



**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))....	65513.28	222610.42
(b) Total Contribution Refunds (from Line 20(d)) .....	0.00	5250.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	65513.28	217360.42
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17) .....	56016.91	149507.90
(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)).....	56016.91	149507.90
8. Cash on Hand at Close of Reporting Period (from Line 27).....	197665.84	
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).....	172500.00	

**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: M M / D D / Y Y Y Y 07 / 01 / 2015 To: M M / D D / Y Y Y Y 09 / 30 / 2015

<b>I. RECEIPTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Election Cycle-to-Date</b>
<b>11. CONTRIBUTIONS (other than loans) FROM:</b>		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	19635.00	57870.00
(ii) Unitemized .....	24528.28	72313.34
(iii) TOTAL of contributions from individuals .....	44163.28	130183.34
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	21350.00	92427.08
(d) The Candidate .....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	65513.28	222610.42
<b>12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES .....</b>	0.00	0.00
<b>13. LOANS:</b>		
(a) Made or Guaranteed by the Candidate.....	0.00	0.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0.00	0.00
<b>14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) .....</b>	0.00	0.00
<b>15. OTHER RECEIPTS (Dividends, Interest, etc.) .....</b>	0.00	0.00
<b>16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4).....</b>	65513.28	222610.42

**DETAILED SUMMARY PAGE**  
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	56016.91	149507.90
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES .....	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	12000.00	44000.00
(b) Of All Other Loans .....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	12000.00	44000.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	5250.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	5250.00
21. OTHER DISBURSEMENTS .....	0.00	28378.25
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ►	68016.91	227136.15

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	200169.47
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	65513.28
25. SUBTOTAL (add Line 23 and Line 24).....	265682.75
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	68016.91
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	197665.84

: 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 64
	<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 Jean Baird**

Mailing Address 637 25th Street S

City State Zip Code  
Arlington VA 22202

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

Name of Employer Occupation  
Off Hil Strategies Chief Counsel

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  
07 / 28 / 2015

**Transaction ID : SA11AI.18399**

Amount of Each Receipt this Period  
1000.00

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

Mailing Address 8005 Kendrick Crossing Ln

City State Zip Code  
Louisville KY 40291-5060

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  
400.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
09 / 30 / 2015

**Transaction ID : SA11AI.20106**

Amount of Each Receipt this Period  
200.00

Earmarked through Senate Conservatives Fund

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

Mailing Address PO BOX 388

City State Zip Code  
ALEXANDRIA VA 22313

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

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
53554.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
09 / 30 / 2015

**Transaction ID : SA11AI.20106.0**

Amount of Each Receipt this Period  
200.00

Total earmarked through conduit. PAC limit not affected.

**[MEMO ITEM]**

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

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

1200.00

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

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

FOR LINE NUMBER: PAGE 7 OF 64  
(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)  
**Carolyn Beasley**

Mailing Address PO Box 516  
14 Ravenswood Road

City Flat Rock State NC Zip Code 28731

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

Name of Employer Retired Occupation Retired

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 05 / 2015

**Transaction ID : SA11AI.18406**

Amount of Each Receipt this Period  
 200.00

Amount of Each Receipt this Period  
 280.00

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

Mailing Address 1812 McClure Creek Road

City Canton State NC Zip Code 28716

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

Name of Employer Retired Occupation Retired

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 08 / 2015

**Transaction ID : SA11AI.18325**

Amount of Each Receipt this Period  
 160.00

Amount of Each Receipt this Period  
 240.00

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

Mailing Address 2 Quail Cove Rd

City Asheville State NC Zip Code 28804

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

Name of Employer Retired Occupation Retired

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 08 / 2015

**Transaction ID : SA11AI.18344**

Amount of Each Receipt this Period  
 250.00

Amount of Each Receipt this Period  
 250.00

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

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

610.00

**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 64
	<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)  
**R L Clark**

Mailing Address 2 Quail Cove Rd

City Asheville State NC Zip Code 28804

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

Name of Employer Retired Occupation Retired

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
750.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 10 / 2015

**Transaction ID : SA11AI.18443**

Amount of Each Receipt this Period  
500.00

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

Mailing Address 601 N Fairfax St Apt 317

City Alexandria State VA Zip Code 22314-2079

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

Name of Employer Cowles Parkway Ford Occupation Auto Dealer

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 30 / 2015

**Transaction ID : SA11AI.20109**

Amount of Each Receipt this Period  
1000.00

Earmarked through Senate Conservatives Fund

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

Mailing Address PO BOX 388

City ALEXANDRIA State VA Zip Code 22313

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

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
54804.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 30 / 2015

**Transaction ID : SA11AI.20109.0**

Amount of Each Receipt this Period  
1000.00

Total earmarked through conduit. PAC limit not affected.

**[MEMO ITEM]**

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

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

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 64
	<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)  
**John Dill**

Mailing Address 6167 Katrina Dr

City Milton State FL Zip Code 32570-8811

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

Name of Employer Retired Occupation Retired

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 26 / 2015

**Transaction ID : SA11AI.19471**

Amount of Each Receipt this Period  
500.00

Earmarked through Senate Conservatives Fund

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

Mailing Address PO BOX 388

City ALEXANDRIA State VA Zip Code 22313

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

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
42003.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 26 / 2015

**Transaction ID : SA11AI.19471.0**

Amount of Each Receipt this Period  
500.00

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

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

Mailing Address 101 NE 16th Avenue

City Ocala State FL Zip Code 34470

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

Name of Employer Fidelity Manufacturing Occupation Manufacturing

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  
 07 / 30 / 2015

**Transaction ID : SA11AI.18562**

Amount of Each Receipt this Period  
250.00

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

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

750.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 64
	<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)  
**Charles Fehrenbach**

Mailing Address 11 McNeil Avenue

City State Zip Code  
Centereach NY 11720

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

Name of Employer Occupation  
CENX Network Engineer

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
400.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 18 / 2015

**Transaction ID : SA11AI.18661**

Amount of Each Receipt this Period  
200.00

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

Mailing Address 11 McNeil Avenue

City State Zip Code  
Centereach NY 11720

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

Name of Employer Occupation  
CENX Network Engineer

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
600.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 15 / 2015

**Transaction ID : SA11AI.18840**

Amount of Each Receipt this Period  
200.00

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

Mailing Address 1730 Bagley Avenue

City State Zip Code  
Los Angeles CA 90035

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

Name of Employer Occupation  
Attorney Drinker, Biddle & Reath

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
330.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 25 / 2015

**Transaction ID : SA11AI.18656**

Amount of Each Receipt this Period  
150.00

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

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

550.00

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

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

FOR LINE NUMBER: PAGE 11 OF 64  
(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)  
**Eve Gregg**

Mailing Address 23B Goldfinch Court

City Brevard State NC Zip Code 28712

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

Name of Employer Retired Occupation Retired

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 08 / 2015

**Transaction ID : SA11A1.18314**

Amount of Each Receipt this Period  
 200.00

Amount of Each Receipt this Period  
 280.00

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

Mailing Address 204 Sugar Hollow Road

City Hendersonville State NC Zip Code 28739

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

Name of Employer Retired Occupation Retired

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 03 / 2015

**Transaction ID : SA11A1.18424**

Amount of Each Receipt this Period  
 200.00

Amount of Each Receipt this Period  
 280.00

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

Mailing Address 5 Ware Creek Court

City Durham State NC Zip Code 27713

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

Name of Employer Hicks & Associates Occupation CFP Practitioner

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 28 / 2015

**Transaction ID : SA11A1.18600**

Amount of Each Receipt this Period  
 250.00

Amount of Each Receipt this Period  
 250.00

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

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

650.00

**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 64
	<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)  
**Elisabeth Hoffman**

Mailing Address 5544 Whitewater Road

City State Zip Code  
Sapphire NC 28774

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

Name of Employer Occupation  
Self-Employed Business Owner

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
225.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 03 / 2015

**Transaction ID : SA11AI.18418**

Amount of Each Receipt this Period  
225.00

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

Mailing Address PO Box AR

City State Zip Code  
Hagatna GU 96932-7564

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

Name of Employer Occupation  
Southern Media, Inc. Manager

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  
 08 / 26 / 2015

**Transaction ID : SA11AI.19467**

Amount of Each Receipt this Period  
250.00

Earmarked through Senate Conservatives Fund

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

Mailing Address PO BOX 388

City State Zip Code  
ALEXANDRIA VA 22313

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

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
41253.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 26 / 2015

**Transaction ID : SA11AI.19467.0**

Amount of Each Receipt this Period  
250.00

Total earmarked through conduit. PAC limit not affected.

**[MEMO ITEM]**

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

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

475.00

**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 64
	<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)  
**W Carl Jernigan**

Mailing Address 5 Turnberry Pl

City Shoal Creek State AL Zip Code 35242-5934

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

Name of Employer Retired Occupation Retired

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 13 / 2015

**Transaction ID : SA11AI.18853**

Amount of Each Receipt this Period  
 500.00

Earmarked through Senate Conservative Fund

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

Mailing Address PO BOX 388

City ALEXANDRIA State VA Zip Code 22313

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

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 13 / 2015

**Transaction ID : SA11AI.18853.0**

Amount of Each Receipt this Period  
 500.00

Total earmarked through conduit. PAC limit not affected.

**[MEMO ITEM]**

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

Mailing Address 1 Hughes Center Dr Unit 1904

City Las Vegas State NV Zip Code 89169-6722

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

Name of Employer Homemaker Occupation Homemaker

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 02 / 2015

**Transaction ID : SA11AI.19877**

Amount of Each Receipt this Period  
 5400.00

Earmarked through Senate Conservatives Fund

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

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

5900.00

**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 64
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

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

Mailing Address PO BOX 388

City: ALEXANDRIA State: VA Zip Code: 22313

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

Name of Employer: Occupation:

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date: 49570.00

Date of Receipt: 09 / 02 / 2015

**Transaction ID : SA11AI.19877.0**

Amount of Each Receipt this Period: 5400.00

Total earmarked through conduit. PAC limit not affected.

**[MEMO ITEM]**

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

Mailing Address 1 Hughes Center Dr Unit 1904

City: Las Vegas State: NV Zip Code: 89169-6722

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

Name of Employer: Occupation: Homemaker Homemaker

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date:

Date of Receipt: 09 / 02 / 2015

**Transaction ID : SA11AI.20290**

Amount of Each Receipt this Period: -2700.00

Redesignated From Primary

**[MEMO ITEM]**

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

Mailing Address 1 Hughes Center Dr Unit 1904

City: Las Vegas State: NV Zip Code: 89169-6722

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

Name of Employer: Occupation: Homemaker Homemaker

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date:

Date of Receipt: 09 / 02 / 2015

**Transaction ID : SA11AI.20291**

Amount of Each Receipt this Period: 2700.00

Redesignated to General

**[MEMO ITEM]**

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

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

0.00

**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 64
	<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)  
**Gerald C. Kitch**

Mailing Address 144 Marlborough Road

City Asheville State NC Zip Code 28804

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

Name of Employer Retired Occupation Retired

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **410.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 11 / 2015

**Transaction ID : SA11Al.18698**

Amount of Each Receipt this Period  
**250.00**

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

Mailing Address 4904 Keating Road NW

City Olympia State WA Zip Code 98502

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

Name of Employer Koelsch Senior Communities Occupation Owner

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  
 09 / 11 / 2015

**Transaction ID : SA11Al.18684**

Amount of Each Receipt this Period  
**250.00**

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

Mailing Address 115 Woodlane Street

City Granite Falls State NC Zip Code 28630

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

Name of Employer NC Farm Bureau Occupation Agent

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **240.00**

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

**Transaction ID : SA11Al.18450**

Amount of Each Receipt this Period  
**200.00**

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

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

**700.00**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 OF 64
	<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)  
**James Douglas Lindemann**

Mailing Address 840 FM 2224

City State Zip Code  
Holliday TX 76366

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

Name of Employer Occupation  
Self-Employed Independent Oil Producer

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  
 09 / 11 / 2015

**Transaction ID : SA11AI.18686**

Amount of Each Receipt this Period  
1000.00

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

Mailing Address PO Box 8510

City State Zip Code  
Asheville NC 28814

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

Name of Employer Occupation  
CCMC, Inc. Investor

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
580.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 11 / 2015

**Transaction ID : SA11AI.18697**

Amount of Each Receipt this Period  
500.00

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

Mailing Address PO Box 197

City State Zip Code  
Spofford NH 03462-0197

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

Name of Employer Occupation  
Netjets Aviation Pilot

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
300.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 26 / 2015

**Transaction ID : SA11AI.19453**

Amount of Each Receipt this Period  
100.00

Earmarked through Senate Conservatives Fund

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

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

1600.00



**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 64
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

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

Mailing Address PO BOX 388

City State Zip Code  
ALEXANDRIA VA 22313

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

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
40203.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 26 / 2015

**Transaction ID : SA11AI.19453.0**

Amount of Each Receipt this Period  
100.00

Total earmarked through conduit. PAC limit not affected.

**[MEMO ITEM]**

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

Mailing Address 2714 New Leicester Hwy

City State Zip Code  
Leicester NC 28748

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

Name of Employer Occupation  
Self-Employed Store 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  
 07 / 13 / 2015

**Transaction ID : SA11AI.18351**

Amount of Each Receipt this Period  
500.00

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

Mailing Address 84 Bearwallow Road

City State Zip Code  
Burnsville NC 28714

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

Name of Employer Occupation  
GWP, Inc. Truck Driver

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  
 08 / 07 / 2015

**Transaction ID : SA11AI.18439**

Amount of Each Receipt this Period  
500.00

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

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

1000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 64
	<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)  
**Kay Pollard**

Mailing Address PO Box 603

City Spruce Pine State NC Zip Code 28777

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

Name of Employer Retired Occupation Retired

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

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

**Transaction ID : SA11AI.18384**

Amount of Each Receipt this Period  
 500.00

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

Mailing Address 2300 Cekarfield Parkway Apt. 263

City Henrico State VA Zip Code 23233

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

Name of Employer Retired Occupation Retired

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 26 / 2015

**Transaction ID : SA11AI.19472**

Amount of Each Receipt this Period  
 1000.00

Earmarked through Senate Conservatives Fund

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

Mailing Address PO BOX 388

City ALEXANDRIA State VA Zip Code 22313

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

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 26 / 2015

**Transaction ID : SA11AI.19472.0**

Amount of Each Receipt this Period  
 1000.00

Total earmarked through conduit. PAC limit not affected.

**[MEMO ITEM]**

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

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

1500.00

**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 64  
(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)  
**Michael Rydin**

Mailing Address 5500 Holly Street

City State Zip Code  
Houston TX 77081

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

Name of Employer Occupation  
HCSS, Sugar Land TX CEO

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 29 / 2015

**Transaction ID : SA11AI.18552**

Amount of Each Receipt this Period  
1000.00

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

Mailing Address 1442 S. Durango Avenue

City State Zip Code  
Los Angeles CA 90035

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

Name of Employer Occupation  
Center for the Developing Mind Dev Psychologist- Autism Specialist

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
300.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 11 / 2015

**Transaction ID : SA11AI.18682**

Amount of Each Receipt this Period  
300.00

**C.** Full Name (Last, First, Middle Initial)  
**San Manuel Band of Mission Indians**

Mailing Address 3699 Wilshire Blvd, Ste 1290

City State Zip Code  
Los Angeles CA 90010

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

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  
 09 / 11 / 2015

**Transaction ID : SA11AI.18696**

Amount of Each Receipt this Period  
1000.00

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

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

2300.00

**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 64
	<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)  
**Allen Simon**

Mailing Address 1383 N. Criss Street

City Chandler State AZ Zip Code 85226-1307

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

Name of Employer Retired Occupation Retired

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **650.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 29 / 2015

**Transaction ID : SA11Al.18515**

Amount of Each Receipt this Period  
**100.00**

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

Mailing Address 157 Newgate Rd

City East Granby State CT Zip Code 06026-9545

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

Name of Employer Wmcc, Pc Occupation Physician

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  
 08 / 26 / 2015

**Transaction ID : SA11Al.19469**

Amount of Each Receipt this Period  
**250.00**

Earmarked through Senate Conservatives Fund

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

Mailing Address PO BOX 388

City ALEXANDRIA State VA Zip Code 22313

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

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **41503.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 26 / 2015

**Transaction ID : SA11Al.19469.0**

Amount of Each Receipt this Period  
**250.00**

Total earmarked through conduit. PAC limit not affected.

**[MEMO ITEM]**

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

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

**350.00**

**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 64
	<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)  
**Leo Stemp**

Mailing Address 157 Newgate Rd

City East Granby State CT Zip Code 06026-9545

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

Name of Employer Wmcc, Pc Occupation Physician

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **300.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 30 / 2015

**Transaction ID : SA11AI.20087**

Amount of Each Receipt this Period  
**50.00**

Earmarked through Senate Conservatives Fund

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

Mailing Address PO BOX 388

City ALEXANDRIA State VA Zip Code 22313

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

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **52349.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 30 / 2015

**Transaction ID : SA11AI.20087.0**

Amount of Each Receipt this Period  
**50.00**

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

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

Mailing Address PO box 7908

City Rocky Mount State NC Zip Code 27804

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

Name of Employer Self-Employed Occupation Investor

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  
 09 / 09 / 2015

**Transaction ID : SA11AI.18701**

Amount of Each Receipt this Period  
**250.00**

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

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

**300.00**

**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 22 OF 64
	<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 Zulueta**

Mailing Address 2008 Greyhawk Pl

City State Zip Code  
Apex NC 27539-9309

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

Name of Employer Occupation  
Homemaker Homemaker

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 30 / 2015

**Transaction ID : SA11AI.20108**

Amount of Each Receipt this Period  
250.00

Earmarked through Senate Conservatives Fund

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

Mailing Address PO BOX 388

City State Zip Code  
ALEXANDRIA VA 22313

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

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
53804.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 30 / 2015

**Transaction ID : SA11AI.20108.0**

Amount of Each Receipt this Period  
250.00

Total earmarked through conduit. PAC limit not affected.

**[MEMO ITEM]**

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

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).....

250.00

19635.00

**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 23 OF 64
	<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 FREEDOM PAC**

Mailing Address **PO BOX 2082**

City **HUTCHINSON** State **KS** Zip Code **67504**

FEC ID number of contributing federal political committee. **C C00524033**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

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

**Transaction ID : SA11C.18362**

Amount of Each Receipt this Period  
 1000.00

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

Mailing Address **P.O. BOX 618**

City **ALTON** State **IL** Zip Code **62002**

FEC ID number of contributing federal political committee. **C C00103937**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**07 / 25 / 2015**

**Transaction ID : SA11C.18402**

Amount of Each Receipt this Period  
 1000.00

**C.** Full Name (Last, First, Middle Initial)  
**EXPRESS SCRIPTS INC. POLITICAL FUND (A/K/A EXPRESS SCRIPTS PAC)**

Mailing Address **ONE EXPRESS WAY**

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

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

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

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

**Transaction ID : SA11C.18361**

Amount of Each Receipt this Period  
 2500.00

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

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

4500.00

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

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

FOR LINE NUMBER: PAGE 24 OF 64  
(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)  
**FRATERNITY & SORORITY POLITICAL ACTION COMMITTEE**

Mailing Address PO BOX 3435

City ALEXANDRIA State VA Zip Code 22302

FEC ID number of contributing federal political committee. **C** C00410068

Name of Employer Occupation

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 03 / 2015

**Transaction ID : SA11C.18412**

Amount of Each Receipt this Period  
 1000.00

**B.** Full Name (Last, First, Middle Initial)  
**GENERAL AVIATION MANUFACTURERS ASSOCIATION POLITICAL ACTION COMMITTEE**

Mailing Address 1400 K STREET NW, SUITE 801

City WAHINGTON State DC Zip Code 20005

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

Name of Employer Occupation

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 22 / 2015

**Transaction ID : SA11C.18403**

Amount of Each Receipt this Period  
 1000.00

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

Mailing Address FIVE MOORE DRIVE  
PO BOX 13358

City RES. TRIANGLE PARK State NC Zip Code 27709

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

Name of Employer Occupation

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

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

**Transaction ID : SA11C.18360**

Amount of Each Receipt this Period  
 2500.00

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

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

4500.00



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 OF 64
	<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)  
**INTERNATIONAL PAPER POLITICAL ACTION COMMITTEE (IP-PAC)**

Mailing Address 1101 PENNSYLVANIA AVENUE NW  
SUITE 200

City WASHINGTON State NC Zip Code 20004

FEC ID number of contributing federal political committee. **C** C00034405

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

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

**Transaction ID : SA11C.18356**

Amount of Each Receipt this Period  
 1000.00

**B.** Full Name (Last, First, Middle Initial)  
**JM FAMILY ENTERPRISES, INC. PAC**

Mailing Address 100 JIM MORAN BLVD

City DEERFIELD BEACH State FL Zip Code 33442

FEC ID number of contributing federal political committee. **C** C00240911

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 28 / 2015

**Transaction ID : SA11C.18404**

Amount of Each Receipt this Period  
 1500.00

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

Mailing Address 2121 CRYSTAL DRIVE  
SUITE 100

City ARLINGTON State VA Zip Code 22202

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

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

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

**Transaction ID : SA11C.18357**

Amount of Each Receipt this Period  
 1000.00

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

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

3500.00

**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 26 OF 64
	<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. MAKE DC LISTEN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 824 S MILLEDGE AVE STE 101  
 City Athens State GA Zip Code 30605  
 FEC ID number of contributing federal political committee. **C** C00570739  
 Name of Employer Occupation  
 Receipt For: 2016  
 Primary  General  
 Other (specify)  
 Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 03 / 2015  
**Transaction ID : SA11C.18415**  
 Amount of Each Receipt this Period  
 250.00

**B. Mitch Gillespie For NC House**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 185 Cross Creek North Ridge Drive  
 City Marion State NC Zip Code 28752  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Receipt For: 2016  
 Primary  General  
 Other (specify)  
 Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 16 / 2015  
**Transaction ID : SA11C.18398**  
 Amount of Each Receipt this Period  
 100.00

**C. NATIONAL ASSOCIATION OF REALTORS POLITICAL ACTION COMMITTEE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 430 NORTH MICHIGAN AVENUE  
 City CHICAGO State IL Zip Code 60611  
 FEC ID number of contributing federal political committee. **C** C00030718  
 Name of Employer Occupation  
 Receipt For: 2016  
 Primary  General  
 Other (specify)  
 Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 13 / 2015  
**Transaction ID : SA11C.18631**  
 Amount of Each Receipt this Period  
 1000.00

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

1350.00

**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 27 OF 64
	<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. NORFOLK SOUTHERN CORPORATION GOOD GOVERNMENT FUND**

Full Name (Last, First, Middle Initial)  
Mailing Address ONE CONSTITUTION AVE NE

City WASHINGTON State DC Zip Code 20002

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

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
3000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 08 / 2015

**Transaction ID : SA11C.18286**

Amount of Each Receipt this Period  
1000.00

**B. SAFARI CLUB INTERNATIONAL PAC (SCI-PAC)**

Full Name (Last, First, Middle Initial)  
Mailing Address 4800 W. GATES PASS ROAD

City TUCSON State AZ Zip Code 85745

FEC ID number of contributing federal political committee. **C C00122101**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 03 / 2015

**Transaction ID : SA11C.18414**

Amount of Each Receipt this Period  
2000.00

**C. SARAH PAC**

Full Name (Last, First, Middle Initial)  
Mailing Address PO BOX 7711

City ARLINGTON State VA Zip Code 22207

FEC ID number of contributing federal political committee. **C C00458588**

Name of Employer Occupation

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  
 07 / 07 / 2015

**Transaction ID : SA11C.18364**

Amount of Each Receipt this Period  
500.00

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

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

3500.00

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

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

FOR LINE NUMBER: PAGE 28 OF 64  
(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)  
**THE FARM CREDIT COUNCIL POLITICAL ACTION COMMITTEE**

Mailing Address 50 F STREET NW  
SUITE 900

City State Zip Code  
WASHINGTON NC 20001

FEC ID number of contributing federal political committee. **C C00193631**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

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

**Transaction ID : SA11C.18358**

Amount of Each Receipt this Period  
 1000.00

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

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: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 24 / 2015

**Transaction ID : SA11C.18653**

Amount of Each Receipt this Period  
 1000.00

**C.** Full Name (Last, First, Middle Initial)  
**WINE AND SPIRITS WHOLESALERS OF AMERICA, INC. POLITICAL ACTION COMMITTEE**

Mailing Address 805 FIFTEENTH ST NW SUITE 430

City State Zip Code  
WASHINGTON DC 20005

FEC ID number of contributing federal political committee. **C C00147173**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 14 / 2015

**Transaction ID : SA11C.18632**

Amount of Each Receipt this Period  
 2000.00

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

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

4000.00

21350.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 OF 64			
	<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. Acorns</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 24 / 2015
Mailing Address 465 Main Street		Amount of Each Disbursement this Period 277.55
City Highlands	State NC Zip Code 28741	
Purpose of Disbursement Event Host Gifts	Candidate Name	Transaction ID : SB17.18809
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. Add A Space</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 02 / 2015
Mailing Address 4001 ASHEVILLE HWY.		Amount of Each Disbursement this Period 65.00
City HENDERSONVILLE	State NC Zip Code 28791	
Purpose of Disbursement Storage	Candidate Name	Transaction ID : SB17.18706
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. Add A Space</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 04 / 2015
Mailing Address 4001 ASHEVILLE HWY.		Amount of Each Disbursement this Period 65.00
City HENDERSONVILLE	State NC Zip Code 28791	
Purpose of Disbursement Storage	Candidate Name	Transaction ID : SB17.18781
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).....	407.55
<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 64			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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

Full Name (Last, First, Middle Initial) <b>A. Add A Space</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 02 / 2015
Mailing Address 4001 ASHEVILLE HWY.		Amount of Each Disbursement this Period 65.00
City HENDERSONVILLE	State NC	
Zip Code 28791	Purpose of Disbursement Storage	Transaction ID : SB17.20218
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. Alaska Airlines</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 28 / 2015
Mailing Address PO Box 68900		Amount of Each Disbursement this Period 175.10
City Seattle	State WA	
Zip Code 98168	Purpose of Disbursement Airfare	Transaction ID : SB17.20268
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. American Airlines</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 28 / 2015
Mailing Address PO Box 619616		Amount of Each Disbursement this Period 121.60
City DFW Airport	State TX	
Zip Code 75261	Purpose of Disbursement Airfare	Transaction ID : SB17.20265
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).....	361.60
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 OF 64		
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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

Full Name (Last, First, Middle Initial) <b>A. American Airlines</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 28 / 2015
Mailing Address PO Box 619616		Amount of Each Disbursement this Period 121.60
City DFW Airport	State TX	
Zip Code 75261	Purpose of Disbursement Airfare	<b>Transaction ID : SB17.20266</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. American Airlines</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 28 / 2015
Mailing Address PO Box 619616		Amount of Each Disbursement this Period 206.10
City DFW Airport	State TX	
Zip Code 75261	Purpose of Disbursement Airfare	<b>Transaction ID : SB17.20269</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. American Airlines</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 28 / 2015
Mailing Address PO Box 619616		Amount of Each Disbursement this Period 206.10
City DFW Airport	State TX	
Zip Code 75261	Purpose of Disbursement Airfare	<b>Transaction ID : SB17.20270</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).....	533.80
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 OF 64			
	<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. Amtrak</b>			Date of Disbursement M M / D D / Y Y Y Y 07 / 13 / 2015	
Mailing Address 50 Massachusetts Av			Amount of Each Disbursement this Period 316.00	
City Washington	State DC	Zip Code 20002	Transaction ID : SB17.18723	
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. Amtrak</b>			Date of Disbursement M M / D D / Y Y Y Y 07 / 20 / 2015	
Mailing Address 50 Massachusetts Av			Amount of Each Disbursement this Period 52.00	
City Washington	State DC	Zip Code 20002	Transaction ID : SB17.18748	
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. Amtrak</b>			Date of Disbursement M M / D D / Y Y Y Y 08 / 25 / 2015	
Mailing Address 50 Massachusetts Av			Amount of Each Disbursement this Period 316.00	
City Washington	State DC	Zip Code 20002	Transaction ID : SB17.18820	
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).....	684.00
<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 33 OF 64	
	<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. Amtrak</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 28 / 2015
Mailing Address 50 Massachusetts Av		Amount of Each Disbursement this Period 316.00
City Washington	State DC Zip Code 20002	
Purpose of Disbursement Transportation	Category/Type	<b>Transaction ID : SB17.20271</b>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:		

Full Name (Last, First, Middle Initial) <b>B. John Ashe</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 13 / 2015
Mailing Address 100 N Grove St		Amount of Each Disbursement this Period 385.00
City Hendersonville, NC	State NC Zip Code 28792	
Purpose of Disbursement Event Security	Category/Type	<b>Transaction ID : SB17.18732</b>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Jeff Banks</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 13 / 2015
Mailing Address 100 N Grove St		Amount of Each Disbursement this Period 385.00
City Hendersonville	State NC Zip Code 28792	
Purpose of Disbursement Event Security	Category/Type	<b>Transaction ID : SB17.18731</b>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1086.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 OF 64			
	<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 07 / 17 / 2015	
Mailing Address 300 First Street, SE			Amount of Each Disbursement this Period 212.15	
City Washington	State DC	Zip Code 20003	Transaction ID : SB17.18745	
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 07 / 27 / 2015	
Mailing Address 300 First Street, SE			Amount of Each Disbursement this Period 212.15	
City Washington	State DC	Zip Code 20003	Transaction ID : SB17.18776	
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. Capitol Hill Club</b>			Date of Disbursement M M / D D / Y Y Y Y 09 / 29 / 2015	
Mailing Address 300 First Street, SE			Amount of Each Disbursement this Period 400.00	
City Washington	State DC	Zip Code 20003	Transaction ID : SB17.20273	
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:			

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	824.30
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 35 OF 64			
	<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. Steve Carter</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 13 / 2015
Mailing Address 100 N Grove St		Amount of Each Disbursement this Period 385.00 <b>Transaction ID : SB17.18737</b>
City Hendersonville	State NC	
Zip Code 28792	Purpose of Disbursement Event Security	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. Challenge Coins Limited</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 15 / 2015
Mailing Address 100 Old Cherokee Road		Amount of Each Disbursement this Period 1460.00 <b>Transaction ID : SB17.18740</b>
City Lexington	State SC	
Zip Code 29072	Purpose of Disbursement Challenge Coins	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. Kenny Clamser</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 13 / 2015
Mailing Address 100 N Grove St		Amount of Each Disbursement this Period 245.00 <b>Transaction ID : SB17.18734</b>
City Hendersonville	State NC	
Zip Code 28792	Purpose of Disbursement Event Security	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).....	2090.00
<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 64			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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

Full Name (Last, First, Middle Initial) <b>A. CM&amp;CO, LLC</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 08 / 2015
Mailing Address PO Box 97275		Amount of Each Disbursement this Period 5321.05
City Raleigh	State NC	
Zip Code 27624	Purpose of Disbursement Accounting Services	Transaction ID : SB17.20229
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. Delta Airlines</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 03 / 2015
Mailing Address 1500 MH Jackson Service Rd		Amount of Each Disbursement this Period 418.20
City Atlanta	State GA	
Zip Code 30354	Purpose of Disbursement Airfare	Transaction ID : SB17.18710
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. Delta Airlines</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 03 / 2015
Mailing Address 1500 MH Jackson Service Rd		Amount of Each Disbursement this Period 418.20
City Atlanta	State GA	
Zip Code 30354	Purpose of Disbursement Airfare	Transaction ID : SB17.18711
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).....	6157.45
<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 64			
	<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. Delta Airlines</b>			Date of Disbursement M M / D D / Y Y Y Y 08 / 12 / 2015	
Mailing Address 1500 MH Jackson Service Rd			Amount of Each Disbursement this Period 199.10	
City Atlanta	State GA	Zip Code 30354	Transaction ID : SB17.18787	
Purpose of Disbursement Airfare		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. Delta Airlines</b>			Date of Disbursement M M / D D / Y Y Y Y 08 / 24 / 2015	
Mailing Address 1500 MH Jackson Service Rd			Amount of Each Disbursement this Period 25.00	
City Atlanta	State GA	Zip Code 30354	Transaction ID : SB17.18801	
Purpose of Disbursement Airfare		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. Delta Airlines</b>			Date of Disbursement M M / D D / Y Y Y Y 08 / 27 / 2015	
Mailing Address 1500 MH Jackson Service Rd			Amount of Each Disbursement this Period 25.00	
City Atlanta	State GA	Zip Code 30354	Transaction ID : SB17.18828	
Purpose of Disbursement Airfare		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).....	249.10
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 38 OF 64			
	<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. Delta Airlines</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 28 / 2015
Mailing Address 1500 MH Jackson Service Rd		Amount of Each Disbursement this Period 3.49 <b>Transaction ID : SB17.18830</b>
City Atlanta State GA Zip Code 30354	Purpose of Disbursement Airfare	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Delta Airlines</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 28 / 2015
Mailing Address 1500 MH Jackson Service Rd		Amount of Each Disbursement this Period 3.49 <b>Transaction ID : SB17.18831</b>
City Atlanta State GA Zip Code 30354	Purpose of Disbursement Airfare	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Hampton Inns &amp; Suites</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 24 / 2015
Mailing Address 18 Rockwood Road		Amount of Each Disbursement this Period 219.03 <b>Transaction ID : SB17.18808</b>
City Fletcher State NC Zip Code 28732	Purpose of Disbursement Lodging	
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).....	226.01
<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 39 OF 64			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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

Full Name (Last, First, Middle Initial) <b>A. Ingle's Grocery</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 01 / 2015
Mailing Address US 64		Amount of Each Disbursement this Period 488.97
City Cashiers	State NC	
Zip Code 28717	Purpose of Disbursement Food/Beverage	<b>Transaction ID : SB17.18705</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. Joe's Stone Crab of DC</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 13 / 2015
Mailing Address 750 15th St NW		Amount of Each Disbursement this Period 150.75
City Washington	State DC	
Zip Code 20005	Purpose of Disbursement Food/Beverage	<b>Transaction ID : SB17.18722</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. Ken McCraw</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 13 / 2015
Mailing Address 100 N Grove St		Amount of Each Disbursement this Period 280.00
City Hendersonville	State NC	
Zip Code 28792	Purpose of Disbursement Event Security	<b>Transaction ID : SB17.18733</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).....	919.72
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 40 OF 64			
	<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. Mr. C's Hotel</b>			Date of Disbursement M M / D D / Y Y Y Y 08 / 26 / 2015	
Mailing Address 1224 Beverwil Dr			Amount of Each Disbursement this Period 1770.65	
City Los Angeles	State CA	Zip Code 90035	Transaction ID : SB17.18827	
Purpose of Disbursement Lodging		Category/ Type		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) <b>B. NYC Taxi</b>			Date of Disbursement M M / D D / Y Y Y Y 07 / 22 / 2015	
Mailing Address 33 Beaver St			Amount of Each Disbursement this Period 8.50	
City New York	State NY	Zip Code 10004	Transaction ID : SB17.18759	
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. NYC Taxi</b>			Date of Disbursement M M / D D / Y Y Y Y 07 / 22 / 2015	
Mailing Address 33 Beaver St			Amount of Each Disbursement this Period 13.50	
City New York	State NY	Zip Code 10004	Transaction ID : SB17.18760	
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).....	1792.65
<b>TOTAL</b> This Period (last page this line number only).....	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 41 OF 64			
	<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. NYC Taxi</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 22 / 2015
Mailing Address 33 Beaver St		Amount of Each Disbursement this Period 16.62 <b>Transaction ID : SB17.18761</b>
City New York	State NY	
Zip Code 10004	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. Office Catering</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 11 / 2015
Mailing Address 1795 Olive St.		Amount of Each Disbursement this Period 332.68 <b>Transaction ID : SB17.20232</b>
City Capitol Heights	State MD	
Zip Code 20743	Purpose of Disbursement 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:	

Full Name (Last, First, Middle Initial) <b>c. Park Lane Hotel</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 21 / 2015
Mailing Address 36 Central Park S		Amount of Each Disbursement this Period 36.80 <b>Transaction ID : SB17.18754</b>
City New York	State NY	
Zip Code 10019	Purpose of Disbursement Lodging	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	386.10
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 42 OF 64			
	<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. Park Lane Hotel</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 23 / 2015
Mailing Address 36 Central Park S		Amount of Each Disbursement this Period 909.21 <b>Transaction ID : SB17.18773</b>
City New York	State NY	
Zip Code 10019	Purpose of Disbursement Lodging	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. Robert W. Penland</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 22 / 2015
Mailing Address P.O. Box 777		Amount of Each Disbursement this Period 2963.52 <b>Transaction ID : SB17.18768</b>
City Enka	State NC	
Zip Code 28728	Purpose of Disbursement Management Consulting, Mileage	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>c. Robert W. Penland</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 28 / 2015
Mailing Address P.O. Box 777		Amount of Each Disbursement this Period 2800.00 <b>Transaction ID : SB17.18835</b>
City Enka	State NC	
Zip Code 28728	Purpose of Disbursement Management Consulting	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	6672.73
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 43 OF 64			
	<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 09 / 08 / 2015	
Mailing Address P.O. Box 777			Amount of Each Disbursement this Period 3104.06	
City Enka	State NC	Zip Code 28728	Transaction ID : SB17.20274	
Purpose of Disbursement Management Consulting, Mileage		Category/ Type		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) <b>B. Rare Sweets</b>			Date of Disbursement M M / D D / Y Y Y Y 07 / 10 / 2015	
Mailing Address 936 Palmer Alley NW			Amount of Each Disbursement this Period 44.42	
City Washington	State DC	Zip Code 20005	Transaction ID : SB17.18720	
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>c. Rare Sweets</b>			Date of Disbursement M M / D D / Y Y Y Y 08 / 04 / 2015	
Mailing Address 936 Palmer Alley NW			Amount of Each Disbursement this Period 44.42	
City Washington	State DC	Zip Code 20005	Transaction ID : SB17.18782	
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).....	3192.90
<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 44 OF 64			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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

Full Name (Last, First, Middle Initial) <b>A. RedPledge</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 02 / 2015
Mailing Address 4400 North Point Parkway		Amount of Each Disbursement this Period 500.00 Transaction ID : SB17.18709
City Alpharetta	State GA	
Purpose of Disbursement Merchant 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:		

Full Name (Last, First, Middle Initial) <b>B. RedPledge</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 06 / 2015
Mailing Address 4400 North Point Parkway		Amount of Each Disbursement this Period 161.48 Transaction ID : SB17.18784
City Alpharetta	State GA	
Purpose of Disbursement Merchant 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:		

Full Name (Last, First, Middle Initial) <b>C. RedPledge</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 02 / 2015
Mailing Address 4400 North Point Parkway		Amount of Each Disbursement this Period 52.85 Transaction ID : SB17.20220
City Alpharetta	State GA	
Purpose of Disbursement Merchant 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).....	504.43
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 45 OF 64	
	<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. Republican Congressional Spouses**

Mailing Address 2336 South Queen Street

City: Arlington State: VA Zip Code: 22202

Purpose of Disbursement: Donation

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify)

State: District:

Date of Disbursement: 07 / 06 / 2015

Amount of Each Disbursement this Period: 25.00

Transaction ID : SB17.18714

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

Mailing Address 2336 South Queen Street

City: Arlington State: VA Zip Code: 22202

Purpose of Disbursement: Donation

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify)

State: District:

Date of Disbursement: 09 / 16 / 2015

Amount of Each Disbursement this Period: 50.00

Transaction ID : SB17.20245

Full Name (Last, First, Middle Initial)  
**c. Ritz-Carlton DC**

Mailing Address 1150 22nd St NW

City: Washington State: DC Zip Code: 20037

Purpose of Disbursement: Lodging, Catering, Site Fee

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify)

State: District:

Date of Disbursement: 09 / 15 / 2015

Amount of Each Disbursement this Period: 724.20

Transaction ID : SB17.20243

**SUBTOTAL** of Disbursements This Page (optional) ..... 799.20

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 46 OF 64			
	<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. Sarabeth's</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 21 / 2015
Mailing Address 40 Central Park S		Amount of Each Disbursement this Period 924.25 Transaction ID : SB17.18755
City New York	State NY	
Zip Code 10019	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. SENATE CONSERVATIVES FUND</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 31 / 2015
Mailing Address PO BOX 388		Amount of Each Disbursement this Period 32.50 Transaction ID : SB17.18839
City ALEXANDRIA	State VA	
Zip Code 22313	Purpose of Disbursement Merchant Fees	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>C. SENATE CONSERVATIVES FUND</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 08 / 2015
Mailing Address PO BOX 388		Amount of Each Disbursement this Period 841.75 Transaction ID : SB17.20230
City ALEXANDRIA	State VA	
Zip Code 22313	Purpose of Disbursement Merchant Fees	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	924.25
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 47 OF 64			
	<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. Smokey &amp; the Pig</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 07 / 2015
Mailing Address PO Box 100		Amount of Each Disbursement this Period 2890.00
City Fairview	State NC	
Zip Code 28730	Purpose of Disbursement Food/Beverage	<b>Transaction ID : SB17.18716</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. Smokey &amp; the Pig</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 08 / 2015
Mailing Address PO Box 100		Amount of Each Disbursement this Period 960.00
City Fairview	State NC	
Zip Code 28730	Purpose of Disbursement Event Food/Beverage	<b>Transaction ID : SB17.18718</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. Southwest Airlines</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 11 / 2015
Mailing Address P.O. Box 36647-1CR		Amount of Each Disbursement this Period 702.00
City Dallas	State TX	
Zip Code 75235	Purpose of Disbursement Airfare	<b>Transaction ID : SB17.20234</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).....	4552.00
<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 48 OF 64		
	<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 07 / 22 / 2015
Mailing Address 600 Pennsylvania Ave SE, STE 330		Amount of Each Disbursement this Period 2663.16 <b>Transaction ID : SB17.18769</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 08 / 28 / 2015
Mailing Address 600 Pennsylvania Ave SE, STE 330		Amount of Each Disbursement this Period 140.08 <b>Transaction ID : SB17.18836</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 Monocle on Capitol Hill</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 23 / 2015
Mailing Address 107 D St NE		Amount of Each Disbursement this Period 115.48 <b>Transaction ID : SB17.20260</b>
City Washington State DC Zip Code 20002	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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2918.72
<b>TOTAL</b> This Period (last page this line number only).....	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 49 OF 64			
	<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. TriConsultants</b>			Date of Disbursement M M / D D / Y Y Y Y 07 / 10 / 2015	
Mailing Address 449 East 84th Street			Amount of Each Disbursement this Period 3065.00	
City New York	State NY	Zip Code 10028	Transaction ID : SB17.18721	
Purpose of Disbursement Fundraising Consulting		Category/ Type		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) <b>B. TriConsultants</b>			Date of Disbursement M M / D D / Y Y Y Y 07 / 22 / 2015	
Mailing Address 449 East 84th Street			Amount of Each Disbursement this Period 3030.00	
City New York	State NY	Zip Code 10028	Transaction ID : SB17.18771	
Purpose of Disbursement Fundraising Consulting		Category/ Type		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) <b>c. TriConsultants</b>			Date of Disbursement M M / D D / Y Y Y Y 08 / 27 / 2015	
Mailing Address 449 East 84th Street			Amount of Each Disbursement this Period 4948.00	
City New York	State NY	Zip Code 10028	Transaction ID : SB17.18829	
Purpose of Disbursement Fundraising Consulting		Category/ Type		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	11043.00
<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 50 OF 64			
	<input checked="" type="checkbox"/> 17 <input type="checkbox"/> 20a	<input type="checkbox"/> 18 <input type="checkbox"/> 20b	<input type="checkbox"/> 19a <input type="checkbox"/> 20c	<input type="checkbox"/> 19b <input type="checkbox"/> 21	

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

Full Name (Last, First, Middle Initial) <b>A. TriConsultants</b>			Date of Disbursement M M / D D / Y Y Y Y 09 / 21 / 2015	
Mailing Address 449 East 84th Street			Amount of Each Disbursement this Period 4000.00	
City New York	State NY	Zip Code 10028	Transaction ID : SB17.20252	
Purpose of Disbursement Fundraising Consulting		Category/ Type		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) <b>B. Uber Technologies, Inc</b>			Date of Disbursement M M / D D / Y Y Y Y 07 / 09 / 2015	
Mailing Address 182 Howard Street			Amount of Each Disbursement this Period 18.18	
City San Francisco	State CA	Zip Code 94105	Transaction ID : SB17.18719	
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 07 / 13 / 2015	
Mailing Address 182 Howard Street			Amount of Each Disbursement this Period 7.09	
City San Francisco	State CA	Zip Code 94105	Transaction ID : SB17.18725	
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).....	4025.27
<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 51 OF 64			
	<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 07 / 15 / 2015	
Mailing Address 182 Howard Street			Amount of Each Disbursement this Period 16.16	
City San Francisco	State CA	Zip Code 94105	Transaction ID : SB17.18741	
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 07 / 16 / 2015	
Mailing Address 182 Howard Street			Amount of Each Disbursement this Period 19.19	
City San Francisco	State CA	Zip Code 94105	Transaction ID : SB17.18744	
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 07 / 20 / 2015	
Mailing Address 182 Howard Street			Amount of Each Disbursement this Period 16.17	
City San Francisco	State CA	Zip Code 94105	Transaction ID : SB17.18749	
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).....	51.52
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 52 OF 64			
	<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 07 / 20 / 2015	
Mailing Address 182 Howard Street			Amount of Each Disbursement this Period 18.19	
City San Francisco	State CA	Zip Code 94105	Transaction ID : SB17.18750	
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 07 / 20 / 2015	
Mailing Address 182 Howard Street			Amount of Each Disbursement this Period 25.25	
City San Francisco	State CA	Zip Code 94105	Transaction ID : SB17.18751	
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 07 / 21 / 2015	
Mailing Address 182 Howard Street			Amount of Each Disbursement this Period 17.91	
City San Francisco	State CA	Zip Code 94105	Transaction ID : SB17.18758	
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).....	61.35
<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 53 OF 64			
	<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 07 / 23 / 2015	
Mailing Address 182 Howard Street			Amount of Each Disbursement this Period 12.76	
City San Francisco	State CA	Zip Code 94105	Transaction ID : SB17.18774	
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 07 / 23 / 2015	
Mailing Address 182 Howard Street			Amount of Each Disbursement this Period 19.19	
City San Francisco	State CA	Zip Code 94105	Transaction ID : SB17.18775	
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 07 / 29 / 2015	
Mailing Address 182 Howard Street			Amount of Each Disbursement this Period 18.19	
City San Francisco	State CA	Zip Code 94105	Transaction ID : SB17.18777	
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).....	50.14
<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 54 OF 64			
	<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 07 / 29 / 2015
Mailing Address 182 Howard Street		Amount of Each Disbursement this Period 6,000.00 Transaction ID : SB17.18778
City San Francisco State CA Zip Code 94105	Purpose of Disbursement Transportation Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) <b>B. Uber Technologies, Inc</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 30 / 2015
Mailing Address 182 Howard Street		Amount of Each Disbursement this Period 15.15 Transaction ID : SB17.18779
City San Francisco State CA Zip Code 94105	Purpose of Disbursement Transportation Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) <b>c. Uber Technologies, Inc</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 10 / 2015
Mailing Address 182 Howard Street		Amount of Each Disbursement this Period 19.20 Transaction ID : SB17.20231
City San Francisco State CA Zip Code 94105	Purpose of Disbursement Transportation Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:	Category/Type	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	60.61
<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 55 OF 64			
	<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 09 / 11 / 2015	
Mailing Address 182 Howard Street			Amount of Each Disbursement this Period 19.19	
City San Francisco	State CA	Zip Code 94105	Transaction ID : SB17.20235	
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 09 / 17 / 2015	
Mailing Address 182 Howard Street			Amount of Each Disbursement this Period 17.18	
City San Francisco	State CA	Zip Code 94105	Transaction ID : SB17.20248	
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 09 / 18 / 2015	
Mailing Address 182 Howard Street			Amount of Each Disbursement this Period 15.15	
City San Francisco	State CA	Zip Code 94105	Transaction ID : SB17.20250	
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).....	51.52
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 56 OF 64			
	<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 09 / 18 / 2015		
Mailing Address 182 Howard Street			Amount of Each Disbursement this Period 19.20 <b>Transaction ID : SB17.20251</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 09 / 23 / 2015		
Mailing Address 182 Howard Street			Amount of Each Disbursement this Period 14.60 <b>Transaction ID : SB17.20261</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 09 / 28 / 2015		
Mailing Address 182 Howard Street			Amount of Each Disbursement this Period 34.17 <b>Transaction ID : SB17.20272</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).....	67.97
<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 57 OF 64		
	<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. US Airways</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 20 / 2015
Mailing Address 4000 E. Sky Harbor Blvd		Amount of Each Disbursement this Period 220.10
City Phoenix	State AZ Zip Code 85034	
Purpose of Disbursement Airfare	Candidate Name	<b>Transaction ID : SB17.18793</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. US Airways</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 25 / 2015
Mailing Address 4000 E. Sky Harbor Blvd		Amount of Each Disbursement this Period 141.10
City Phoenix	State AZ Zip Code 85034	
Purpose of Disbursement Airfare	Candidate Name	<b>Transaction ID : SB17.18818</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>c. US Airways</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 25 / 2015
Mailing Address 4000 E. Sky Harbor Blvd		Amount of Each Disbursement this Period 141.10
City Phoenix	State AZ Zip Code 85034	
Purpose of Disbursement Airfare	Candidate Name	<b>Transaction ID : SB17.18819</b>
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).....	502.30
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 58 OF 64			
	<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. US Airways</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 25 / 2015
Mailing Address 4000 E. Sky Harbor Blvd		Amount of Each Disbursement this Period 119.10 <b>Transaction ID : SB17.18832</b>
City Phoenix State AZ Zip Code 85034	Purpose of Disbursement Airfare	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. US Airways</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 28 / 2015
Mailing Address 4000 E. Sky Harbor Blvd		Amount of Each Disbursement this Period 119.10 <b>Transaction ID : SB17.18833</b>
City Phoenix State AZ Zip Code 85034	Purpose of Disbursement Airfare	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. USPS</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 11 / 2015
Mailing Address 675 South 4th Street		Amount of Each Disbursement this Period 5.71 <b>Transaction ID : SB17.18785</b>
City Highlands State NC Zip Code 28741	Purpose of Disbursement Postage	
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).....	243.91
<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 59 OF 64			
	<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 09 / 06 / 2015
Mailing Address 675 South 4th Street		Amount of Each Disbursement this Period 5.75
City Highlands	State NC Zip Code 28741	
Purpose of Disbursement Postage	Candidate Name	Transaction ID : SB17.20222
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. USPS</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 14 / 2015
Mailing Address 675 South 4th Street		Amount of Each Disbursement this Period 130.00
City Highlands	State NC Zip Code 28741	
Purpose of Disbursement Postage	Candidate Name	Transaction ID : SB17.20241
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. USPS</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 14 / 2015
Mailing Address 675 South 4th Street		Amount of Each Disbursement this Period 147.00
City Highlands	State NC Zip Code 28741	
Purpose of Disbursement Postage	Candidate Name	Transaction ID : SB17.20242
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).....	282.75
<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 60 OF 64		
	<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 09 / 17 / 2015
Mailing Address 675 South 4th Street		Amount of Each Disbursement this Period 9.80
City Highlands	State NC	
Zip Code 28741	Purpose of Disbursement Postage	Transaction ID : SB17.20246
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. Verizon Wireless</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 22 / 2015
Mailing Address P.O. Box 660108		Amount of Each Disbursement this Period 128.14
City Dallas	State TX	
Zip Code 75266	Purpose of Disbursement Phone Services	Transaction ID : SB17.18772
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. Verizon Wireless</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 28 / 2015
Mailing Address P.O. Box 660108		Amount of Each Disbursement this Period 169.96
City Dallas	State TX	
Zip Code 75266	Purpose of Disbursement Phone Service	Transaction ID : SB17.18834
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).....	307.90
<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 61 OF 64			
	<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 09 / 21 / 2015
Mailing Address P.O. Box 660108		Amount of Each Disbursement this Period 641.77 <b>Transaction ID : SB17.20253</b>
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>B. Villagio on the Park</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 21 / 2015
Mailing Address 40 Central Park South		Amount of Each Disbursement this Period 243.60 <b>Transaction ID : SB17.18756</b>
City New York	State NY	
Zip Code 10019	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>c. Lyle Watkins</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 13 / 2015
Mailing Address 100 N Grove St		Amount of Each Disbursement this Period 245.00 <b>Transaction ID : SB17.18736</b>
City Hendersonville	State NC	
Zip Code 28792	Purpose of Disbursement Event Security	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).....	641.77
<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 62 OF 64			
	<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. Fred Westphal</b>			Date of Disbursement M M / D D / Y Y Y Y 07 / 13 / 2015		
Mailing Address 100 N Grove St			Amount of Each Disbursement this Period 245.00		
City Hendersonville	State NC	Zip Code 28792	Transaction ID : SB17.18726		
Purpose of Disbursement Event Security		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. WNC Agricultural Center</b>			Date of Disbursement M M / D D / Y Y Y Y 07 / 07 / 2015		
Mailing Address 1301 Fanning Bridge Rd			Amount of Each Disbursement this Period 75.00		
City Fletcher	State NC	Zip Code 28732	Transaction ID : SB17.18715		
Purpose of Disbursement Site Fee		Category/ Type			
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: District:					

Full Name (Last, First, Middle Initial) <b>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		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).....	320.00
<b>TOTAL</b> This Period (last page this line number only).....	52992.62

**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 63 OF 64	
	<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 07 / 22 / 2015
Mailing Address PO Box 811		Amount of Each Disbursement this Period 4000.00 <b>Transaction ID : SB19A.20279</b>
City Hendersonville State NC Zip Code 28793-0811	Purpose of Disbursement Loan Repayment	
Candidate Name	Category/Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: 11	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) <b>B. Mark R Meadows</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 03 / 2015
Mailing Address PO Box 811		Amount of Each Disbursement this Period 4000.00 <b>Transaction ID : SB19A.20278</b>
City Hendersonville State NC Zip Code 28793-0811	Purpose of Disbursement Loan Repayment	
Candidate Name	Category/Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: 11	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) <b>C. Mark R Meadows</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 08 / 2015
Mailing Address PO Box 811		Amount of Each Disbursement this Period 4000.00 <b>Transaction ID : SB19A.20275</b>
City Hendersonville State NC Zip Code 28793-0811	Purpose of Disbursement Loan Repayment	
Candidate Name	Category/Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: 11	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

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

**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	77500.00	172500.00

**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).....	▶	172500.00
<b>TOTALS</b> This Period (last page in this line only).....	▶	172500.00

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