

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

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

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

5. Covering Period M M / D D / Y Y Y Y through M M / D D / Y Y Y Y
07 / 01 / 2013 through 09 / 30 / 2013

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.
Type or Print Name of Treasurer Collin McMichael
Signature of Treasurer Collin McMichael *[Electronically Filed]* Date M M / D D / Y Y Y Y
10 / 14 / 2013

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

SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name
Meadows for Congress

Report Covering the Period: From: M M / D D / Y Y Y Y 07 / 01 / 2013 To: M M / D D / Y Y Y Y 09 / 30 / 2013

| | 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)).... | 61850.50 | 163253.50 |
| (b) Total Contribution Refunds (from Line 20(d)) | 0.00 | 0.00 |
| (c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a))..... | 61850.50 | 163253.50 |
| 7. Net Operating Expenditures | | |
| (a) Total Operating Expenditures (from Line 17) | 19630.26 | 107504.58 |
| (b) Total Offsets to Operating Expenditures (from Line 14)..... | 252.81 | 252.81 |
| (c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a))..... | 19377.45 | 107251.77 |
| 8. Cash on Hand at Close of Reporting Period (from Line 27)..... | 79327.09 | |
| 9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)..... | 0.00 | |
| 10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)..... | 249000.00 | |

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3 (Revised 12/2003)

Write or Type Committee Name

Meadows for Congress

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

| I. RECEIPTS | COLUMN A Total This Period | COLUMN B Election Cycle-to-Date |
|--|-------------------------------|------------------------------------|
| 11. CONTRIBUTIONS (other than loans) FROM: | | |
| (a) Individuals/Persons Other Than Political Committees | | |
| (i) Itemized (use Schedule A)..... | 3925.00 | 26875.00 |
| (ii) Unitemized..... | 3325.50 | 4485.50 |
| (iii) TOTAL of contributions from individuals ▶ | 7250.50 | 31360.50 |
| (b) Political Party Committees..... | 0.00 | 0.00 |
| (c) Other Political Committees (such as PACs)..... | 54600.00 | 131093.00 |
| (d) The Candidate..... | 0.00 | 800.00 |
| (e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d)).. | 61850.50 | 163253.50 |
| 12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES | 0.00 | 3267.28 |
| 13. LOANS: | | |
| (a) Made or Guaranteed by the Candidate..... | 0.00 | 2500.00 |
| (b) All Other Loans..... | 0.00 | 0.00 |
| (c) TOTAL LOANS (add Lines 13(a) and (b))..... | 0.00 | 2500.00 |
| 14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) | 252.81 | 252.81 |
| 15. OTHER RECEIPTS (Dividends, Interest, etc.)..... | 0.00 | 71.30 |
| 16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶ | 62103.31 | 169344.89 |

DETAILED SUMMARY PAGE
of Disbursements

| II. DISBURSEMENTS | COLUMN A Total This Period | COLUMN B Election Cycle-to-Date |
|--|-------------------------------|------------------------------------|
| 17. OPERATING EXPENDITURES..... | 19630.26 | 107504.58 |
| 18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES | 0.00 | 0.00 |
| 19. LOAN REPAYMENTS: | | |
| (a) Of Loans Made or Guaranteed by the Candidate..... | 2500.00 | 2500.00 |
| (b) Of All Other Loans | 0.00 | 0.00 |
| (c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b))..... | 2500.00 | 2500.00 |
| 20. REFUNDS OF CONTRIBUTIONS TO: | | |
| (a) Individuals/Persons Other Than Political Committees | 0.00 | 0.00 |
| (b) Political Party Committees..... | 0.00 | 0.00 |
| (c) Other Political Committees (such as PACs)..... | 0.00 | 0.00 |
| (d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c))..... | 0.00 | 0.00 |
| 21. OTHER DISBURSEMENTS | 260.00 | 13260.00 |
| 22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ► | 22390.26 | 123264.58 |

III. CASH SUMMARY

| | |
|---|-----------|
| 23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD..... | 39614.04 |
| 24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3)..... | 62103.31 |
| 25. SUBTOTAL (add Line 23 and Line 24)..... | 101717.35 |
| 26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22)..... | 22390.26 |
| 27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25)..... | 79327.09 |

: 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 36 |
| | <input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15 | |

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

NAME OF COMMITTEE (In Full)
Meadows for Congress

A. Full Name (Last, First, Middle Initial)
George Alexander Bernhardt

Mailing Address P.O. Box 740

City Lenoir State NC Zip Code 28645

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

Name of Employer Bernhardt Furniture Company Occupation Furniture Manufacturer

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **1075.00**

Date of Receipt
 M M / D D / Y Y Y Y Y
09 / 13 / 2013

Transaction ID : SA11AI.9219

Amount of Each Receipt this Period
75.00

B. Full Name (Last, First, Middle Initial)
Thomas L. Cooper

Mailing Address P.O. Box 827

City Hendersonville State NC Zip Code 28793

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

Name of Employer Cooper Construction Occupation Owner

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt
 M M / D D / Y Y Y Y Y
09 / 30 / 2013

Transaction ID : SA11AI.9244

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Jim Cothran

Mailing Address 324 Bull Pen Road

City Cashiers State NC Zip Code 28717

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

Name of Employer HC Hospital Occupation Pharmacist

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt
 M M / D D / Y Y Y Y Y
09 / 30 / 2013

Transaction ID : SA11AI.9178

Amount of Each Receipt this Period
250.00

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

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

575.00

**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 36 |
| | <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)
J Brad Edwards

Mailing Address 403 Lloyds Ln

City: Alexandria State: VA Zip Code: 22302

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

Name of Employer: Jenkins Hill Consulting Occupation: Principal

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date: 250.00

Date of Receipt: 09 / 30 / 2013

Transaction ID : SA11AI.9126

Amount of Each Receipt this Period: 250.00

B. Full Name (Last, First, Middle Initial)
Timothy E Fenton

Mailing Address 625 3rd St NE No 3

City: Washington State: DC Zip Code: 20002

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

Name of Employer: ThermoFisher Scientific Occupation: Director

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date: 250.00

Date of Receipt: 09 / 30 / 2013

Transaction ID : SA11AI.9124

Amount of Each Receipt this Period: 250.00

C. Full Name (Last, First, Middle Initial)
Duane Gilbert

Mailing Address 241 Industrial Way SW

City: Cleveland State: TN Zip Code: 37311-7110

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

Name of Employer: Gibco Construction, LLC Occupation: Construction Executive

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date: 1000.00

Date of Receipt: 09 / 30 / 2013

Transaction ID : SA11AI.9128

Amount of Each Receipt this Period: 1000.00

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

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

1500.00

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

| | | |
|---|--|--------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 8 OF 36 |
| | <input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15 | |

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NAME OF COMMITTEE (In Full)
Meadows for Congress

A. Full Name (Last, First, Middle Initial)
Laura T. Gutman

Mailing Address 310 Watts Street

City State Zip Code
Durham NC 27701

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

Name of Employer Occupation
Self-Employed Physician

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
350.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 13 / 2013

Transaction ID : SA11AI.9087

Amount of Each Receipt this Period
100.00

B. Full Name (Last, First, Middle Initial)
James S Humphrey III

Mailing Address 94 James Humphrey Pl

City State Zip Code
Mills River NC 28759-0001

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

Name of Employer Occupation
Pisgah High School Teacher

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 30 / 2013

Transaction ID : SA11AI.9130

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Jeff Loveng

Mailing Address 228 W Windsor Ave

City State Zip Code
Alexandria VA 22301

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

Name of Employer Occupation
SBL Strategies Consultant

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 17 / 2013

Transaction ID : SA11AI.9150

Amount of Each Receipt this Period
500.00

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

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

850.00

**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 36 |
| | <input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15 | |

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NAME OF COMMITTEE (In Full)
Meadows for Congress

A. Full Name (Last, First, Middle Initial)
Richard Meade

Mailing Address 702 Berry Street

City Falls Church State VA Zip Code 22042

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

Name of Employer BKSH and Associates Occupation Director

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 25 / 2013

Transaction ID : SA11AI.9065

Amount of Each Receipt this Period
 500.00

B. Full Name (Last, First, Middle Initial)
Stan Shelley

Mailing Address 25 Country Road

City Hendersonville State NC Zip Code 28791

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

Name of Employer Shelley's Jewelry Occupation Owner

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 13 / 2013

Transaction ID : SA11AI.9194

Amount of Each Receipt this Period
 500.00

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

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

Amount of Each Receipt this Period

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

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

1000.00

3925.00

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

| | | |
|---|--|---------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 10 OF 36 |
| | <input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15 | |

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NAME OF COMMITTEE (In Full)
Meadows for Congress

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

A. Mailing Address 4301 WILSON BOULEVARD

City State Zip Code
ARLINGTON VA 22203

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

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)
 Election Cycle-to-Date 2500.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 09 / 04 / 2013

Transaction ID : SA11C.9108

Amount of Each Receipt this Period
 2500.00

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

Date of Receipt
 M M / D D / Y Y Y Y Y
 09 / 03 / 2013

Transaction ID : SA11C.9117

Amount of Each Receipt this Period
 1000.00

C. Full Name (Last, First, Middle Initial)
ALTRIA GROUP, INC. POLITICAL ACTION COMMITTEE (ALTRIAPAC)

Mailing Address 101 CONSTITUTION AVE NW
SUITE 400W

City State Zip Code
WASHINGTON DC 20001

FEC ID number of contributing federal political committee. **C** C00089136

Name of Employer Occupation

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

Date of Receipt
 M M / D D / Y Y Y Y Y
 09 / 13 / 2013

Transaction ID : SA11C.9188

Amount of Each Receipt this Period
 1000.00

| | |
|---|---------|
| SUBTOTAL of Receipts This Page (optional)..... | 4500.00 |
| TOTAL This Period (last page this line number only)..... | |

**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 36
(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)
AMERICAN COUNCIL OF ENGINEERING COMPANIES (ACEC/PAC)

Mailing Address 1015 15TH ST. NW
SUITE 802
City WASHINGTON State DC Zip Code 20005

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

Name of Employer Occupation

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

Date of Receipt
M M / D D / Y Y Y Y
07 / 22 / 2013

Transaction ID : SA11C.9180

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
ASSOCIATED BUILDERS AND CONTRACTORS POLITICAL ACTION COMMITTEE (ABC PAC)

Mailing Address 4250 NORTH FAIRFAX DRIVE 9TH FLOOR
City ARLINGTON State VA Zip Code 22203

FEC ID number of contributing federal political committee. **C C00010421**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)
Election Cycle-to-Date **2500.00**

Date of Receipt
M M / D D / Y Y Y Y
07 / 08 / 2013

Transaction ID : SA11C.9179

Amount of Each Receipt this Period
2500.00

C. Full Name (Last, First, Middle Initial)
ASSOCIATION FOR ADVANCED LIFE UNDERWRITING PAC (AALU PAC)

Mailing Address 11921 FREEDOM DRIVE
SUITE 1100
City RESTON State VA Zip Code 20190

FEC ID number of contributing federal political committee. **C C00447565**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)
Election Cycle-to-Date **2000.00**

Date of Receipt
M M / D D / Y Y Y Y
07 / 18 / 2013

Transaction ID : SA11C.9063

Amount of Each Receipt this Period
2000.00

SUBTOTAL of Receipts This Page (optional)..... **5500.00**
TOTAL This Period (last page this line number only).....

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

| | | |
|---|--|---------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 12 OF 36 |
| | <input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15 | |

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NAME OF COMMITTEE (In Full)
Meadows for Congress

A. Full Name (Last, First, Middle Initial)
Association of American Railroads Political Action Committee

Mailing Address 425 Third Street SW Suite 1000

City Washington State DC Zip Code 20024

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

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y
 08 / 13 / 2013

Transaction ID : SA11C.9092

Amount of Each Receipt this Period
 1000.00

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

Mailing Address 228 S. WASHINGTON ST., STE. 115

City ALEXANDRIA State VA Zip Code 22314

FEC ID number of contributing federal political committee. **C** C00412288

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y
 09 / 30 / 2013

Transaction ID : SA11C.9148

Amount of Each Receipt this Period
 2500.00

C. Full Name (Last, First, Middle Initial)
BLOOMIN' BRANDS, INC. POLITICAL ACTION COMMITTEE

Mailing Address 2202 N. WESTSHORE BLVD.
5TH FLOOR

City TAMPA State FL Zip Code 33607

FEC ID number of contributing federal political committee. **C** C00253153

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y
 09 / 30 / 2013

Transaction ID : SA11C.9142

Amount of Each Receipt this Period
 2000.00

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

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

5500.00

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

| | | |
|---|--|---------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 13 OF 36 |
| | <input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15 | |

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NAME OF COMMITTEE (In Full)
Meadows for Congress

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

Mailing Address P.O. BOX 961039

City State Zip Code
FORT WORTH TX 76161

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

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 29 / 2013

Transaction ID : SA11C.9067

Amount of Each Receipt this Period
 3000.00

B. Full Name (Last, First, Middle Initial)
BUCKEYE LIBERTY PAC

Mailing Address 701 8TH STREET, NW
SUITE 500

City State Zip Code
WASHINGTON DC 20001

FEC ID number of contributing federal political committee. **C** C00366781

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 30 / 2013

Transaction ID : SA11C.9236

Amount of Each Receipt this Period
 1000.00

C. Full Name (Last, First, Middle Initial)
BUILD POLITICAL ACTION COMMITTEE OF THE NATIONAL ASSOCIATION OF HOME BUILDERS (BUILD PAC)

Mailing Address 1201 15TH STREET, NW

City State Zip Code
WASHINGTON DC 20005

FEC ID number of contributing federal political committee. **C** C00000901

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 13 / 2013

Transaction ID : SA11C.9088

Amount of Each Receipt this Period
 1000.00

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

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

5000.00

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

| | | |
|---|--|---------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 14 OF 36 |
| | <input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15 | |

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NAME OF COMMITTEE (In Full)
Meadows for Congress

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

Mailing Address 1331 PENNSYLVANIA AVE, NW, STE 560

City State Zip Code
WASHINGTON DC 20004

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

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
4000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 24 / 2013

Transaction ID : SA11C.9061

Amount of Each Receipt this Period
2000.00

B. Full Name (Last, First, Middle Initial)
DEALERS ELECTION ACTION COMMITTEE OF THE NATIONAL AUTOMOTIVE DEALERS ASSOCIATION

Mailing Address 8400 WESTPARK DRIVE

City State Zip Code
MCLEAN VA 22102

FEC ID number of contributing federal political committee. **C** C00040998

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
7500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 13 / 2013

Transaction ID : SA11C.9227

Amount of Each Receipt this Period
5000.00

C. Full Name (Last, First, Middle Initial)
Edgar Starnes Campaign

Mailing Address 6715 Lakeview Terrace

City State Zip Code
Hickory NC 28601-9489

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

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
100.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 13 / 2013

Transaction ID : SA11C.9207

Amount of Each Receipt this Period
100.00

Non-Federal Campaign Committee - Federally Permissible Source

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

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

7100.00

**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 36
(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)
GENERAL AVIATION MANUFACTURERS ASSOCIATION POLITICAL ACTION COMMITTEE

Mailing Address **1400 K STREET NW, SUITE 801**

City State Zip Code
WASHINGTON DC 20005

FEC ID number of contributing federal political committee. **C C00014878**

Name of Employer Occupation

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

Date of Receipt
 M M / D D / Y Y Y Y Y Y
07 24 2013

Transaction ID : SA11C.9057

Amount of Each Receipt this Period
1000.00

Full Name (Last, First, Middle Initial)
GLAXOSMITHKLINE LLC PAC (GSK PAC)

Mailing Address **FIVE MOORE DRIVE
PO BOX 13358**

City State Zip Code
RES. TRIANGLE PARK NC 27709

FEC ID number of contributing federal political committee. **C C00199703**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)
 Election Cycle-to-Date **10000.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
09 03 2013

Transaction ID : SA11C.9114

Amount of Each Receipt this Period
5000.00

Full Name (Last, First, Middle Initial)
LOCKHEED MARTIN CORPORATION EMPLOYEES' POLITICAL ACTION COMMITTEE

Mailing Address **2121 CRYSTAL DRIVE
SUITE 100**

City State Zip Code
ARLINGTON VA 22202

FEC ID number of contributing federal political committee. **C C00303024**

Name of Employer Occupation

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

Date of Receipt
 M M / D D / Y Y Y Y Y Y
09 03 2013

Transaction ID : SA11C.9115

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional)..... **7000.00**

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

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

| | | | |
|---|-------------------------------------|--|------------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | | FOR LINE NUMBER: (check only one) | PAGE 16 OF 36 |
| <input type="checkbox"/> 11a 12 | <input type="checkbox"/> 11b 13a | <input checked="" type="checkbox"/> 11c 13b | <input type="checkbox"/> 11d 14 |
| | | <input type="checkbox"/> 15 | |

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NAME OF COMMITTEE (In Full)
Meadows for Congress

A. Full Name (Last, First, Middle Initial)
MERITOR INC POLITICAL ACTION COMMITTEE - FEDERAL

Mailing Address 201 TOWNSEND STREET SUITE 900

| | | |
|-----------------|-------------|-------------------|
| City LANSING | State MI | Zip Code 48933 |
|-----------------|-------------|-------------------|

FEC ID number of contributing federal political committee. **C** C00506097

| | |
|------------------|------------|
| Name of Employer | Occupation |
|------------------|------------|

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 09 | | 30 | | 2013 |

Transaction ID : SA11C.9145

Amount of Each Receipt this Period
500.00

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: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
3500.00

Date of Receipt

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 09 | | 13 | | 2013 |

Transaction ID : SA11C.9229

Amount of Each Receipt this Period
1000.00

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

Mailing Address 430 NORTH MICHIGAN AVENUE

| | | |
|-----------------|-------------|-------------------|
| City CHICAGO | State IL | Zip Code 60611 |
|-----------------|-------------|-------------------|

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

| | |
|------------------|------------|
| Name of Employer | Occupation |
|------------------|------------|

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
4500.00

Date of Receipt

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 09 | | 03 | | 2013 |

Transaction ID : SA11C.9119

Amount of Each Receipt this Period
1000.00

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

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

2500.00

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

| | | |
|---|--|---------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 17 OF 36 |
| | <input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15 | |

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

NAME OF COMMITTEE (In Full)
Meadows for Congress

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

Mailing Address 1850 M STREET, NW
SUITE 540

City WASHINGTON State DC Zip Code 20036

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

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 08 / 13 / 2013

Transaction ID : SA11C.9085

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
NEW YORK LIFE INSURANCE COMPANY POLITICAL ACTION COMMITTEE

Mailing Address 51 MADISON AVENUE
ROOM 1109

City NEW YORK State NY Zip Code 10010

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

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
5000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 08 / 13 / 2013

Transaction ID : SA11C.9090

Amount of Each Receipt this Period
3000.00

C. Full Name (Last, First, Middle Initial)
NEW YORK LIFE INSURANCE COMPANY POLITICAL ACTION COMMITTEE

Mailing Address 51 MADISON AVENUE
ROOM 1109

City NEW YORK State NY Zip Code 10010

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

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
7000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 08 / 13 / 2013

Transaction ID : SA11C.9091

Amount of Each Receipt this Period
2000.00

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

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

6000.00

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

| | | |
|---|--|---------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 18 OF 36 |
| | <input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15 | |

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NAME OF COMMITTEE (In Full)
Meadows for Congress

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

Mailing Address **ONE CONSTITUTION AVE NE**

 City State Zip Code
WASHINGTON DC 20002

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

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)
 Election Cycle-to-Date **4000.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
08 13 2013

Transaction ID : SA11C.9086

Amount of Each Receipt this Period
2000.00

B. Full Name (Last, First, Middle Initial)
OWNER-OPERATOR INDEPENDENT DRIVERS ASSN INC POLITICAL ACTION COMMITTEE (AKA OOIDA-PAC)

Mailing Address **PO BOX 1000**
1 NW OOIDA DR.

 City State Zip Code
GRAIN VALLEY MO 64029

FEC ID number of contributing federal political committee. **C C00236778**

Name of Employer Occupation

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

Date of Receipt
 M M / D D / Y Y Y Y Y Y
07 24 2013

Transaction ID : SA11C.9052

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
PFIZER INC. PAC

Mailing Address **235 EAST 42ND STREET**

 City State Zip Code
NEW YORK NY 10017

FEC ID number of contributing federal political committee. **C C00016683**

Name of Employer Occupation

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

Date of Receipt
 M M / D D / Y Y Y Y Y Y
09 08 2013

Transaction ID : SA11C.9234

Amount of Each Receipt this Period
1000.00

| | |
|---|----------------|
| SUBTOTAL of Receipts This Page (optional)..... | 4000.00 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | |
|---|--|---------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 19 OF 36 |
| | <input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15 | |

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NAME OF COMMITTEE (In Full)
Meadows for Congress

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

Mailing Address 1100 WILSON BLVD
SUITE 1500

City ARLINGTON State VA Zip Code 22209

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

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 30 / 2013

Transaction ID : SA11C.9237

Amount of Each Receipt this Period
 1000.00

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

Mailing Address 1155 F STREET, NW
SUITE 400

City WASHINGTON State DC Zip Code 20004

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

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 30 / 2013

Transaction ID : SA11C.9144

Amount of Each Receipt this Period
 2000.00

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

Mailing Address 1155 F STREET, NW
SUITE 400

City WASHINGTON State DC Zip Code 20004

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

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 30 / 2013

Transaction ID : SA11C.9147

Amount of Each Receipt this Period
 1000.00

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

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

4000.00

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

| | | |
|---|--|---------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 20 OF 36 |
| | <input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15 | |

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NAME OF COMMITTEE (In Full)
Meadows for Congress

Full Name (Last, First, Middle Initial)
TRUCKING POLITICAL ACTION COMMITTEE OF THE AMERICAN TRUCKING ASSOCIATIONS INC.

A. Mailing Address 430 FIRST STREET SE

City State Zip Code
WASHINGTON DC 20003

FEC ID number of contributing federal political committee. **C** C00002881

Name of Employer Occupation

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

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 30 / 2013

Transaction ID : SA11C.9137

Amount of Each Receipt this Period
 1000.00

B. Full Name (Last, First, Middle Initial)
Union Pacific Corp Fund for Effective Government

Mailing Address 600 Thirteenth Street, NW Ste 340

City State Zip Code
Washington DC 20005

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

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)
 Election Cycle-to-Date
 2000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 29 / 2013

Transaction ID : SA11C.9069

Amount of Each Receipt this Period
 2000.00

C. Full Name (Last, First, Middle Initial)
UNITED PARCEL SERVICE INC. PAC

Mailing Address 55 GLENLAKE PARKWAY NE

City State Zip Code
ATLANTA GA 30328

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

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)
 Election Cycle-to-Date
 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 08 / 2013

Transaction ID : SA11C.9230

Amount of Each Receipt this Period
 500.00

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

3500.00

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

54600.00

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

| | | |
|---|--|---------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 21 OF 36 |
| | <input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input checked="" 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)
Verizon Wireless

Mailing Address P.O. Box 660108

City State Zip Code
Dallas TX 75266

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

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
252.81

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 30 2013

Transaction ID : SA14.9123

Amount of Each Receipt this Period
124.23

Vendor Refund

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 M / D D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

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

Amount of Each Receipt this Period

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

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

124.23

124.23

**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 36 | |
| | <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. Cardmember Services | | Date of Disbursement M M / D D / Y Y Y Y 07 / 06 / 2013 |
| Mailing Address P.O. Box 790408 | | Amount of Each Disbursement this Period 534.50 |
| City St. Louis | State MO | |
| Zip Code 63179-0408 | Purpose of Disbursement Credit Card Itemization Below | Transaction ID : SB17.9030 |
| 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. ConstantContact | | Date of Disbursement M M / D D / Y Y Y Y 07 / 06 / 2013 |
| Mailing Address 1601 Trapelo Road | | Amount of Each Disbursement this Period 200.00 |
| City Waltham | State MA | |
| Zip Code 02451 | Purpose of Disbursement Email/Online Services | Transaction ID : SB17.9030.0 [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) c. NC Dept of Revenue | | Date of Disbursement M M / D D / Y Y Y Y 07 / 06 / 2013 |
| Mailing Address P.O. Box 25000 | | Amount of Each Disbursement this Period 162.00 |
| City Raleigh | State NC | |
| Zip Code 27640 | Purpose of Disbursement Tax Garnishment | Transaction ID : SB17.9030.1 [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: | | |

| | |
|---|--------|
| SUBTOTAL of Disbursements This Page (optional)..... | 534.50 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | | | |
|---|---|------------------------------------|-------------------------------------|------------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | | PAGE 23 OF 36 | |
| | <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. Cardmember Services | | Date of Disbursement M M / D D / Y Y Y Y 07 / 29 / 2013 |
| Mailing Address P.O. Box 790408 | | Amount of Each Disbursement this Period 500.00 Transaction ID : SB17.9072 |
| City St. Louis | State MO | |
| Zip Code 63179-0408 | Purpose of Disbursement Credit Card Itemization Below | 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. Marcel's | | Date of Disbursement M M / D D / Y Y Y Y 07 / 23 / 2013 |
| Mailing Address 2401 Pennsylvania Ave NW | | Amount of Each Disbursement this Period 732.34 Transaction ID : SB17.9072.1 [MEMO ITEM] |
| City Washington | State DC | |
| Zip Code 20037 | Purpose of Disbursement Food/Beverage | Category/ Type |
| Candidate Name | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | |
| Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | State: District: | |

| | | |
|--|---|---|
| Full Name (Last, First, Middle Initial) c. ConstantContact | | Date of Disbursement M M / D D / Y Y Y Y 07 / 29 / 2013 |
| Mailing Address 1601 Trapelo Road | | Amount of Each Disbursement this Period 50.00 Transaction ID : SB17.9072.2 [MEMO ITEM] |
| City Waltham | State MA | |
| Zip Code 02451 | Purpose of Disbursement Email/Online Services | Category/ Type |
| Candidate Name | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | |
| Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | State: District: | |

| | |
|---|--------|
| SUBTOTAL of Disbursements This Page (optional)..... | 500.00 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | | | | |
|---|---|---------------|--|--|--|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 24 OF 36 | | | |
| | <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. Cardmember Services | | Date of Disbursement M M / D D / Y Y Y Y 08 / 25 / 2013 |
| Mailing Address P.O. Box 790408 | | Amount of Each Disbursement this Period 500.00 Transaction ID : SB17.9100 |
| City St. Louis | State MO | |
| Zip Code 63179-0408 | Purpose of Disbursement Credit Card Itemization Below | 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. ConstantContact | | Date of Disbursement M M / D D / Y Y Y Y 07 / 01 / 2013 |
| Mailing Address 1601 Trapelo Road | | Amount of Each Disbursement this Period 50.00 Transaction ID : SB17.9100.2 [MEMO ITEM] |
| City Waltham | State MA | |
| Zip Code 02451 | Purpose of Disbursement Email/Online Services | Category/ Type |
| Candidate Name | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | |
| Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | State: District: | |

| | | |
|--|---|--|
| Full Name (Last, First, Middle Initial) C. Cardmember Services | | Date of Disbursement M M / D D / Y Y Y Y 09 / 30 / 2013 |
| Mailing Address P.O. Box 790408 | | Amount of Each Disbursement this Period 171.00 Transaction ID : SB17.9261 |
| City St. Louis | State MO | |
| Zip Code 63179-0408 | Purpose of Disbursement Credit Card Itemization Below | Category/ Type |
| Candidate Name | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | |
| Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | State: District: | |

| | |
|---|--------|
| SUBTOTAL of Disbursements This Page (optional)..... | 671.00 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | | | | |
|---|---|---------------|--|--|--|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 25 OF 36 | | | |
| | <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. The Stoneridge Group, LLC | | Date of Disbursement MM / DD / YYYY 09 / 17 / 2013 |
| Mailing Address 4400 North Point Parkway Suite 190 | | Amount of Each Disbursement this Period 19.95 |
| City Alpharetta State GA Zip Code 30022 | Transaction ID : SB17.9261.3 | |
| Purpose of Disbursement Online/Social Media Services | Candidate Name | [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) | |
| State: District: | Category/Type | |

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) B. The Stoneridge Group, LLC | | Date of Disbursement MM / DD / YYYY 09 / 19 / 2013 |
| Mailing Address 4400 North Point Parkway Suite 190 | | Amount of Each Disbursement this Period 19.95 |
| City Alpharetta State GA Zip Code 30022 | Transaction ID : SB17.9261.4 | |
| Purpose of Disbursement Online/Social Media Services | Candidate Name | [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) | |
| State: District: | Category/Type | |

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) c. ConstantContact | | Date of Disbursement MM / DD / YYYY 09 / 24 / 2013 |
| Mailing Address 1601 Trapelo Road | | Amount of Each Disbursement this Period 50.00 |
| City Waltham State MA Zip Code 02451 | Transaction ID : SB17.9261.5 | |
| Purpose of Disbursement Email/Online Services | Candidate Name | [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) | |
| State: District: | Category/Type | |

| | |
|---|------|
| SUBTOTAL of Disbursements This Page (optional)..... | 0.00 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | | | | |
|---|---|---------------|--|--|--|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 26 OF 36 | | | |
| | <input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21 | | | | |

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

NAME OF COMMITTEE (In Full)
Meadows for Congress

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) A. ConstantContact | | Date of Disbursement M M / D D / Y Y Y Y 09 / 30 / 2013 |
| Mailing Address 1601 Trapelo Road | | Amount of Each Disbursement this Period 50.00 |
| City Waltham | State MA | |
| Zip Code 02451 | Purpose of Disbursement Email/Online Services | Transaction ID : SB17.9261.6 |
| Candidate Name | Category/Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | [MEMO ITEM] |
| State: District: | | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) B. The Stoneridge Group, LLC | | Date of Disbursement M M / D D / Y Y Y Y 08 / 02 / 2013 |
| Mailing Address 4400 North Point Parkway Suite 190 | | Amount of Each Disbursement this Period 19.95 |
| City Alpharetta | State GA | |
| Zip Code 30022 | Purpose of Disbursement Online/Social Media Services | Transaction ID : SB17.9261.7 |
| Candidate Name | Category/Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | [MEMO ITEM] |
| State: District: | | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) c. EC Consulting | | Date of Disbursement M M / D D / Y Y Y Y 07 / 06 / 2013 |
| Mailing Address 526 6th Street SE | | Amount of Each Disbursement this Period 1051.84 |
| City Washington | State DC | |
| Zip Code 20003 | Purpose of Disbursement Fundraising Consulting, Shipping | Transaction ID : SB17.9036 |
| Candidate Name | Category/Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

| | |
|---|---------|
| SUBTOTAL of Disbursements This Page (optional)..... | 1051.84 |
| 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 27 OF 36 | |
| | <input checked="" type="checkbox"/> 17 20a | <input type="checkbox"/> 18 20b | <input type="checkbox"/> 19a 20c | <input type="checkbox"/> 19b 21 |

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NAME OF COMMITTEE (In Full)
Meadows for Congress

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) A. EC Consulting | | Date of Disbursement MM / DD / YYYY 08 / 04 / 2013 |
| Mailing Address 526 6th Street SE | | Amount of Each Disbursement this Period 9110.16 Transaction ID : SB17.9071 |
| City Washington State DC Zip Code 20003 | Purpose of Disbursement Fundraising Consulting, Shipping | |
| 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. EC Consulting | | Date of Disbursement MM / DD / YYYY 08 / 25 / 2013 |
| Mailing Address 526 6th Street SE | | Amount of Each Disbursement this Period 2766.70 Transaction ID : SB17.9094 |
| City Washington State DC Zip Code 20003 | Purpose of Disbursement Fundraising Consulting, Shipping | |
| Candidate Name | Category/Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) c. Kristi Gribble | | Date of Disbursement MM / DD / YYYY 07 / 27 / 2013 |
| Mailing Address 1523 Massachusetts Ave SE | | Amount of Each Disbursement this Period 750.00 Transaction ID : SB17.9056 |
| City Washington State DC Zip Code 20003 | Purpose of Disbursement Field Representative | |
| Candidate Name | Category/Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

| | |
|---|---------|
| SUBTOTAL of Disbursements This Page (optional)..... | 9101.16 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | | | | |
|---|---|---------------|--|--|--|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 28 OF 36 | | | |
| | <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. Kristi Gribble | | Date of Disbursement M M / D D / Y Y Y Y 08 / 25 / 2013 |
| Mailing Address 1523 Massachusetts Ave SE | | Amount of Each Disbursement this Period 750.00 Transaction ID : SB17.9096 |
| City Washington State DC Zip Code 20003 | Purpose of Disbursement Field Representative | |
| 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. Kristi Gribble | | Date of Disbursement M M / D D / Y Y Y Y 09 / 12 / 2013 |
| Mailing Address 1523 Massachusetts Ave SE | | Amount of Each Disbursement this Period 300.00 Transaction ID : SB17.9112 |
| City Washington State DC Zip Code 20003 | Purpose of Disbursement Field Representative | |
| Candidate Name | Category/Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) c. Merchant Bankcard | | Date of Disbursement M M / D D / Y Y Y Y 07 / 03 / 2013 |
| Mailing Address 12202 Airport Way, Ste 100 | | Amount of Each Disbursement this Period 7.00 Transaction ID : SB17.9248 |
| City Broomfield State CO Zip Code 80021 | Purpose of Disbursement Merchant Services | |
| Candidate Name | Category/Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

| | |
|---|---------|
| SUBTOTAL of Disbursements This Page (optional)..... | 1057.00 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | | | | |
|---|---|------------------------------------|-------------------------------------|------------------------------------|--|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 29 OF 36 | | | |
| | <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. Merchant Bankcard

Mailing Address 12202 Airport Way, Ste 100

City Broomfield State CO Zip Code 80021

Purpose of Disbursement Merchant Services

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement: 08 / 05 / 2013

Amount of Each Disbursement this Period: 8.49

Transaction ID : SB17.9253

Full Name (Last, First, Middle Initial)

B. Merchant Bankcard

Mailing Address 12202 Airport Way, Ste 100

City Broomfield State CO Zip Code 80021

Purpose of Disbursement Merchant Services

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement: 09 / 03 / 2013

Amount of Each Disbursement this Period: 7.00

Transaction ID : SB17.9257

Full Name (Last, First, Middle Initial)

C. Merchant Bankcard

Mailing Address 12202 Airport Way, Ste 100

City Broomfield State CO Zip Code 80021

Purpose of Disbursement Merchant Services

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement: 09 / 30 / 2013

Amount of Each Disbursement this Period: 33.91

Transaction ID : SB17.9264

SUBTOTAL of Disbursements This Page (optional) 49.40

TOTAL This Period (last page this line number only)

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

| | | | | | |
|---|---|---------------|--|--|--|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 30 OF 36 | | | |
| | <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. The Stoneridge Group, LLC | | | Date of Disbursement M M / D D / Y Y Y Y 07 / 06 / 2013 | | |
| Mailing Address 4400 North Point Parkway Suite 190 | | | Amount of Each Disbursement this Period 5000.00 | | |
| City Alpharetta | State GA | Zip Code 30022 | Transaction ID : SB17.9038 | | |
| Purpose of Disbursement Online/Social Media Services | | Category/ Type | | | |
| Candidate Name | | | | | |
| Office Sought: | 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. TransFirst | | | Date of Disbursement M M / D D / Y Y Y Y 07 / 02 / 2013 | | |
| Mailing Address 12202 Airport Way, Ste 100 | | | Amount of Each Disbursement this Period 26.95 | | |
| City Broomfield | State CO | Zip Code 80021 | Transaction ID : SB17.9245 | | |
| Purpose of Disbursement Merchant Services | | Category/ Type | | | |
| Candidate Name | | | | | |
| Office Sought: | 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) c. TransFirst | | | Date of Disbursement M M / D D / Y Y Y Y 08 / 12 / 2013 | | |
| Mailing Address 12202 Airport Way, Ste 100 | | | Amount of Each Disbursement this Period 55.75 | | |
| City Broomfield | State CO | Zip Code 80021 | Transaction ID : SB17.9256 | | |
| Purpose of Disbursement Merchant Services | | Category/ Type | | | |
| Candidate Name | | | | | |
| Office Sought: | 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) | | | |

| | |
|---|---------|
| SUBTOTAL of Disbursements This Page (optional)..... | 5082.70 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | | | | |
|---|---|------------------------------------|-------------------------------------|------------------------------------|--|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 31 OF 36 | | | |
| | <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. TransFirst

Mailing Address 12202 Airport Way, Ste 100

City Broomfield State CO Zip Code 80021

Purpose of Disbursement Merchant Services

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement: 09 / 10 / 2013

Amount of Each Disbursement this Period: 26.95

Transaction ID : SB17.9259

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

Mailing Address 675 South 4th Street

City Highlands State NC Zip Code 28741

Purpose of Disbursement PO Box Fees

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement: 07 / 17 / 2013

Amount of Each Disbursement this Period: 124.00

Transaction ID : SB17.9054

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

Mailing Address 675 South 4th Street

City Highlands State NC Zip Code 28741

Purpose of Disbursement PO Box Fee

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement: 09 / 24 / 2013

Amount of Each Disbursement this Period: 129.00

Transaction ID : SB17.9260

SUBTOTAL of Disbursements This Page (optional) 279.95

TOTAL This Period (last page this line number only)

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

| | | | | |
|---|---|------------------------------------|-------------------------------------|------------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | | PAGE 32 OF 36 | |
| | <input checked="" type="checkbox"/> 17 20a | <input type="checkbox"/> 18 20b | <input type="checkbox"/> 19a 20c | <input type="checkbox"/> 19b 21 |

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

NAME OF COMMITTEE (In Full)
Meadows for Congress

| | | |
|--|---|--|
| Full Name (Last, First, Middle Initial) A. Verizon Wireless | | Date of Disbursement M M / D D / Y Y Y Y 07 / 06 / 2013 |
| Mailing Address P.O. Box 660108 | | Amount of Each Disbursement this Period 138.38 Transaction ID : SB17.9039 |
| City Dallas | State TX | |
| Zip Code 75266 | Purpose of Disbursement Phone Services | Category/ Type |
| Candidate Name | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | |
| Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | State: District: | |

| | | |
|--|---|--|
| Full Name (Last, First, Middle Initial) B. Verizon Wireless | | Date of Disbursement M M / D D / Y Y Y Y 08 / 01 / 2013 |
| Mailing Address P.O. Box 660108 | | Amount of Each Disbursement this Period 278.83 Transaction ID : SB17.9044 |
| City Dallas | State TX | |
| Zip Code 75266 | Purpose of Disbursement Phone Services | Category/ Type |
| Candidate Name | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | |
| Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | State: District: | |

| | | |
|--|---|--|
| Full Name (Last, First, Middle Initial) c. Pamela G. Ward | | Date of Disbursement M M / D D / Y Y Y Y 07 / 07 / 2013 |
| Mailing Address P.O. Box 811 | | Amount of Each Disbursement this Period 429.00 Transaction ID : SB17.9042 |
| City Highlands | State NC | |
| Zip Code 28741 | Purpose of Disbursement Field Representative | Category/ Type |
| Candidate Name | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | |
| Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | State: District: | |

| | |
|---|----------|
| SUBTOTAL of Disbursements This Page (optional)..... | 846.21 |
| TOTAL This Period (last page this line number only)..... | 19173.76 |

**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 36 | |
| | <input type="checkbox"/> 17 20a | <input type="checkbox"/> 18 20b | <input checked="" type="checkbox"/> 19a 20c | <input type="checkbox"/> 19b 21 |

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

NAME OF COMMITTEE (In Full)
Meadows for Congress

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) A. Mark R Meadows | | Date of Disbursement M M / D D / Y Y Y Y 07 / 23 / 2013 |
| Mailing Address PO Box 811 | | Amount of Each Disbursement this Period 2500.00 |
| City Hendersonville | State NC | |
| Zip Code 28793-0811 | Purpose of Disbursement Personal Loan Repayment | Transaction ID : SB19A.9272 |
| Candidate Name | Category/ Type | |
| 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) | |
| State: NC | District: 11 | |

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

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

| | |
|---|----------------|
| SUBTOTAL of Disbursements This Page (optional)..... | 2500.00 |
| TOTAL This Period (last page this line number only)..... | 2500.00 |

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)
 17 18 19a 19b
 20a 20b 20c 21

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NAME OF COMMITTEE (In Full)
Meadows for Congress

Full Name (Last, First, Middle Initial)
A. Henderson County Republican Party

Mailing Address P.O. Box 2552

City Hendersonville State NC Zip Code 28793

Purpose of Disbursement Non-Federal Contribution

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement
 M M / D D / Y Y Y Y
 08 / 25 / 2013

Amount of Each Disbursement this Period
 250.00

Transaction ID : SB21.9268

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

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement
 M M / D D / Y Y Y Y

Amount of Each Disbursement this Period

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

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement
 M M / D D / Y Y Y Y

Amount of Each Disbursement this Period

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

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

250.00

250.00

SCHEDULE C (FEC Form 3) LOANS

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

FOR LINE NUMBER:
(check only one)

13a
 13b

NAME OF COMMITTEE (In Full)
Meadows for Congress

Transaction ID : **SC/10.4101**

LOAN SOURCE Full Name (Last, First, Middle Initial)
Mark R Meadows

[PERSONAL FUNDS]

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 1000.00 249000.00

TERMS

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

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

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

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

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

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

SCHEDULE C (FEC Form 3) LOANS

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

FOR LINE NUMBER:
(check only one)

13a
 13b

NAME OF COMMITTEE (In Full)
Meadows for Congress

Transaction ID : **SC/10.8934**

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

[PERSONAL FUNDS]

Election: 2014

Mark R Meadows

Primary

General

Other (specify) ▼

Mailing Address
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
2500.00 2500.00 0.00

TERMS

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

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

| | |
|--|---|
| 1. Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: <input type="text"/> |
| 2. Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: <input type="text"/> |
| 3. Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: <input type="text"/> |
| 4. Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: <input type="text"/> |

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

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