Code <b>28815</b>	Purpose of Disbursement <b>NON-FEDERAL CONTRIBUTION</b>	
Candidate Name		<input type="checkbox"/> Memo Item
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)	<b>Transaction ID : SB21.21703</b>
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) <b>B. JIM BANKS FOR CONGRESS, INC.</b>		Date of Disbursement M M / D D / Y Y Y Y <b>03 / 21 / 2016</b>
Mailing Address <b>P.O. BOX 11431</b>		Amount of Each Disbursement this Period <b>2000.00</b>
City <b>FORT WAYNE</b> State <b>IN</b> Zip Code <b>46858</b>	Purpose of Disbursement <b>Contribution</b>	
Candidate Name <b>JAMES E BANKS</b>		<input type="checkbox"/> Memo Item
Office Sought: <input checked="" 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)	<b>Transaction ID : SB21.21688</b>
State: <b>IN</b> District: <b>03</b>	Category/Type	

Full Name (Last, First, Middle Initial) <b>C.</b>		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		Amount of Each Disbursement this Period
City	State Zip Code	
Purpose of Disbursement		<input type="checkbox"/> Memo Item
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:	Category/Type	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>2500.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	<b>2500.00</b>

**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**  Memo Item  
**Mark R Meadows**

Election: 2012  
 Primary  
 General  
 Other (specify) ▼

Mailing Address  
PO Box 811

City State ZIP Code  
Hendersonville NC 28793-0811

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
250000.00	107500.00	142500.00

**TERMS**

Date Incurred	Date Due	Interest Rate	Secured:
MM / DD / YYYY 09 / 29 / 2011	MM / DD / YYYY none	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

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

<b>SUBTOTALS</b> This Period This Page (optional).....	▶	142500.00
<b>TOTALS</b> This Period (last page in this line only).....	▶	142500.00

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