



**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))....	47128.18	53703.18
(b) Total Contribution Refunds (from Line 20(d)) .....	250.00	5250.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	46878.18	48453.18
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17) .....	37233.92	55119.04
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	37233.92	55119.04
8. Cash on Hand at Close of Reporting Period (from Line 27).....	151000.71	
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).....	196500.00	

**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).....	22525.00	22975.00
(ii) Unitemized.....	2626.20	2751.20
(iii) TOTAL of contributions from individuals ▶	25151.20	25726.20
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	21976.98	27976.98
(d) The Candidate.....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	47128.18	53703.18
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES.....		
	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate.....	0.00	0.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0.00	0.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.).....		
	0.00	0.00
15. OTHER RECEIPTS (Dividends, Interest, etc.).....		
	0.00	0.00
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶	47128.18	53703.18

**DETAILED SUMMARY PAGE**  
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	37233.92	55119.04
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES .....	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	12000.00	20000.00
(b) Of All Other Loans .....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	12000.00	20000.00
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).....	250.00	5250.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	250.00	5250.00
21. OTHER DISBURSEMENTS .....	21050.00	24525.00
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ►	70533.92	104894.04

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	174406.45
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	47128.18
25. SUBTOTAL (add Line 23 and Line 24).....	221534.63
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	70533.92
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	151000.71

: 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 and credit card payments. All additional reimbursements or payments 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 43
	<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)  
**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  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 09 / 2015

**Transaction ID : SA11AI.11969**

Amount of Each Receipt this Period  
250.00

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

Mailing Address 1901 Napa Valley Drive

City Little Rock State AR Zip Code 72212

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

Name of Employer Becker Orthopedic Occupation 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  
 03 / 31 / 2015

**Transaction ID : SA11AI.12119**

Amount of Each Receipt this Period  
500.00

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

Mailing Address 10712 John Ayres Drive

City Fairfax State VA Zip Code 22032

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

Name of Employer Professional Manager Assoc. Occupation Government Relations Rep.

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  
 03 / 03 / 2015

**Transaction ID : SA11AI.12041**

Amount of Each Receipt this Period  
500.00

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

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

1250.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 43
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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

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

Mailing Address 5956 Misty Mill Drive

City Clarkston State MI Zip Code 48346

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

Name of Employer Becker Orthopedic Occupation Executive Vice President

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 / 31 / 2015

**Transaction ID : SA11AI.12117**

Amount of Each Receipt this Period  
 500.00

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

Mailing Address 7602 Daniels Avenue

City Baltimore State MD Zip Code 21234

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

Name of Employer Dankmeyer Inc. Occupation Chief Operating Officer

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 31 / 2015

**Transaction ID : SA11AI.12109**

Amount of Each Receipt this Period  
 500.00

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

Mailing Address 3005 Woodchuck Road

City Bozeman State MT Zip Code 59715

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

Name of Employer Graystone Groups Occupation Consultant

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 / 03 / 2015

**Transaction ID : SA11AI.12037**

Amount of Each Receipt this Period  
 500.00

**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 43
	<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)  
**Daniel Feuer**

Mailing Address 335 Robin Rd

City Englewood State NJ Zip Code 07631

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

Name of Employer Physician Occupation Self-Employed

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 06 / 2015

**Transaction ID : SA11AI.11985**

Amount of Each Receipt this Period  
 500.00

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

Mailing Address 1203 Captains Court

City Towson State MD Zip Code 21286

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

Name of Employer American Orthotic & Prosthetic Occupation Executive Director

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 / 31 / 2015

**Transaction ID : SA11AI.12107**

Amount of Each Receipt this Period  
 500.00

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

Mailing Address 1821 Beechwood

City Little Rock State AR Zip Code 72207

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

Name of Employer Snell Prosthetics & Orthotics Occupation CEO

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 31 / 2015

**Transaction ID : SA11AI.12105**

Amount of Each Receipt this Period  
 500.00

**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 9 OF 43
	<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)  
**Jennifer A Hommel**

Mailing Address 6305 23rd Street North

City State Zip Code  
Arlington VA 22205

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

Name of Employer Information Requested Occupation Information Requested

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 / 03 / 2015

**Transaction ID : SA11AI.12039**

Amount of Each Receipt this Period  
 500.00

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

Mailing Address 1 Hughes Center Drive  
Unit 1904

City State Zip Code  
Las Vegas NV 89169

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

Name of Employer Information Requested Occupation Information Requested  
College Loan Corporation Board Member

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 / 2015

**Transaction ID : SA11AI.11975**

Amount of Each Receipt this Period  
 2700.00

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

Mailing Address 1 Hughes Center Drive  
Unit 1904

City State Zip Code  
Las Vegas NV 89169

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

Name of Employer Information Requested Occupation Information Requested  
College Loan Corporation Board Member

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 / 2015

**Transaction ID : SA11AI.11977**

Amount of Each Receipt this Period  
 2500.00

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

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

5700.00

**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 43
	<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)  
**Thomas F Kirk**

Mailing Address 7324 Southwest Freeway  
Suite 1550

City Houston State TX Zip Code 77074

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

Name of Employer American Surgical Professional Occupation CEO

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 31 / 2015

**Transaction ID : SA11AI.12115**

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
**Mr. Terry H Korn**

Mailing Address 546 North Forest Drive

City Teaneck State NJ Zip Code 07666

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

Name of Employer Berdon, LLP Occupation CPA

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 / 18 / 2015

**Transaction ID : SA11AI.12032**

Amount of Each Receipt this Period  
250.00

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

Mailing Address 507 Sunderland Road

City Teaneck State NJ Zip Code 07666

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

Name of Employer Self-Employed Occupation Consultant

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
750.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 06 / 2015

**Transaction ID : SA11AI.11987**

Amount of Each Receipt this Period  
750.00

**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 11 OF 43
	<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)  
**Donna Mosing**

Mailing Address 308 Sawgrass Lane

City State Zip Code  
Broussard LA 70518

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  
2600.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 17 / 2015

**Transaction ID : SA11AI.12096**

Amount of Each Receipt this Period  
2600.00

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

Mailing Address 308 Sawgrass Lane

City State Zip Code  
Broussard LA 70518

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  
2600.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 17 / 2015

**Transaction ID : SA11AI.12094**

Amount of Each Receipt this Period  
2600.00

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

Mailing Address 4 Green Hills Court

City State Zip Code  
Sugar Grove IL 60554

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

Name of Employer Occupation  
Scheck & Siress Orthotist & Prosthetist

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 18 / 2015

**Transaction ID : SA11AI.12101**

Amount of Each Receipt this Period  
500.00

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

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

5700.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 43
	<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)  
**Bonnie L Phillips**

Mailing Address 12 Lakeside Drive

City Weston State CT Zip Code 06883

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

Name of Employer Information Requested Occupation Information Requested

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 / 06 / 2015

**Transaction ID : SA11AI.12047**

Amount of Each Receipt this Period  
 375.00

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

Mailing Address 4315 Clingman Drive

City Shreveport State LA Zip Code 71105

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

Name of Employer Information Requested Occupation Information Requested

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 / 31 / 2015

**Transaction ID : SA11AI.12111**

Amount of Each Receipt this Period  
 500.00

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

Mailing Address 1833 Line Avenue

City Shreveport State LA Zip Code 71101

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

Name of Employer Information Requested Occupation Information Requested

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 / 31 / 2015

**Transaction ID : SA11AI.12135**

Amount of Each Receipt this Period  
 500.00

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

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

1375.00

**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 43
	<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)  
**Lynn Sugarman**

Mailing Address 525 Sunderland Rd

City State Zip Code  
Teaneck NJ 07666

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

Name of Employer Occupation  
Doctor Self-Employed

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 06 / 2015

**Transaction ID : SA11AI.11990**

Amount of Each Receipt this Period  
1000.00

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

Mailing Address 3622 Bridge Point

City State Zip Code  
Owensboro KY 42303

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

Name of Employer Occupation  
Tom Watsons P & O Lab Owner

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 31 / 2015

**Transaction ID : SA11AI.12113**

Amount of Each Receipt this Period  
500.00

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

Mailing Address 9256 Caddyshack Circle

City State Zip Code  
St. Louis MO 63127

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

Name of Employer Occupation  
Prosthetic & Orthocare, Inc. 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  
 03 / 19 / 2015

**Transaction ID : SA11AI.12103**

Amount of Each Receipt this Period  
500.00

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

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

2000.00

**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 43
	<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)  
**David Carl Wisotsky**

Mailing Address 32 Franklin St

City State Zip Code  
Tenafly NJ 07670

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

Name of Employer Occupation  
Physician Tenafly Pediatrics

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
02 / 06 / 2015

**Transaction ID : SA11AI.11989**

Amount of Each Receipt this Period  
1000.00

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

Mailing Address 37 West Kincaid Drive

City State Zip Code  
West Windsor NJ 08550

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

Name of Employer Occupation  
Morgan Stanley Smith Barney Financial Advisor

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 / 06 / 2015

**Transaction ID : SA11AI.11981**

Amount of Each Receipt this Period  
500.00

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

Mailing Address 54 North Seveth Avenue

City State Zip Code  
Highland Park NJ 08904

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  
500.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
02 / 06 / 2015

**Transaction ID : SA11AI.11983**

Amount of Each Receipt this Period  
500.00

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

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

2000.00

22525.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 43
	<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)  
**AIRCRAFT OWNERS AND PILOTS ASSOCIATION POLITICAL ACTION COMMITTEE**

Mailing Address **421 AVIATION WAY**  
  
 City State Zip Code  
**FREDERICK MD 21701**

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

Name of Employer Occupation

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

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**03 16 2015**  
**Transaction ID : SA11C.12051**

Amount of Each Receipt this Period  
**1000.00**

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: 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 31 2015**  
**Transaction ID : SA11C.12131**

Amount of Each Receipt this Period  
**2500.00**

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

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

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

Name of Employer Occupation

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

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**03 31 2015**  
**Transaction ID : SA11C.12132**

Amount of Each Receipt this Period  
**1000.00**

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>4500.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 OF 43
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

**A.** Full Name (Last, First, Middle Initial)  
**AMERICAN ORTHOTIC & PROSTHETIC ASSOCIATION PAC**

Mailing Address 330 JOHN CARLYLE ST. SUITE 200

City ALEXANDRIA	State VA	Zip Code 22314
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00118430

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

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
 \_\_\_\_\_ 881.43

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 30 / 2015

**Transaction ID : SA11C.12122**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 881.43

In-kind - Food/Beverage

**B.** Full Name (Last, First, Middle Initial)  
**AMERICAN ORTHOTIC & PROSTHETIC ASSOCIATION PAC**

Mailing Address 330 JOHN CARLYLE ST. SUITE 200

City ALEXANDRIA	State VA	Zip Code 22314
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00118430

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

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
 \_\_\_\_\_ 3381.43

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 31 / 2015

**Transaction ID : SA11C.12128**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 2500.00

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

Mailing Address 218 Vincent Pl

City Hendersonville	State NC	Zip Code 28739
------------------------	-------------	-------------------

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

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

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
 \_\_\_\_\_ 250.00

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

**Transaction ID : SA11C.11979**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 250.00

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

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

\_\_\_\_\_ 3631.43

\_\_\_\_\_

**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 43
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

A. Full Name (Last, First, Middle Initial)  
COMCAST CORPORATION & NBCUNIVERSAL POLITICAL ACTION COMMITTEE - FEDERAL

Mailing Address 1701 JFK BLVD, 49TH FLOOR

City State Zip Code  
PHILADELPHIA PA 19103

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

Name of Employer Occupation

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

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 31 / 2015

Transaction ID : SA11C.12125

Amount of Each Receipt this Period  
 1000.00

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

Mailing Address 1101 PENNSYLVANIA AVE SE SUITE 201

City State Zip Code  
WASHINGTON DC 20003

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

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)  
 Election Cycle-to-Date  
 345.55

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 25 / 2015

Transaction ID : SA11C.13145

Amount of Each Receipt this Period  
 345.55  
 In-kind - Invitations

C. Full Name (Last, First, Middle Initial)  
FAA MANAGERS ASSOCIATION INC. PAC

Mailing Address 1015 ATLANTIC BLVD. SUITE 245

City State Zip Code  
ATLANTIC BEACH FL 32233

FEC ID number of contributing federal political committee. **C** C00366070

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 / 03 / 2015

Transaction ID : SA11C.12034

Amount of Each Receipt this Period  
 4000.00

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

5345.55

**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 18 OF 43
	<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)  
**FEDERAL MANAGERS' ASSOCIATION POLITICAL ACTION COMMITTEE**

Mailing Address 1641 PRINCE STREET

City State Zip Code  
ALEXANDRIA VA 22314

FEC ID number of contributing federal political committee. **C** C00164848

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 06 / 2015

**Transaction ID : SA11C.12045**

Amount of Each Receipt this Period  
1000.00

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

Mailing Address 10910 DOMAIN DRIVE SUITE 300

City State Zip Code  
AUSTIN TX 78758

FEC ID number of contributing federal political committee. **C** C00430397

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 / 31 / 2015

**Transaction ID : SA11C.12126**

Amount of Each Receipt this Period  
2500.00

**C.** Full Name (Last, First, Middle Initial)  
**PITNEY BOWES INC. POLITICAL ACTION COMMITTEE**

Mailing Address 3001 SUMMER ST

City State Zip Code  
STAMFORD CT 06926

FEC ID number of contributing federal political committee. **C** C00339499

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 / 31 / 2015

**Transaction ID : SA11C.12133**

Amount of Each Receipt this Period  
2500.00

**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: PAGE 19 OF 43  
(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)  
**THERMO FISHER SCIENTIFIC INC. PAC**

Mailing Address 81 WYMAN STREET  
PO BOX 9046

City State Zip Code  
WALTHAM MA 02454

FEC ID number of contributing federal political committee. **C** C00292318

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2500.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
03 / 31 / 2015

**Transaction ID : SA11C.12124**

Amount of Each Receipt this Period  
2500.00

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

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

Amount of Each Receipt this Period

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

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

Amount of Each Receipt this Period

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

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

2500.00

21976.98

**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 43			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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

**A. Add A Space**

Full Name (Last, First, Middle Initial)  
Mailing Address 4001 ASHEVILLE HWY.

City HENDERSONVILLE State NC Zip Code 28791

Purpose of Disbursement Storage

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify)

State: District:

Date of Disbursement: 02 / 03 / 2015

Amount of Each Disbursement this Period: 65.00

Transaction ID : SB17.12023

**B. Add A Space**

Full Name (Last, First, Middle Initial)  
Mailing Address 4001 ASHEVILLE HWY.

City HENDERSONVILLE State NC Zip Code 28791

Purpose of Disbursement Storage

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify)

State: District:

Date of Disbursement: 03 / 03 / 2015

Amount of Each Disbursement this Period: 65.00

Transaction ID : SB17.12076

**c. Al's Gourmet Pizza**

Full Name (Last, First, Middle Initial)  
Mailing Address 1382 E. Capitol Street SE

City Washington State DC Zip Code 20003

Purpose of Disbursement Food/Beverage

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify)

State: District:

Date of Disbursement: 03 / 18 / 2015

Amount of Each Disbursement this Period: 316.85

Transaction ID : SB17.12159

**SUBTOTAL** of Disbursements This Page (optional) ..... 446.85

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

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

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

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

**A. AMERICAN ORTHOTIC & PROSTHETIC ASSOCIATION PAC**

Full Name (Last, First, Middle Initial)

Mailing Address 330 JOHN CARLYLE ST. SUITE 200

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement In-kind - Food/Beverage

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2016  Primary  General  Other (specify)

State: District:

Date of Disbursement: 03 / 30 / 2015

Amount of Each Disbursement this Period: 881.43

Transaction ID : SB17.12130

**B. American Speedy Print**

Full Name (Last, First, Middle Initial)

Mailing Address 1304 Patton Ave

City Asheville State NC Zip Code 28806

Purpose of Disbursement Printing Services

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify)

State: District:

Date of Disbursement: 03 / 13 / 2015

Amount of Each Disbursement this Period: 272.85

Transaction ID : SB17.12155

**c. John Ashe**

Full Name (Last, First, Middle Initial)

Mailing Address 100 N Grove St

City Hendersonville, NC State NC Zip Code 28792

Purpose of Disbursement Security Services

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify)

State: District:

Date of Disbursement: 01 / 07 / 2015

Amount of Each Disbursement this Period: 287.50

Transaction ID : SB17.11911

**SUBTOTAL** of Disbursements This Page (optional) ..... 1441.78

**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 22 OF 43	
	<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 M M / D D / Y Y Y Y 01 / 27 / 2015
Mailing Address 300 First Street, SE		Amount of Each Disbursement this Period 485.47 <b>Transaction ID : SB17.12013</b>
City Washington State DC Zip Code 20003	Purpose of Disbursement Food/Beverage	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Capitol Hill Club</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 18 / 2015
Mailing Address 300 First Street, SE		Amount of Each Disbursement this Period 236.97 <b>Transaction ID : SB17.12162</b>
City Washington State DC Zip Code 20003	Purpose of Disbursement Food/Beverage	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Cardmember Services</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 30 / 2015
Mailing Address P.O. Box 790408		Amount of Each Disbursement this Period 544.25 <b>Transaction ID : SB17.12015</b>
City St. Louis State MO Zip Code 63179-0408	Purpose of Disbursement Credit Card Payment: Transportation, Email Services, Postage, Food/Beverage. See Below -	
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).....	1266.69
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 OF 43			
	<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. Fiola Restaurant</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 30 / 2015
Mailing Address 601 Pennsylvania Avenue NW		Amount of Each Disbursement this Period 209.17
City Washington State DC Zip Code 20004	Purpose of Disbursement Food/Beverage	
Candidate Name		Transaction ID : SB17.12015.6 <b>[MEMO ITEM]</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. Rare Sweets</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 30 / 2015
Mailing Address 936 Palmer Alley NW		Amount of Each Disbursement this Period 11.63
City Washington State DC Zip Code 20005	Purpose of Disbursement Food/Beverage	
Candidate Name		Transaction ID : SB17.12015.7 <b>[MEMO ITEM]</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. Cardmember Services</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 25 / 2015
Mailing Address P.O. Box 790408		Amount of Each Disbursement this Period 239.01
City St. Louis State MO Zip Code 63179-0408	Purpose of Disbursement Credit Card Payment: Food/Beverage, Email Services, See Below	
Candidate Name		Transaction ID : SB17.12071
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).....	239.01
<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 24 OF 43			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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

**A. ConstantContact**

Full Name (Last, First, Middle Initial)  
Mailing Address 1601 Trapelo Road

City Waltham State MA Zip Code 02451

Purpose of Disbursement Online/Email Services

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify)

State: District:

Date of Disbursement: 02 / 25 / 2015

Amount of Each Disbursement this Period: 55.00

Transaction ID : SB17.12071.1

[MEMO ITEM]

**B. Cardmember Services**

Full Name (Last, First, Middle Initial)  
Mailing Address P.O. Box 790408

City St. Louis State MO Zip Code 63179-0408

Purpose of Disbursement Credit Card Payment: Service Fee

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify)

State: District:

Date of Disbursement: 03 / 30 / 2015

Amount of Each Disbursement this Period: 2.00

Transaction ID : SB17.12179

**C. Chick-Fil-A**

Full Name (Last, First, Middle Initial)  
Mailing Address 1832 Hendersonville Road

City Asheville State NC Zip Code 28803

Purpose of Disbursement Food/Beverage

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify)

State: District:

Date of Disbursement: 03 / 04 / 2015

Amount of Each Disbursement this Period: 393.25

Transaction ID : SB17.12080

**SUBTOTAL** of Disbursements This Page (optional) ..... 395.25

**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 43		
	<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. Kenny Clamser</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 07 / 2015
Mailing Address 100 N Grove St		Amount of Each Disbursement this Period 287.50 <b>Transaction ID : SB17.11915</b>
City Hendersonville	State NC	
Zip Code 28792	Purpose of Disbursement Security 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>B. CM&amp;CO, LLC</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 16 / 2015
Mailing Address PO Box 97275		Amount of Each Disbursement this Period 136.81 <b>Transaction ID : SB17.12001</b>
City Raleigh	State NC	
Zip Code 27624	Purpose of Disbursement Accounting 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. CM&amp;CO, LLC</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 12 / 2015
Mailing Address PO Box 97275		Amount of Each Disbursement this Period 4497.65 <b>Transaction ID : SB17.12058</b>
City Raleigh	State NC	
Zip Code 27624	Purpose of Disbursement Accounting 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).....	4921.96
<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 43		
	<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 02 / 25 / 2015
Mailing Address 2001 New Hampshire Ave, NW		Amount of Each Disbursement this Period 750.00 <b>Transaction ID : SB17.12072</b>
City Washington State DC Zip Code 20009	Purpose of Disbursement Food/Beverage	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Congressional Club</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 04 / 2015
Mailing Address 2001 New Hampshire Ave, NW		Amount of Each Disbursement this Period 30.00 <b>Transaction ID : SB17.12081</b>
City Washington State DC Zip Code 20009	Purpose of Disbursement Food/Beverage	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Congressional Institute</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 12 / 2015
Mailing Address 1700 Diagonal Road, #730		Amount of Each Disbursement this Period 1127.00 <b>Transaction ID : SB17.11922</b>
City Alexandria State VA Zip Code 22314	Purpose of Disbursement Entrance Fees	
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).....	1907.00
<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 27 OF 43	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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

**A. CONSERVATIVE VICTORY FUND**

Full Name (Last, First, Middle Initial)  
Mailing Address 1101 PENNSYLVANIA AVE SE SUITE 201

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement In-kind - Invitations

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2016  Primary  General  Other (specify)

State: District:

Date of Disbursement: 03 / 25 / 2015

Amount of Each Disbursement this Period: 345.55

Transaction ID : SB17.13146

**B. Hilton Asheville Biltmore Park**

Full Name (Last, First, Middle Initial)  
Mailing Address 43 Town Square Blvd

City Asheville State NC Zip Code 28803

Purpose of Disbursement Lodging

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify)

State: District:

Date of Disbursement: 03 / 09 / 2015

Amount of Each Disbursement this Period: 2000.00

Transaction ID : SB17.12083

**C. Hilton Asheville Biltmore Park**

Full Name (Last, First, Middle Initial)  
Mailing Address 43 Town Square Blvd

City Asheville State NC Zip Code 28803

Purpose of Disbursement Lodging, Site Fee, Food/Beverage

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify)

State: District:

Date of Disbursement: 03 / 11 / 2015

Amount of Each Disbursement this Period: 878.64

Transaction ID : SB17.12088

**SUBTOTAL** of Disbursements This Page (optional) ..... 3224.19

**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 43			
	<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. House Gift Shop</b>			Date of Disbursement M M / D D / Y Y Y Y 01 / 06 / 2015		
Mailing Address First St SE			Amount of Each Disbursement this Period 224.40		
City Washington	State DC	Zip Code 20004	Transaction ID : SB17.11907		
Purpose of Disbursement Office Supplies		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. House Gift Shop</b>			Date of Disbursement M M / D D / Y Y Y Y 02 / 04 / 2015		
Mailing Address First St SE			Amount of Each Disbursement this Period 8.80		
City Washington	State DC	Zip Code 20004	Transaction ID : SB17.12026		
Purpose of Disbursement Office Supplies		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. Landini Brothers Restaurant</b>			Date of Disbursement M M / D D / Y Y Y Y 01 / 26 / 2015		
Mailing Address 115 King Street			Amount of Each Disbursement this Period 379.99		
City Alexandria	State VA	Zip Code 22314	Transaction ID : SB17.12011		
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:					

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	613.19
<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 43			
	<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. Landini Brothers Restaurant</b>			Date of Disbursement M M / D D / Y Y Y Y 03 / 02 / 2015	
Mailing Address 115 King Street			Amount of Each Disbursement this Period 241.47	
City Alexandria	State VA	Zip Code 22314	Transaction ID : SB17.12073	
Purpose of Disbursement Food/Beverage		Category/ Type		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) <b>B. Ken McCraw</b>			Date of Disbursement M M / D D / Y Y Y Y 01 / 07 / 2015	
Mailing Address 100 N Grove St			Amount of Each Disbursement this Period 287.50	
City Hendersonville	State NC	Zip Code 28792	Transaction ID : SB17.11918	
Purpose of Disbursement Security 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. Robert W. Penland</b>			Date of Disbursement M M / D D / Y Y Y Y 01 / 16 / 2015	
Mailing Address P.O. Box 777			Amount of Each Disbursement this Period 2800.00	
City Enka	State NC	Zip Code 28728	Transaction ID : SB17.12003	
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:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	3328.97
<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 43			
	<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 02 / 12 / 2015		
Mailing Address P.O. Box 777			Amount of Each Disbursement this Period 2878.40		
City Enka	State NC	Zip Code 28728	Transaction ID : SB17.12065		
Purpose of Disbursement Field Representative, Mileage		Category/ Type			
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: District:					

Full Name (Last, First, Middle Initial) <b>B. Robert W. Penland</b>			Date of Disbursement M M / D D / Y Y Y Y 03 / 17 / 2015		
Mailing Address P.O. Box 777			Amount of Each Disbursement this Period 2800.00		
City Enka	State NC	Zip Code 28728	Transaction ID : SB17.12156		
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:					

Full Name (Last, First, Middle Initial) <b>c. Rare Sweets</b>			Date of Disbursement M M / D D / Y Y Y Y 01 / 15 / 2015		
Mailing Address 936 Palmer Alley NW			Amount of Each Disbursement this Period 274.42		
City Washington	State DC	Zip Code 20005	Transaction ID : SB17.11993		
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:					

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	5952.82
<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 43		
	<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)		Date of Disbursement										
<b>A. Rare Sweets</b>		<table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td>02</td> <td></td> <td>04</td> <td></td> <td>2015</td> </tr> </table>	M M	/	D D	/	Y Y Y Y	02		04		2015
M M	/	D D	/	Y Y Y Y								
02		04		2015								
Mailing Address 936 Palmer Alley NW		Amount of Each Disbursement this Period										
<table border="1"> <tr> <td>City</td> <td>State</td> <td>Zip Code</td> </tr> <tr> <td>Washington</td> <td>DC</td> <td>20005</td> </tr> </table>		City	State	Zip Code	Washington	DC	20005	<table border="1"> <tr> <td>46.53</td> </tr> </table>	46.53			
City	State	Zip Code										
Washington	DC	20005										
46.53												
Purpose of Disbursement Food/Beverage		Transaction ID : SB17.12028										
Candidate Name												
Office Sought:		Category/ Type										
<table border="1"> <tr> <td><input type="checkbox"/></td> <td>House</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Senate</td> </tr> <tr> <td><input type="checkbox"/></td> <td>President</td> </tr> </table>			<input type="checkbox"/>	House	<input type="checkbox"/>	Senate	<input type="checkbox"/>	President				
<input type="checkbox"/>	House											
<input type="checkbox"/>	Senate											
<input type="checkbox"/>	President											
Disbursement For:												
<table border="1"> <tr> <td><input type="checkbox"/></td> <td>Primary</td> <td><input type="checkbox"/></td> <td>General</td> </tr> <tr> <td><input type="checkbox"/></td> <td colspan="3">Other (specify)</td> </tr> </table>		<input type="checkbox"/>	Primary	<input type="checkbox"/>	General	<input type="checkbox"/>	Other (specify)					
<input type="checkbox"/>	Primary	<input type="checkbox"/>	General									
<input type="checkbox"/>	Other (specify)											
State:	District:											

Full Name (Last, First, Middle Initial)		Date of Disbursement										
<b>B. Rare Sweets</b>		<table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td>02</td> <td></td> <td>09</td> <td></td> <td>2015</td> </tr> </table>	M M	/	D D	/	Y Y Y Y	02		09		2015
M M	/	D D	/	Y Y Y Y								
02		09		2015								
Mailing Address 936 Palmer Alley NW		Amount of Each Disbursement this Period										
<table border="1"> <tr> <td>City</td> <td>State</td> <td>Zip Code</td> </tr> <tr> <td>Washington</td> <td>DC</td> <td>20005</td> </tr> </table>		City	State	Zip Code	Washington	DC	20005	<table border="1"> <tr> <td>50.76</td> </tr> </table>	50.76			
City	State	Zip Code										
Washington	DC	20005										
50.76												
Purpose of Disbursement Food/Beverage		Transaction ID : SB17.12053										
Candidate Name												
Office Sought:		Category/ Type										
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<input type="checkbox"/>	House											
<input type="checkbox"/>	Senate											
<input type="checkbox"/>	President											
Disbursement For:												
<table border="1"> <tr> <td><input type="checkbox"/></td> <td>Primary</td> <td><input type="checkbox"/></td> <td>General</td> </tr> <tr> <td><input type="checkbox"/></td> <td colspan="3">Other (specify)</td> </tr> </table>		<input type="checkbox"/>	Primary	<input type="checkbox"/>	General	<input type="checkbox"/>	Other (specify)					
<input type="checkbox"/>	Primary	<input type="checkbox"/>	General									
<input type="checkbox"/>	Other (specify)											
State:	District:											

Full Name (Last, First, Middle Initial)		Date of Disbursement										
<b>C. Rare Sweets</b>		<table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td>02</td> <td></td> <td>09</td> <td></td> <td>2015</td> </tr> </table>	M M	/	D D	/	Y Y Y Y	02		09		2015
M M	/	D D	/	Y Y Y Y								
02		09		2015								
Mailing Address 936 Palmer Alley NW		Amount of Each Disbursement this Period										
<table border="1"> <tr> <td>City</td> <td>State</td> <td>Zip Code</td> </tr> <tr> <td>Washington</td> <td>DC</td> <td>20005</td> </tr> </table>		City	State	Zip Code	Washington	DC	20005	<table border="1"> <tr> <td>106.81</td> </tr> </table>	106.81			
City	State	Zip Code										
Washington	DC	20005										
106.81												
Purpose of Disbursement Food/Beverage		Transaction ID : SB17.12054										
Candidate Name												
Office Sought:		Category/ Type										
<table border="1"> <tr> <td><input type="checkbox"/></td> <td>House</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Senate</td> </tr> <tr> <td><input type="checkbox"/></td> <td>President</td> </tr> </table>			<input type="checkbox"/>	House	<input type="checkbox"/>	Senate	<input type="checkbox"/>	President				
<input type="checkbox"/>	House											
<input type="checkbox"/>	Senate											
<input type="checkbox"/>	President											
Disbursement For:												
<table border="1"> <tr> <td><input type="checkbox"/></td> <td>Primary</td> <td><input type="checkbox"/></td> <td>General</td> </tr> <tr> <td><input type="checkbox"/></td> <td colspan="3">Other (specify)</td> </tr> </table>		<input type="checkbox"/>	Primary	<input type="checkbox"/>	General	<input type="checkbox"/>	Other (specify)					
<input type="checkbox"/>	Primary	<input type="checkbox"/>	General									
<input type="checkbox"/>	Other (specify)											
State:	District:											

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<table border="1"> <tr> <td>204.10</td> </tr> </table>	204.10
204.10		
<b>TOTAL</b> This Period (last page this line number only).....	<table border="1"> <tr> <td></td> </tr> </table>	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 OF 43		
	<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 M M / D D / Y Y Y Y 03 / 03 / 2015
Mailing Address 936 Palmer Alley NW		Amount of Each Disbursement this Period 56.05
City Washington	State DC	
Zip Code 20005	Purpose of Disbursement Food/Beverage	<b>Transaction ID : SB17.12075</b>
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>B. RedPledge</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 03 / 2015
Mailing Address 4400 North Point Parkway		Amount of Each Disbursement this Period 284.42
City Alpharetta	State GA	
Zip Code 30022	Purpose of Disbursement Merchant Fees	<b>Transaction ID : SB17.12025</b>
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. RedPledge</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 03 / 2015
Mailing Address 4400 North Point Parkway		Amount of Each Disbursement this Period 24.95
City Alpharetta	State GA	
Zip Code 30022	Purpose of Disbursement Merchant Fees	<b>Transaction ID : SB17.12079</b>
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).....	365.42
<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 43	
	<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 Catalyst Group RW, LLC</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 16 / 2015
Mailing Address 600 Pennsylvania Ave SE, STE 330		Amount of Each Disbursement this Period 2780.65 <b>Transaction ID : SB17.12004</b>
City Washington State DC Zip Code 20003	Purpose of Disbursement Fundraising Consulting	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. The Catalyst Group RW, LLC</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 12 / 2015
Mailing Address 600 Pennsylvania Ave SE, STE 330		Amount of Each Disbursement this Period 2000.00 <b>Transaction ID : SB17.12066</b>
City Washington State DC Zip Code 20003	Purpose of Disbursement Fundraising Consulting	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. The Catalyst Group RW, LLC</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 17 / 2015
Mailing Address 600 Pennsylvania Ave SE, STE 330		Amount of Each Disbursement this Period 2302.25 <b>Transaction ID : SB17.12158</b>
City Washington State DC Zip Code 20003	Purpose of Disbursement Fundraising Consulting	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	7082.90
<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 34 OF 43			
	<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 02 / 12 / 2015		
Mailing Address 182 Howard Street			Amount of Each Disbursement this Period 91.00		
City San Francisco	State CA	Zip Code 94105	Transaction ID : SB17.12057		
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 M M / D D / Y Y Y Y 03 / 06 / 2015		
Mailing Address 182 Howard Street			Amount of Each Disbursement this Period 17.00		
City San Francisco	State CA	Zip Code 94105	Transaction ID : SB17.12082		
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 M M / D D / Y Y Y Y 03 / 09 / 2015		
Mailing Address 182 Howard Street			Amount of Each Disbursement this Period 22.00		
City San Francisco	State CA	Zip Code 94105	Transaction ID : SB17.12084		
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).....	130.00
<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 35 OF 43			
	<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 / 09 / 2015
Mailing Address 182 Howard Street		Amount of Each Disbursement this Period 27.00 <b>Transaction ID : SB17.12085</b>
City San Francisco	State CA Zip Code 94105	
Purpose of Disbursement Transportation	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Uber Technologies, Inc</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 18 / 2015
Mailing Address 182 Howard Street		Amount of Each Disbursement this Period 15.00 <b>Transaction ID : SB17.12161</b>
City San Francisco	State CA Zip Code 94105	
Purpose of Disbursement Transportation	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Uber Technologies, Inc</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 18 / 2015
Mailing Address 182 Howard Street		Amount of Each Disbursement this Period 16.00 <b>Transaction ID : SB17.12163</b>
City San Francisco	State CA Zip Code 94105	
Purpose of Disbursement Transportation	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	58.00
<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 36 OF 43		
	<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 / 2015
Mailing Address 182 Howard Street		Amount of Each Disbursement this Period 18.00 <b>Transaction ID : SB17.12166</b>
City San Francisco	State CA Zip Code 94105	
Purpose of Disbursement Transportation	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Uber Technologies, Inc</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 23 / 2015
Mailing Address 182 Howard Street		Amount of Each Disbursement this Period 11.38 <b>Transaction ID : SB17.12167</b>
City San Francisco	State CA Zip Code 94105	
Purpose of Disbursement Transportation	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Uber Technologies, Inc</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 25 / 2015
Mailing Address 182 Howard Street		Amount of Each Disbursement this Period 21.00 <b>Transaction ID : SB17.12173</b>
City San Francisco	State CA Zip Code 94105	
Purpose of Disbursement Transportation	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	50.38
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 37 OF 43	
	<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 / 27 / 2015
Mailing Address 182 Howard Street		Amount of Each Disbursement this Period 15.00 <b>Transaction ID : SB17.12174</b>
City San Francisco	State CA Zip Code 94105	
Purpose of Disbursement Transportation	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Uber Technologies, Inc</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 27 / 2015
Mailing Address 182 Howard Street		Amount of Each Disbursement this Period 21.00 <b>Transaction ID : SB17.12175</b>
City San Francisco	State CA Zip Code 94105	
Purpose of Disbursement Transportation	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:		

Full Name (Last, First, Middle Initial) <b>c. United States Treasury</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 15 / 2015
Mailing Address 1500 Pennsylvania Ave, NW		Amount of Each Disbursement this Period 84.24 <b>Transaction ID : SB17.11996</b>
City Washington	State DC Zip Code 20220	
Purpose of Disbursement Payroll Taxes	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	120.24
<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 38 OF 43		
	<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. USPS</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 04 / 2015
Mailing Address 675 South 4th Street		Amount of Each Disbursement this Period 49.00
City Highlands	State NC Zip Code 28741	
Purpose of Disbursement Postage	Candidate Name	Transaction ID : SB17.12029
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) <b>B. Verizon Wireless</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 20 / 2015
Mailing Address P.O. Box 660108		Amount of Each Disbursement this Period 256.02
City Dallas	State TX Zip Code 75266	
Purpose of Disbursement Phone Service	Candidate Name	Transaction ID : SB17.12007
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) <b>C. Verizon Wireless</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 20 / 2015
Mailing Address P.O. Box 660108		Amount of Each Disbursement this Period 2.07
City Dallas	State TX Zip Code 75266	
Purpose of Disbursement Phone Services	Candidate Name	Transaction ID : SB17.12069
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	307.09
<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 39 OF 43		
	<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 03 / 20 / 2015
Mailing Address P.O. Box 660108		Amount of Each Disbursement this Period 339.52 <b>Transaction ID : SB17.12165</b>
City Dallas	State TX	
Zip Code 75266	Purpose of Disbursement Phone Service	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. Fred Westphal</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 07 / 2015
Mailing Address 100 N Grove St		Amount of Each Disbursement this Period 287.50 <b>Transaction ID : SB17.11912</b>
City Hendersonville	State NC	
Zip Code 28792	Purpose of Disbursement Security 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. WNC Agricultural Center</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 12 / 2015
Mailing Address 1301 Fanning Bridge Rd		Amount of Each Disbursement this Period 1700.00 <b>Transaction ID : SB17.12056</b>
City Fletcher	State NC	
Zip Code 28732	Purpose of Disbursement Site Fee, Catering	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).....	2327.02
<b>TOTAL</b> This Period (last page this line number only).....	34382.86

**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 43	
	<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 / 2015</b>
Mailing Address <b>PO Box 811</b>		Amount of Each Disbursement this Period <b>4000.00</b> <b>Transaction ID : SB19A.11921</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	
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: <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 / 12 / 2015</b>
Mailing Address <b>PO Box 811</b>		Amount of Each Disbursement this Period <b>4000.00</b> <b>Transaction ID : SB19A.13100</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	
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: <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 / 11 / 2015</b>
Mailing Address <b>PO Box 811</b>		Amount of Each Disbursement this Period <b>4000.00</b> <b>Transaction ID : SB19A.13101</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	
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: <b>NC</b> District: <b>11</b>		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>12000.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	<b>12000.00</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 41 OF 43	
	<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. ASHEVILLE TEA PAC</b>		Date of Disbursement M M / D D / Y Y Y Y <b>01 / 06 / 2015</b>
Mailing Address 218 Vincent Pl		Amount of Each Disbursement this Period <b>250.00</b>
City Hendersonville	State NC Zip Code 28739	
Purpose of Disbursement Refund of Contribution	Candidate Name	<b>Transaction ID : SB20C.11910</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

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	Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	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	Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>250.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	<b>250.00</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 42 OF 43
	<input type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input checked="" type="checkbox"/> 19b 21	

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

Full Name (Last, First, Middle Initial)  
**A. NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

Mailing Address 320 FIRST STREET SE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement Contribution

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify)

State: District:

Date of Disbursement: 02 / 12 / 2015

Amount of Each Disbursement this Period: 21050.00

Transaction ID : SB21.12068

Category/Type

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

Amount of Each Disbursement this Period

Category/Type

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

Amount of Each Disbursement this Period

Category/Type

**SUBTOTAL** of Disbursements This Page (optional) ..... 21050.00

**TOTAL** This Period (last page this line number only) ..... 21050.00

**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	53500.00	196500.00

**TERMS**

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

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

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

<b>SUBTOTALS</b> This Period This Page (optional).....	▶	196500.00
<b>TOTALS</b> This Period (last page in this line only).....	▶	196500.00

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