

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **TYPE OR PRINT** Example: If typing, type over the lines. 12FE4M5
Meadows for Congress

ADDRESS (number and street) PO Box 811
 Check if different than previously reported. (ACC) Hendersonville NC 28793-0811

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

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

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

5. Covering Period M M / D D / Y Y Y Y 05 / 19 / 2016 through M M / D D / Y Y Y Y 06 / 30 / 2016

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Collin McMichael

Signature of Treasurer Collin McMichael *[Electronically Filed]* Date M M / D D / Y Y Y Y 07 / 15 / 2016

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

Office Use Only									
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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))....	71130.00	462259.32
(b) Total Contribution Refunds (from Line 20(d))	1000.00	6250.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	70130.00	456009.32
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	27674.38	320793.70
(b) Total Offsets to Operating Expenditures (from Line 14).....	8.99	3208.66
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	27665.39	317585.04
8. Cash on Hand at Close of Reporting Period (from Line 27).....	231335.73	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	130500.00	

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3 (Revised 12/2003)

Write or Type Committee Name

Meadows for Congress

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

I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
11. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	11785.00	176144.38
(ii) Unitemized.....	10345.00	95437.86
(iii) TOTAL of contributions from individuals ▶	22130.00	271582.24
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	49000.00	190677.08
(d) The Candidate.....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	71130.00	462259.32
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate.....	0.00	0.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0.00	0.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)	8.99	3208.66
15. OTHER RECEIPTS (Dividends, Interest, etc.).....	0.00	0.00
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶	71138.99	465467.98

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	27674.38	320793.70
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	6000.00	92000.00
(b) Of All Other Loans	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	6000.00	92000.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees	1000.00	1000.00
(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)).....	1000.00	6250.00
21. OTHER DISBURSEMENTS	3081.87	17280.12
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	37756.25	436323.82

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	197952.99
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	71138.99
25. SUBTOTAL (add Line 23 and Line 24).....	269091.98
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	37756.25
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	231335.73

: 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 65
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

NAME OF COMMITTEE (In Full)
Meadows for Congress

A. Full Name (Last, First, Middle Initial)
Allan Apperson

Mailing Address 817 Oakland Avenue Ext

City State Zip Code
Morganton NC 28655

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

Name of Employer Occupation
Retired Retired

Receipt For: 2016
 Primary General
 Other (specify) Special-Primary

Election Cycle-to-Date
280.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
06 / 03 / 2016

Transaction ID : SA11AI.22035

Amount of Each Receipt this Period
120.00

Memo Item

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

Mailing Address 725 Arbor Road

City State Zip Code
Winston Salem NC 27104

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

Name of Employer Occupation
Bell First Group Marketing

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
06 / 15 / 2016

Transaction ID : SA11AI.22241

Amount of Each Receipt this Period
500.00

Memo Item

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

Mailing Address 130 Whispering Pines Drive

City State Zip Code
Waynesville NC 28786

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

Name of Employer Occupation
Peak Energy CEO

Receipt For: 2016
 Primary General
 Other (specify) Special-Primary

Election Cycle-to-Date
1080.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
06 / 07 / 2016

Transaction ID : SA11AI.22130

Amount of Each Receipt this Period
1000.00

Memo Item

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

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

1620.00

**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 65
(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)
Donna A. Broadwell

Mailing Address 392 Vanderbilt Road

City Asheville State NC Zip Code 28803

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

Name of Employer Self-Employed Occupation Investor

Receipt For: 2016
 Primary General
 Other (specify) Special-Primary

Election Cycle-to-Date
 _____ 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 07 / 2016

Transaction ID : SA11AI.22156

Amount of Each Receipt this Period
 _____ 500.00

Memo Item

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
 _____ 420.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 09 / 2016

Transaction ID : SA11AI.22046

Amount of Each Receipt this Period
 _____ 80.00

Memo Item

C. Full Name (Last, First, Middle Initial)
John F.A.V. Cecil

Mailing Address 68 Beadle Lane

City Asheville State NC Zip Code 28803

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

Name of Employer Biltmore Farms, LLC Occupation President

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
 06 / 23 / 2016

Transaction ID : SA11AI.22261

Amount of Each Receipt this Period
 _____ 500.00

Memo Item

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

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

_____ 1080.00

**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 65
	<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)
Patricia H. Danz

Mailing Address 102 Moss Ridge Court

City State Zip Code
Flat Rock NC 28731

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
580.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
06 / 10 / 2016

Transaction ID : SA11AI.22043

Amount of Each Receipt this Period
80.00

Memo Item

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

Mailing Address 24 Iroquois Drive

City State Zip Code
Hendersonville NC 28791

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
310.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
06 / 20 / 2016

Transaction ID : SA11AI.22244

Amount of Each Receipt this Period
80.00

Memo Item

C. Full Name (Last, First, Middle Initial)
John Dorner III

Mailing Address 99 Meadowbrook Circle

City State Zip Code
Brevard NC 28712

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

Name of Employer Occupation
Self-Employed Grant Consultant

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
280.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
06 / 24 / 2016

Transaction ID : SA11AI.22276

Amount of Each Receipt this Period
80.00

Memo Item

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

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

240.00

**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 65
	<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)
Glen Engram

Mailing Address 230 Millard J Dr

City Hendersonville State NC Zip Code 28739-4096

FEC ID number of contributing federal political committee.

Name of Employer Retired Occupation Retired

Receipt For: 2016
 Primary General
 Other (specify) Special-Primary

Election Cycle-to-Date

Date of Receipt
 / /

Transaction ID : SA11AI.22027

Amount of Each Receipt this Period

Memo Item

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

Mailing Address 2010 Bagley Avenue

City Los Angeles State CA Zip Code 90034

FEC ID number of contributing federal political committee.

Name of Employer Healthcare Executive Occupation SNF Management Company, LLC

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 / /

Transaction ID : SA11AI.22041

Amount of Each Receipt this Period

Memo Item

C. Full Name (Last, First, Middle Initial)
Susan D. Fletcher

Mailing Address P.O. Box 2599

City Candler State NC Zip Code 28715

FEC ID number of contributing federal political committee.

Name of Employer Self-Employed Occupation Manager

Receipt For: 2016
 Primary General
 Other (specify) Special-Primary

Election Cycle-to-Date

Date of Receipt
 / /

Transaction ID : SA11AI.22146

Amount of Each Receipt this Period

Memo Item

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 65
	<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)
Albert Goodis

Mailing Address 111 Water Rock Circle

City: Waynesville State: NC Zip Code: 28786

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

Name of Employer: Retired Occupation: Retired

Receipt For: 2016
 Primary General
 Other (specify) Special-Primary

Election Cycle-to-Date: 240.00

Date of Receipt: 06 / 07 / 2016

Transaction ID : SA11AI.22101

Amount of Each Receipt this Period: 100.00

Memo Item

B. 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) Special-Primary

Election Cycle-to-Date: 960.00

Date of Receipt: 05 / 27 / 2016

Transaction ID : SA11AI.21998

Amount of Each Receipt this Period: 80.00

Memo Item

C. 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: 1160.00

Date of Receipt: 06 / 28 / 2016

Transaction ID : SA11AI.22322

Amount of Each Receipt this Period: 200.00

Memo Item

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

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

380.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 65
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Meadows for Congress

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

Mailing Address 209 Buena Vista Lane

City Hendersonville State NC Zip Code 28791

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
240.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 11 / 2016

Transaction ID : SA11AI.22044

Amount of Each Receipt this Period
120.00

Memo Item

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
360.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 13 / 2016

Transaction ID : SA11AI.22175

Amount of Each Receipt this Period
80.00

Memo Item

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

Mailing Address 2712 Wisconsin Ave NW
Apt 312

City Washington State DC Zip Code 20007-4635

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
300.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 28 / 2016

Transaction ID : SA11AI.22305

Amount of Each Receipt this Period
100.00

Memo Item
Earmarked through Concerned Women PAC

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: PAGE 12 OF 65
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
Meadows for Congress

Full Name (Last, First, Middle Initial)
CONCERNED WOMEN FOR AMERICA LEGISLATIVE ACTION COMMITTEE POLITICAL ACTION COMMITTEE

A. Mailing Address PO BOX 66680

City State Zip Code
WASHINGTON DC 20035

FEC ID number of contributing federal political committee. **C** C00375865

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)
 Election Cycle-to-Date
 933.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 28 / 2016

Transaction ID : SA11AI.22305.0

Amount of Each Receipt this Period
 100.00

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

B. Full Name (Last, First, Middle Initial)
J Lloyd Kirk

Mailing Address 16 Boddington Court

City State Zip Code
Asheville NC 28803

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

Name of Employer Occupation
Retired Retired

Receipt For: 2016
 Primary General
 Other (specify) Special-Primary
 Election Cycle-to-Date
 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 07 / 2016

Transaction ID : SA11AI.22170

Amount of Each Receipt this Period
 250.00

Memo Item

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

Mailing Address 115 Woodlane Street

City State Zip Code
Granite Falls NC 28630

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

Name of Employer Occupation
NC Farm Bureau Agent

Receipt For: 2016
 Primary General
 Other (specify)
 Election Cycle-to-Date
 280.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 26 / 2016

Transaction ID : SA11AI.22328

Amount of Each Receipt this Period
 40.00

Memo Item

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

290.00

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

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

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

FOR LINE NUMBER: PAGE 13 OF 65
(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)
Douglas Lack

Mailing Address 17 Brown Road

City Asheville State NC Zip Code 28806

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

Name of Employer Four Star Insurance Occupation Health Insurance Agent

Receipt For: 2016
 Primary General
 Other (specify) Special-Primary

Election Cycle-to-Date **290.00**

Date of Receipt
M M / D D / Y Y Y Y Y
06 / 07 / 2016

Transaction ID : SA11AI.22162

Amount of Each Receipt this Period
250.00

Memo Item

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

Mailing Address 17 Brown Road

City Asheville State NC Zip Code 28806

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

Name of Employer Four Star Insurance Occupation Health Insurance Agent

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **370.00**

Date of Receipt
M M / D D / Y Y Y Y Y
06 / 20 / 2016

Transaction ID : SA11AI.22237

Amount of Each Receipt this Period
80.00

Memo Item

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

Mailing Address 63 McDowell Road

City Mills River State NC Zip Code 28759

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

Name of Employer Henderson County Occupation Sheriff

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **310.00**

Date of Receipt
M M / D D / Y Y Y Y Y
06 / 21 / 2016

Transaction ID : SA11AI.22248

Amount of Each Receipt this Period
80.00

Memo Item

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

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

410.00

**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)
 11a 12 11b 13a 11c 13b 11d 14 15
 PAGE 14 OF 65

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NAME OF COMMITTEE (In Full)
Meadows for Congress

A. Full Name (Last, First, Middle Initial)
Carla Miller

Mailing Address 131 Franklin Place Drive

City State Zip Code
 Franklin NC 28734

FEC ID number of contributing federal political committee.

Name of Employer Occupation
 Retired 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
 06 / 25 / 2016

Transaction ID : SA11AI.22284

Amount of Each Receipt this Period

Memo Item

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

Mailing Address 203 Hidden Woods Lane

City State Zip Code
 Hendersonville NC 28791

FEC ID number of contributing federal political committee.

Name of Employer Occupation
 Miller Brothers, Inc. Licensed Grading & Utility Contractor

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 23 / 2016

Transaction ID : SA11AI.22270

Amount of Each Receipt this Period

Memo Item

C. Full Name (Last, First, Middle Initial)
Dr. Frank H. Moretz

Mailing Address P.O. Box 5244

City State Zip Code
 Asheville NC 28813

FEC ID number of contributing federal political committee.

Name of Employer Occupation
 Asheville Anesthesia Associate VP - Legislative Affairs

Receipt For: 2016
 Primary General
 Other (specify) Special-Primary

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 07 / 2016

Transaction ID : SA11AI.22160

Amount of Each Receipt this Period

Memo Item

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

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

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

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

FOR LINE NUMBER: PAGE 15 OF 65
(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)
Carl Mumpower

Mailing Address 403 Cherokee Road

City Asheville State NC Zip Code 28804

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

Name of Employer Self-Employed Occupation Psychologist

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **230.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
06 / 24 / 2016

Transaction ID : SA11AI.22277

Amount of Each Receipt this Period
80.00

Memo Item

B. 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 **540.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
06 / 12 / 2016

Transaction ID : SA11AI.22045

Amount of Each Receipt this Period
40.00

Memo Item

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

Mailing Address 304 Wagram Place

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 **260.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
06 / 28 / 2016

Transaction ID : SA11AI.22318

Amount of Each Receipt this Period
80.00

Memo Item

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

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

200.00

**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 65
	<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)
Phillip J. Rogers

Mailing Address 85 Rivard Road

City State Zip Code
Glenville NC 28736

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

Name of Employer Occupation
ASAP Automation, Inc. Owner

Receipt For: 2016
 Primary General
 Other (specify) Special-Primary

Election Cycle-to-Date
280.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
06 / 02 / 2016

Transaction ID : SA11AI.22014

Amount of Each Receipt this Period
25.00

Memo Item

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

Mailing Address 25 Country Road

City State Zip Code
Hendersonville NC 28791

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

Name of Employer Occupation
Shelley's Jewelry Owner

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
06 / 28 / 2016

Transaction ID : SA11AI.22321

Amount of Each Receipt this Period
80.00

Memo Item

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

Mailing Address 357 Rocky Branch Road

City State Zip Code
Canton NC 28716

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

Name of Employer Occupation
Self-Employed Business Owner

Receipt For: 2016
 Primary General
 Other (specify) Special-Primary

Election Cycle-to-Date
500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
06 / 07 / 2016

Transaction ID : SA11AI.22134

Amount of Each Receipt this Period
100.00

Memo Item

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

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

205.00

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

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

FOR LINE NUMBER: PAGE 17 OF 65
(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)
Albert L Sneed

Mailing Address 11 N. Market Street

City Asheville State NC Zip Code 28801

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

Name of Employer Van Winkle Law Firm Occupation Attorney

Receipt For: 2016
 Primary General
 Other (specify) Special-Primary

Election Cycle-to-Date
 _____ 2000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 07 / 2016

Transaction ID : SA11AI.22145

Amount of Each Receipt this Period
 _____ 2000.00

Memo Item

B. Full Name (Last, First, Middle Initial)
Robert Meyer Soule

Mailing Address 433 Coopers Hawk Dr

City Asheville State NC Zip Code 28803

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

Name of Employer Lamar Outdoor Advertising Occupation Sales Executive

Receipt For: 2016
 Primary General
 Other (specify) Special-Primary

Election Cycle-to-Date
 _____ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 07 / 2016

Transaction ID : SA11AI.22167

Amount of Each Receipt this Period
 _____ 250.00

Memo Item

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

Mailing Address 2118 Kratz Station Road

City Harleysville State PA Zip Code 19438

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

Name of Employer Scribe Strategies & Advisors Occupation Principal

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
 06 / 23 / 2016

Transaction ID : SA11AI.22262

Amount of Each Receipt this Period
 _____ 1000.00

Memo Item

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

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

_____ 3250.00

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

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

FOR LINE NUMBER: PAGE 18 OF 65
(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)
Lora Thrash

Mailing Address 94 Gaston Mountain Road

City Asheville State NC Zip Code 28806

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

Name of Employer Retired Occupation Retired

Receipt For: 2016
 Primary General
 Other (specify) Special-Primary

Election Cycle-to-Date
2500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 07 / 2016

Transaction ID : SA11AI.22161

Amount of Each Receipt this Period
 2500.00

Memo Item

B. Full Name (Last, First, Middle Initial)
James F. Walsh

Mailing Address 225 Amblewood Trail

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
820.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 19 / 2016

Transaction ID : SA11AI.22230

Amount of Each Receipt this Period
 120.00

Memo Item

C. Full Name (Last, First, Middle Initial)
Matthew T. Wechtel

Mailing Address 170 Seven Glens Drive

City Weaverville State NC Zip Code 28787

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

Name of Employer NC Farm Bureau Occupation Senior Field Adjuster

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
780.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 26 / 2016

Transaction ID : SA11AI.22330

Amount of Each Receipt this Period
 40.00

Memo Item

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

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

2660.00

**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 19 OF 65
	<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)
Vince West

Mailing Address 1020 Lake Shore Drive

City Aquone State NC Zip Code 28781

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

Name of Employer Retired Occupation Retired

Receipt For: 2016
 Primary General
 Other (specify) Special-Primary

Election Cycle-to-Date **220.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
05 / 27 / 2016

Transaction ID : SA11AI.21999

Amount of Each Receipt this Period
80.00

Memo Item

B. Full Name (Last, First, Middle Initial)
Aubrey O Woodard

Mailing Address 70 Cheestoonaya Ct

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) Special-Primary

Election Cycle-to-Date **420.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
05 / 24 / 2016

Transaction ID : SA11AI.22000

Amount of Each Receipt this Period
80.00

Memo Item

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

Mailing Address 507 Stevenson Cove Road

City Waynesville State NC Zip Code 28785

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

Name of Employer High Country Furniture & Desig Occupation Retail Sales

Receipt For: 2016
 Primary General
 Other (specify) Special-Primary

Election Cycle-to-Date **320.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
06 / 07 / 2016

Transaction ID : SA11AI.22104

Amount of Each Receipt this Period
200.00

Memo Item

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

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

360.00

11785.00

**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 65
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Meadows for Congress

A. Full Name (Last, First, Middle Initial)
AIRCRAFT OWNERS AND PILOTS ASSOCIATION POLITICAL ACTION COMMITTEE

Mailing Address 421 AVIATION WAY

City State Zip Code
FREDERICK MD 21701

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

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
3000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 10 / 2016

Transaction ID : SA11C.22048

Amount of Each Receipt this Period
 1000.00

Memo Item

B. Full Name (Last, First, Middle Initial)
AIR TRANSPORT SERVICES GROUP, INC. PAC

Mailing Address 145 HUNTER DR.

City State Zip Code
WILMINGTON OH 45177

FEC ID number of contributing federal political committee. **C** C00238311

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify) Special-Primary

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 24 / 2016

Transaction ID : SA11C.21979

Amount of Each Receipt this Period
 1000.00

Memo Item

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

Mailing Address 101 CONSTITUTION AVE NW
SUITE 400W

City State Zip Code
WASHINGTON DC 20001

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

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify) Special-Primary

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 07 / 2016

Transaction ID : SA11C.22185

Amount of Each Receipt this Period
 1000.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	3000.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 OF 65
	<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 BUS ASSOCIATION-BUSPAC POLITICAL ACTION COMMITTEE

Mailing Address 111 K STREET NE
9TH FLOOR

City WASHINGTON State DC Zip Code 20002

FEC ID number of contributing federal political committee. **C C00004879**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify) Special-Primary

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 24 / 2016

Transaction ID : SA11C.21984

Amount of Each Receipt this Period
1000.00

Memo Item

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

Mailing Address 1015 15TH ST. NW
SUITE 802

City WASHINGTON State DC Zip Code 20005

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

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
6000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 01 / 2016

Transaction ID : SA11C.22003

Amount of Each Receipt this Period
1000.00

Memo Item

C. Full Name (Last, First, Middle Initial)
AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

Mailing Address 520 N. NORTHWEST HIGHWAY

City PARK RIDGE State IL Zip Code 60068

FEC ID number of contributing federal political committee. **C C00255752**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify) Special-Primary

Election Cycle-to-Date
5000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 07 / 2016

Transaction ID : SA11C.22037

Amount of Each Receipt this Period
5000.00

Memo Item

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

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

7000.00

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

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

FOR LINE NUMBER: PAGE 22 OF 65
(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)
AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

Mailing Address 520 N. NORTHWEST HIGHWAY

City State Zip Code
PARK RIDGE IL 60068

FEC ID number of contributing federal political committee. **C** C00255752

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
10000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 07 / 2016

Transaction ID : SA11C.22260

Amount of Each Receipt this Period
5000.00

Memo Item

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

Mailing Address 4250 NORTH FAIRFAX DRIVE 9TH FLOOR

City State Zip Code
ARLINGTON VA 22203

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

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify) Special-Primary

Election Cycle-to-Date
2500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 06 / 2016

Transaction ID : SA11C.22024

Amount of Each Receipt this Period
2500.00

Memo Item

C. Full Name (Last, First, Middle Initial)
ASSOCIATED GENERAL CONTRACTORS OF AMERICA POLITICAL ACTION COMMITTEE

Mailing Address 2300 WILSON BLVD.
SUITE 400

City State Zip Code
ARLINGTON VA 22201

FEC ID number of contributing federal political committee. **C** C00082917

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify) Special-Primary

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 07 / 2016

Transaction ID : SA11C.22038

Amount of Each Receipt this Period
1000.00

Memo Item

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

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

8500.00

**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 65
	<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)
ASSOCIATED GENERAL CONTRACTORS OF AMERICA POLITICAL ACTION COMMITTEE

Mailing Address 2300 WILSON BLVD.
SUITE 400

City ARLINGTON State VA Zip Code 22201

FEC ID number of contributing federal political committee. **C** C00082917

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify) Special-Primary

Election Cycle-to-Date 2500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 07 / 2016

Transaction ID : SA11C.22040

Amount of Each Receipt this Period
 1500.00

Memo Item

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

Mailing Address P.O. BOX 961039

City FORT WORTH State TX Zip Code 76161

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

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify) Special-Primary

Election Cycle-to-Date 5000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 24 / 2016

Transaction ID : SA11C.21983

Amount of Each Receipt this Period
 2000.00

Memo Item

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

Mailing Address 1201 15TH STREET, NW

City WASHINGTON State DC Zip Code 20005

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

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify) Special-Primary

Election Cycle-to-Date 2000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 27 / 2016

Transaction ID : SA11C.21995

Amount of Each Receipt this Period
 2000.00

Memo Item

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

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

5500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 OF 65
	<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)
ENVELOPE MANUFACTURERS ASSOCIATION POLITICAL ACTION COMMITTEE

Mailing Address 500 MONTGOMERY ST STE 550

City State Zip Code
ALEXANDRIA VA 22314

FEC ID number of contributing federal political committee. **C C00301192**

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
 06 / 30 / 2016

Transaction ID : SA11C.22307

Amount of Each Receipt this Period
1000.00

Memo Item

B. Full Name (Last, First, Middle Initial)
EXXON MOBIL CORPORATION POLITICAL ACTION COMMITTEE (EXXONMOBIL PAC)

Mailing Address PO BOX 20503

City State Zip Code
NDIANAPOLIS IN 46220

FEC ID number of contributing federal political committee. **C C00121368**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 24 / 2016

Transaction ID : SA11C.22265

Amount of Each Receipt this Period
1500.00

Memo Item

C. Full Name (Last, First, Middle Initial)
HALLMARK CARDS PAC

Mailing Address 2501 MCGEE MD#288

City State Zip Code
KANSAS CITY MO 64108

FEC ID number of contributing federal political committee. **C C00000059**

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
 06 / 28 / 2016

Transaction ID : SA11C.22290

Amount of Each Receipt this Period
2000.00

Memo Item

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

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

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 25 OF 65
(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)
HARDWOOD FEDERATION PAC, INC

Mailing Address 1111 NINETEENTH STREET, NW;
SUITE 800

City State Zip Code
WASHINGTON DC 20036

FEC ID number of contributing federal political committee. **C** C00396671

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
06 / 23 / 2016

Transaction ID : SA11C.22259

Amount of Each Receipt this Period
1000.00

Memo Item

B. Full Name (Last, First, Middle Initial)
KOCH INDUSTRIES INC POLITICAL ACTION COMMITTEE (KOCHPAC)

Mailing Address 600 14TH STREET, NW
SUITE 800

City State Zip Code
WASHINGTON DC 20005

FEC ID number of contributing federal political committee. **C** C00236489

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify) Special-Primary

Election Cycle-to-Date
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
06 / 06 / 2016

Transaction ID : SA11C.22225

Amount of Each Receipt this Period
1000.00

Memo Item

C. Full Name (Last, First, Middle Initial)
NATIONAL ASSOCIATION OF LETTER CARRIERS OF U.S.A. POLITICAL FUND (LETTER CARRIER POLITICAL

Mailing Address 100 INDIANA AVE., N. W.

City State Zip Code
WASHINGTON DC 20001

FEC ID number of contributing federal political committee. **C** C00023580

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
06 / 28 / 2016

Transaction ID : SA11C.22287

Amount of Each Receipt this Period
2000.00

Memo Item

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

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

4000.00

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

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

FOR LINE NUMBER: PAGE 26 OF 65
(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)
NATIONAL ASSOCIATION OF REALTORS POLITICAL ACTION COMMITTEE

Mailing Address 430 NORTH MICHIGAN AVENUE

City State Zip Code
CHICAGO IL 60611

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

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify) d

Election Cycle-to-Date
6000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
06 / 07 / 2016

Transaction ID : SA11C.22029

Amount of Each Receipt this Period
3000.00

Memo Item

B. Full Name (Last, First, Middle Initial)
NATIONAL RIFLE ASSOCIATION OF AMERICA POLITICAL VICTORY FUND

Mailing Address 11250 WAPLES MILL ROAD

City State Zip Code
FAIRFAX VA 22030

FEC ID number of contributing federal political committee. **C** C00053553

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify) Special-Primary

Election Cycle-to-Date
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
06 / 07 / 2016

Transaction ID : SA11C.22181

Amount of Each Receipt this Period
1000.00

Memo Item

C. Full Name (Last, First, Middle Initial)
NATIONAL STAR ROUTE MAIL CONTRACTORS ASSOCIATION POLITICAL ACTION COMMITTEE

Mailing Address 324 EAST CAPITOL STREET, NE

City State Zip Code
WASHINGTON DC 20003

FEC ID number of contributing federal political committee. **C** C00163311

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
06 / 23 / 2016

Transaction ID : SA11C.22257

Amount of Each Receipt this Period
1000.00

Memo Item

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

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

5000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 OF 65
	<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)
NATIONAL STONE, SAND & GRAVEL ASSOCIATION ROCKPAC

Mailing Address 1605 KING STREET

City State Zip Code
ALEXANDRIA VA 22314

FEC ID number of contributing federal political committee. **C C00089458**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify) Special-Primary

Election Cycle-to-Date
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
06 / 07 / 2016

Transaction ID : SA11C.22039

Amount of Each Receipt this Period
1000.00

Memo Item

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

Mailing Address ONE CONSTITUTION AVE NE

City State Zip Code
WASHINGTON DC 20002

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

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify) Special-Primary

Election Cycle-to-Date
5000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
06 / 07 / 2016

Transaction ID : SA11C.22030

Amount of Each Receipt this Period
2000.00

Memo Item

C. Full Name (Last, First, Middle Initial)
NORTH CAROLINA FARM BUREAU FEDERATION INC POL ACT CMTE INC (AKA) NC FARM BUREAU FARMPAC

Mailing Address 5301 GLENWOOD AVENUE

City State Zip Code
RALEIGH NC 27612

FEC ID number of contributing federal political committee. **C C00216754**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify) Special-Primary

Election Cycle-to-Date
2000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
06 / 07 / 2016

Transaction ID : SA11C.22047

Amount of Each Receipt this Period
2000.00

Memo Item

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

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

5000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 OF 65
	<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)
OLDCASTLE MATERIALS INC. PAC

Mailing Address 101 CONSTITUTION AVENUE
600 W

City WASHINGTON State DC Zip Code 20001

FEC ID number of contributing federal political committee. **C C00346353**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify) Special-Primary

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 24 / 2016

Transaction ID : SA11C.21981

Amount of Each Receipt this Period
1000.00

Memo Item

B. Full Name (Last, First, Middle Initial)
OLD DOMINION FREIGHT LINE INC POLITICAL ACTION COMMITTEE (OLD DOMINION PAC)

Mailing Address 500 OLD DOMINION WAY

City THOMASVILLE State NC Zip Code 27360

FEC ID number of contributing federal political committee. **C C00496836**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify) Special-Primary

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 01 / 2016

Transaction ID : SA11C.22005

Amount of Each Receipt this Period
1000.00

Memo Item

C. Full Name (Last, First, Middle Initial)
SAFARI CLUB INTERNATIONAL PAC (SCI-PAC)

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) Special-Primary

Election Cycle-to-Date
4500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 07 / 2016

Transaction ID : SA11C.22182

Amount of Each Receipt this Period
2500.00

Memo Item

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 29 OF 65
(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)
SOUTHWEST AIRLINES CO. FREEDOM FUND

Mailing Address P O BOX 36611, HDQ 4GA

City State Zip Code
DALLAS TX 75235

FEC ID number of contributing federal political committee. **C** C00341602

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
 06 / 01 / 2016

Transaction ID : SA11C.22001

Amount of Each Receipt this Period
 1000.00

Memo Item

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
2000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 06 / 2016

Transaction ID : SA11C.22010

Amount of Each Receipt this Period
 1000.00

Memo Item

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

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

Amount of Each Receipt this Period

Memo Item

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

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

2000.00

49000.00

**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 30 OF 65
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input checked="" type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Meadows for Congress

A. Full Name (Last, First, Middle Initial)
American Airlines

Mailing Address PO Box 619616

City DFW Airport State TX Zip Code 75261

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date
656.18

Date of Receipt
 M M / D D / Y Y Y Y Y Y
06 / 29 / 2016

Transaction ID : SA14.22454

Amount of Each Receipt this Period
8.99

Memo Item
 Vendor Refund

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

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

Amount of Each Receipt this Period

Memo Item

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

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

Amount of Each Receipt this Period

Memo Item

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

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

8.99

8.99

**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 65			
	<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. 131 Main		Date of Disbursement MM / DD / YYYY 05 / 23 / 2016
Mailing Address 308 Thetford Street		Amount of Each Disbursement this Period 187.13
City Asheville	State NC	
Zip Code 28803	Purpose of Disbursement Food/Beverage	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	Transaction ID : SB17.22202
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. Add A Space		Date of Disbursement MM / DD / YYYY 06 / 03 / 2016
Mailing Address 4001 ASHEVILLE HWY.		Amount of Each Disbursement this Period 65.00
City HENDERSONVILLE	State NC	
Zip Code 28791	Purpose of Disbursement Rent	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	Transaction ID : SB17.22346
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. American Airlines		Date of Disbursement MM / DD / YYYY 05 / 25 / 2016
Mailing Address PO Box 619616		Amount of Each Disbursement this Period 592.20
City DFW Airport	State TX	
Zip Code 75261	Purpose of Disbursement Airfare	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	Transaction ID : SB17.22215
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	844.33
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 32 OF 65	
	<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. American Airlines		Date of Disbursement MM / DD / YYYY 05 / 31 / 2016
Mailing Address PO Box 619616		Amount of Each Disbursement this Period 457.00
City DFW Airport	State TX Zip Code 75261	
Purpose of Disbursement Airfare	Candidate Name	<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	Transaction ID : SB17.22224

Full Name (Last, First, Middle Initial) B. American Airlines		Date of Disbursement MM / DD / YYYY 06 / 15 / 2016
Mailing Address PO Box 619616		Amount of Each Disbursement this Period 14.37
City DFW Airport	State TX Zip Code 75261	
Purpose of Disbursement Airfare Fee	Candidate Name	<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	Transaction ID : SB17.22373

Full Name (Last, First, Middle Initial) C. American Airlines		Date of Disbursement MM / DD / YYYY 06 / 15 / 2016
Mailing Address PO Box 619616		Amount of Each Disbursement this Period 14.37
City DFW Airport	State TX Zip Code 75261	
Purpose of Disbursement Airfare Fee	Candidate Name	<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	Transaction ID : SB17.22374

SUBTOTAL of Disbursements This Page (optional).....	485.74
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 33 OF 65			
	<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. American Airlines		Date of Disbursement M M / D D / Y Y Y Y 06 / 15 / 2016
Mailing Address PO Box 619616		Amount of Each Disbursement this Period 477.10
City DFW Airport	State TX	
Zip Code 75261	Purpose of Disbursement Airfare	<input type="checkbox"/> Memo Item
Candidate Name	Category/ Type	Transaction ID : SB17.22376
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. American Airlines		Date of Disbursement M M / D D / Y Y Y Y 06 / 15 / 2016
Mailing Address PO Box 619616		Amount of Each Disbursement this Period 477.10
City DFW Airport	State TX	
Zip Code 75261	Purpose of Disbursement Airfare	<input type="checkbox"/> Memo Item
Candidate Name	Category/ Type	Transaction ID : SB17.22377
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. American Airlines		Date of Disbursement M M / D D / Y Y Y Y 06 / 27 / 2016
Mailing Address PO Box 619616		Amount of Each Disbursement this Period 235.10
City DFW Airport	State TX	
Zip Code 75261	Purpose of Disbursement Airfare	<input type="checkbox"/> Memo Item
Candidate Name	Category/ Type	Transaction ID : SB17.22421
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	1189.30
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 34 OF 65	
	<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. American Airlines			Date of Disbursement MM / DD / YYYY 06 / 28 / 2016	
Mailing Address PO Box 619616			Amount of Each Disbursement this Period 8.99	
City DFW Airport	State TX	Zip Code 75261	Memo Item <input type="checkbox"/>	
Purpose of Disbursement Airfare Fee		Category/ Type		
Candidate Name		Transaction ID : SB17.22441		
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. Amtrak			Date of Disbursement MM / DD / YYYY 05 / 23 / 2016	
Mailing Address 50 Massachusetts Av			Amount of Each Disbursement this Period 322.00	
City Washington	State DC	Zip Code 20002	Memo Item <input type="checkbox"/>	
Purpose of Disbursement Transportation		Category/ Type		
Candidate Name		Transaction ID : SB17.22204		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: _____	District: _____			

Full Name (Last, First, Middle Initial) C. Aneidot			Date of Disbursement MM / DD / YYYY 06 / 13 / 2016	
Mailing Address 5555 Hilton Ave Suite 106			Amount of Each Disbursement this Period 2.65	
City Baton Rouge	State LA	Zip Code 70808	Memo Item <input type="checkbox"/>	
Purpose of Disbursement Merchant Fee		Category/ Type		
Candidate Name		Transaction ID : SB17.22364		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: _____	District: _____			

SUBTOTAL of Disbursements This Page (optional)	333.64
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 35 OF 65	
	<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. John Ashe		Date of Disbursement MM / DD / YYYY 06 / 28 / 2016
Mailing Address 100 N Grove St		Amount of Each Disbursement this Period 120.00
City Hendersonville, NC	State NC	
Zip Code 28792	Purpose of Disbursement Security	<input type="checkbox"/> Memo Item
Candidate Name	Category/ Type	Transaction ID : SB17.22449
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. Asheville Rent All		Date of Disbursement MM / DD / YYYY 06 / 27 / 2016
Mailing Address 1106 Ehndersonville Road		Amount of Each Disbursement this Period 250.38
City Asheville	State NC	
Zip Code 28803	Purpose of Disbursement Event Rentals	<input type="checkbox"/> Memo Item
Candidate Name	Category/ Type	Transaction ID : SB17.22420
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. Avis Rent-a-Car		Date of Disbursement MM / DD / YYYY 05 / 23 / 2016
Mailing Address 9217 Airport Boulevard		Amount of Each Disbursement this Period 205.00
City Los Angeles	State CA	
Zip Code 90045	Purpose of Disbursement Transportation	<input type="checkbox"/> Memo Item
Candidate Name	Category/ Type	Transaction ID : SB17.22203
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	575.38
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 36 OF 65	
	<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. Capitol Hill Club		Date of Disbursement MM / DD / YYYY 06 / 17 / 2016
Mailing Address 300 First Street, SE		Amount of Each Disbursement this Period 124.72
City Washington	State DC	
Zip Code 20003	Purpose of Disbursement Food/Beverage	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	Transaction ID : SB17.22384
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. Capitol Hill Club		Date of Disbursement MM / DD / YYYY 06 / 17 / 2016
Mailing Address 300 First Street, SE		Amount of Each Disbursement this Period 3.84
City Washington	State DC	
Zip Code 20003	Purpose of Disbursement Food/Beverage	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	Transaction ID : SB17.22386
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. Capitol Host		Date of Disbursement MM / DD / YYYY 06 / 23 / 2016
Mailing Address Room B-339B, Rayburn House		Amount of Each Disbursement this Period 72.75
City Washington	State DC	
Zip Code 20515	Purpose of Disbursement Food/Beverage	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	Transaction ID : SB17.22408
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	201.31
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 37 OF 65			
	<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. Challenge Coins Limited			Date of Disbursement M M / D D / Y Y Y Y 05 / 23 / 2016	
Mailing Address 100 Old Cherokee Road			Amount of Each Disbursement this Period 1460.00	
City Lexington	State SC	Zip Code 29072	<input type="checkbox"/> Memo Item	
Purpose of Disbursement Challenge Coins		Category/ Type	Transaction ID : SB17.22206	
Candidate Name				
Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For:		
State:	District:	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

Full Name (Last, First, Middle Initial) B. Chick-Fil-A			Date of Disbursement M M / D D / Y Y Y Y 06 / 29 / 2016	
Mailing Address 1832 Hendersonville Road			Amount of Each Disbursement this Period 10.40	
City Asheville	State NC	Zip Code 28803	<input type="checkbox"/> Memo Item	
Purpose of Disbursement Food/Beverage		Category/ Type	Transaction ID : SB17.22467	
Candidate Name				
Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For:		
State:	District:	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

Full Name (Last, First, Middle Initial) C. CM&CO, LLC			Date of Disbursement M M / D D / Y Y Y Y 06 / 07 / 2016	
Mailing Address PO Box 97275			Amount of Each Disbursement this Period 2219.07	
City Raleigh	State NC	Zip Code 27624	<input type="checkbox"/> Memo Item	
Purpose of Disbursement Accounting Sevices		Category/ Type	Transaction ID : SB17.22357	
Candidate Name				
Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For:		
State:	District:	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

SUBTOTAL of Disbursements This Page (optional).....	3689.47
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 38 OF 65
	<input checked="checked" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
Meadows for Congress

A. Congressional Institute

Full Name (Last, First, Middle Initial)
Mailing Address 1700 Diagonal Road, #730

City Alexandria State VA Zip Code 22314

Purpose of Disbursement Registration Fee

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement: 06 / 23 / 2016

Amount of Each Disbursement this Period: 120.00

Memo Item

Transaction ID : SB17.22407

B. Enterprise Rent A Car

Full Name (Last, First, Middle Initial)
Mailing Address 61 Terminal Drive, Ste 18

City Fletcher State NC Zip Code 28732

Purpose of Disbursement Transportation

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement: 06 / 30 / 2016

Amount of Each Disbursement this Period: 326.51

Memo Item

Transaction ID : SB17.22473

C. Hammond & Associates

Full Name (Last, First, Middle Initial)
Mailing Address 200 Park Ave Ste 306

City Falls Church State VA Zip Code 22046

Purpose of Disbursement Fundraising Consulting

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement: 05 / 31 / 2016

Amount of Each Disbursement this Period: 3000.00

Memo Item

Transaction ID : SB17.22227

SUBTOTAL of Disbursements This Page (optional)..... 3446.51

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 39 OF 65	
	<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. Hammond & Associates		Date of Disbursement M M / D D / Y Y Y Y 06 / 27 / 2016
Mailing Address 200 Park Ave Ste 306		Amount of Each Disbursement this Period 3046.62
City Falls Church	State VA Zip Code 22046	
Purpose of Disbursement Fundraising Consulting	Candidate Name	<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	Transaction ID : SB17.22434

Full Name (Last, First, Middle Initial) B. Hampton Inns & Suites		Date of Disbursement M M / D D / Y Y Y Y 05 / 23 / 2016
Mailing Address 18 Rockwood Road		Amount of Each Disbursement this Period 399.25
City Fletcher	State NC Zip Code 28732	
Purpose of Disbursement Lodging	Candidate Name	<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	Transaction ID : SB17.22205

Full Name (Last, First, Middle Initial) c. House Gift Shop		Date of Disbursement M M / D D / Y Y Y Y 06 / 14 / 2016
Mailing Address First St SE		Amount of Each Disbursement this Period 105.40
City Washington	State DC Zip Code 20004	
Purpose of Disbursement Host Gifts	Candidate Name	<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	Transaction ID : SB17.22369

SUBTOTAL of Disbursements This Page (optional).....	3551.27
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 40 OF 65	
	<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. House Gift Shop			Date of Disbursement M M / D D / Y Y Y Y 06 / 17 / 2016	
Mailing Address First St SE			Amount of Each Disbursement this Period 214.50	
City Washington	State DC	Zip Code 20004	Memo Item <input type="checkbox"/>	
Purpose of Disbursement Host Gifts		Candidate Name	Transaction ID : SB17.22387	
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. House Gift Shop			Date of Disbursement M M / D D / Y Y Y Y 06 / 23 / 2016	
Mailing Address First St SE			Amount of Each Disbursement this Period 64.90	
City Washington	State DC	Zip Code 20004	Memo Item <input type="checkbox"/>	
Purpose of Disbursement Host Gifts		Candidate Name	Transaction ID : SB17.22409	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President			Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:	Category/Type		

Full Name (Last, First, Middle Initial) c. House Gift Shop			Date of Disbursement M M / D D / Y Y Y Y 06 / 23 / 2016	
Mailing Address First St SE			Amount of Each Disbursement this Period 53.10	
City Washington	State DC	Zip Code 20004	Memo Item <input type="checkbox"/>	
Purpose of Disbursement Host Gifts		Candidate Name	Transaction ID : SB17.22410	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President			Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:	Category/Type		

SUBTOTAL of Disbursements This Page (optional).....	332.50
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 41 OF 65			
	<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. Hunan Dynasty			Date of Disbursement M M / D D / Y Y Y Y 06 / 22 / 2016	
Mailing Address 215 Pennsylvania Ave SE			Amount of Each Disbursement this Period 1010.94	
City Washington	State DC	Zip Code 20003	Memo Item <input type="checkbox"/>	
Purpose of Disbursement Food/Beverage		Category/ Type		
Candidate Name			Transaction ID : SB17.22402	
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. Hyatt Hotel			Date of Disbursement M M / D D / Y Y Y Y 06 / 28 / 2016	
Mailing Address 2900 Bayport Drive			Amount of Each Disbursement this Period 380.16	
City Tampa	State FL	Zip Code 33607	Memo Item <input type="checkbox"/>	
Purpose of Disbursement Lodging		Category/ Type		
Candidate Name			Transaction ID : SB17.22435	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: _____	District: _____			

Full Name (Last, First, Middle Initial) c. Ingles			Date of Disbursement M M / D D / Y Y Y Y 06 / 29 / 2016	
Mailing Address 1141 Tunnel Rd			Amount of Each Disbursement this Period 216.68	
City Asheville	State NC	Zip Code 28805	Memo Item <input type="checkbox"/>	
Purpose of Disbursement Food/Beverage		Category/ Type		
Candidate Name			Transaction ID : SB17.22456	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: _____	District: _____			

SUBTOTAL of Disbursements This Page (optional).....	1607.78
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 42 OF 65			
	<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. Moore Insurance		Date of Disbursement MM / DD / YYYY 06 / 06 / 2016
Mailing Address 300 US 441 N		Amount of Each Disbursement this Period 442.50
City Whittier	State NC	
Zip Code 28789	Purpose of Disbursement Insurance	<input type="checkbox"/> Memo Item
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.22350
State: District:		

Full Name (Last, First, Middle Initial) B. NYC Taxi		Date of Disbursement MM / DD / YYYY 05 / 27 / 2016
Mailing Address 33 Beaver St		Amount of Each Disbursement this Period 12.80
City New York	State NY	
Zip Code 10004	Purpose of Disbursement Transportation	<input type="checkbox"/> Memo Item
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.22222
State: District:		

Full Name (Last, First, Middle Initial) c. NYC Taxi		Date of Disbursement MM / DD / YYYY 06 / 27 / 2016
Mailing Address 33 Beaver St		Amount of Each Disbursement this Period 14.00
City New York	State NY	
Zip Code 10004	Purpose of Disbursement Transportation	<input type="checkbox"/> Memo Item
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.22431
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	469.30
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 43 OF 65			
	<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. Park Lane Hotel		Date of Disbursement MM / DD / YYYY 06 / 29 / 2016
Mailing Address 36 Central Park S		Amount of Each Disbursement this Period 287.47
City New York	State NY	
Zip Code 10019	Purpose of Disbursement Lodging	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.22455
State: District:		

Full Name (Last, First, Middle Initial) B. Park Lane Hotel		Date of Disbursement MM / DD / YYYY 06 / 29 / 2016
Mailing Address 36 Central Park S		Amount of Each Disbursement this Period 21.78
City New York	State NY	
Zip Code 10019	Purpose of Disbursement Lodging	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.22464
State: District:		

Full Name (Last, First, Middle Initial) c. Robert W. Penland		Date of Disbursement MM / DD / YYYY 06 / 07 / 2016
Mailing Address P.O. Box 777		Amount of Each Disbursement this Period 3127.01
City Enka	State NC	
Zip Code 28728	Purpose of Disbursement Mileage, Campaign Management	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.22360
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	3436.26
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 44 OF 65	
	<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. Ben Pierce		Date of Disbursement MM / DD / YYYY 05 / 24 / 2016
Mailing Address 10 Tennessee St		Amount of Each Disbursement this Period 500.00
City Murphy	State NC	
Zip Code 28906	Purpose of Disbursement Event Site Fee	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	Transaction ID : SB17.22209
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. RedPledge		Date of Disbursement MM / DD / YYYY 06 / 02 / 2016
Mailing Address 4400 North Point Parkway		Amount of Each Disbursement this Period 36.86
City Alpharetta	State GA	
Zip Code 30022	Purpose of Disbursement Merchant Fees	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	Transaction ID : SB17.22345
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. Republican Congressional Spouses		Date of Disbursement MM / DD / YYYY 05 / 23 / 2016
Mailing Address 2336 South Queen Street		Amount of Each Disbursement this Period 50.00
City Arlington	State VA	
Zip Code 22202	Purpose of Disbursement Entrance Fee	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	Transaction ID : SB17.22207
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	586.86
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 45 OF 65			
	<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. Sarabeth's			Date of Disbursement MM / DD / YYYY 06 / 28 / 2016		
Mailing Address 40 Central Park S			Amount of Each Disbursement this Period 16.02		
City New York	State NY	Zip Code 10019	Memo Item <input type="checkbox"/>		
Purpose of Disbursement Food/Beverage		Category/ Type	Transaction ID : SB17.22438		
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. Smokey & the Pig			Date of Disbursement MM / DD / YYYY 06 / 13 / 2016		
Mailing Address PO Box 100			Amount of Each Disbursement this Period 1800.00		
City Fairview	State NC	Zip Code 28730	Memo Item <input type="checkbox"/>		
Purpose of Disbursement Food/Beverage		Category/ Type	Transaction ID : SB17.22365		
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State:	District:				

Full Name (Last, First, Middle Initial) c. The Stoneridge Group, LLC			Date of Disbursement MM / DD / YYYY 06 / 02 / 2016		
Mailing Address 4400 North Point Parkway Suite 190			Amount of Each Disbursement this Period 19.95		
City Alpharetta	State GA	Zip Code 30022	Memo Item <input type="checkbox"/>		
Purpose of Disbursement Online Services		Category/ Type	Transaction ID : SB17.22342		
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State:	District:				

SUBTOTAL of Disbursements This Page (optional).....	1835.97
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 65	
	<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. Tortilla Coast		Date of Disbursement MM / DD / YYYY 06 / 20 / 2016
Mailing Address 400 First Street SE		Amount of Each Disbursement this Period 348.43
City Washington	State DC	
Zip Code 20003	Purpose of Disbursement Food/Beverage	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	Transaction ID : SB17.22392
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. Uber Technologies, Inc		Date of Disbursement MM / DD / YYYY 05 / 24 / 2016
Mailing Address 182 Howard Street		Amount of Each Disbursement this Period 17.29
City San Francisco	State CA	
Zip Code 94105	Purpose of Disbursement Transportation	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	Transaction ID : SB17.22208
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. Uber Technologies, Inc		Date of Disbursement MM / DD / YYYY 05 / 25 / 2016
Mailing Address 182 Howard Street		Amount of Each Disbursement this Period 16.61
City San Francisco	State CA	
Zip Code 94105	Purpose of Disbursement Transportation	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	Transaction ID : SB17.22211
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	382.33
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 47 OF 65			
	<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. Uber Technologies, Inc			Date of Disbursement M M / D D / Y Y Y Y 05 / 25 / 2016		
Mailing Address 182 Howard Street			Amount of Each Disbursement this Period 15.66		
City San Francisco	State CA	Zip Code 94105			
Purpose of Disbursement Transportation		Category/ Type	<input type="checkbox"/> Memo Item		
Candidate Name			Transaction ID : SB17.22212		
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. Uber Technologies, Inc			Date of Disbursement M M / D D / Y Y Y Y 05 / 25 / 2016		
Mailing Address 182 Howard Street			Amount of Each Disbursement this Period 17.91		
City San Francisco	State CA	Zip Code 94105			
Purpose of Disbursement Transportation		Category/ Type	<input type="checkbox"/> Memo Item		
Candidate Name			Transaction ID : SB17.22213		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: District:					

Full Name (Last, First, Middle Initial) c. Uber Technologies, Inc			Date of Disbursement M M / D D / Y Y Y Y 05 / 25 / 2016		
Mailing Address 182 Howard Street			Amount of Each Disbursement this Period 21.49		
City San Francisco	State CA	Zip Code 94105			
Purpose of Disbursement Transportation		Category/ Type	<input type="checkbox"/> Memo Item		
Candidate Name			Transaction ID : SB17.22214		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: District:					

SUBTOTAL of Disbursements This Page (optional).....	55.06
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 48 OF 65			
	<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. Uber Technologies, Inc			Date of Disbursement M M / D D / Y Y Y Y 05 / 25 / 2016	
Mailing Address 182 Howard Street			Amount of Each Disbursement this Period 17.84	
City San Francisco	State CA	Zip Code 94105		
Purpose of Disbursement Transportation		Candidate Name	Transaction ID : SB17.22216	
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. Uber Technologies, Inc			Date of Disbursement M M / D D / Y Y Y Y 05 / 27 / 2016	
Mailing Address 182 Howard Street			Amount of Each Disbursement this Period 29.69	
City San Francisco	State CA	Zip Code 94105		
Purpose of Disbursement Transportation		Candidate Name	Transaction ID : SB17.22223	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President				
State: District:		Category/Type		

Full Name (Last, First, Middle Initial) c. Uber Technologies, Inc			Date of Disbursement M M / D D / Y Y Y Y 06 / 15 / 2016	
Mailing Address 182 Howard Street			Amount of Each Disbursement this Period 14.83	
City San Francisco	State CA	Zip Code 94105		
Purpose of Disbursement Transportation		Candidate Name	Transaction ID : SB17.22375	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President				
State: District:		Category/Type		

SUBTOTAL of Disbursements This Page (optional).....	62.36
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 49 OF 65	
	<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. Uber Technologies, Inc		Date of Disbursement MM / DD / YYYY 06 / 16 / 2016
Mailing Address 182 Howard Street		Amount of Each Disbursement this Period 27.02
City San Francisco	State CA Zip Code 94105	
Purpose of Disbursement Transportation	Candidate Name	<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	Transaction ID : SB17.22382

Full Name (Last, First, Middle Initial) B. Uber Technologies, Inc		Date of Disbursement MM / DD / YYYY 06 / 17 / 2016
Mailing Address 182 Howard Street		Amount of Each Disbursement this Period 19.46
City San Francisco	State CA Zip Code 94105	
Purpose of Disbursement Transportation	Candidate Name	<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	Transaction ID : SB17.22388

Full Name (Last, First, Middle Initial) c. Uber Technologies, Inc		Date of Disbursement MM / DD / YYYY 06 / 17 / 2016
Mailing Address 182 Howard Street		Amount of Each Disbursement this Period 15.15
City San Francisco	State CA Zip Code 94105	
Purpose of Disbursement Transportation	Candidate Name	<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	Transaction ID : SB17.22389

SUBTOTAL of Disbursements This Page (optional).....	61.63
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 50 OF 65			
	<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. Uber Technologies, Inc			Date of Disbursement M M / D D / Y Y Y Y 06 / 20 / 2016	
Mailing Address 182 Howard Street			Amount of Each Disbursement this Period 37.20	
City San Francisco	State CA	Zip Code 94105	Memo Item <input type="checkbox"/>	
Purpose of Disbursement Transportation		Category/ Type		
Candidate Name			Transaction ID : SB17.22393	
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. Uber Technologies, Inc			Date of Disbursement M M / D D / Y Y Y Y 06 / 20 / 2016	
Mailing Address 182 Howard Street			Amount of Each Disbursement this Period 21.87	
City San Francisco	State CA	Zip Code 94105	Memo Item <input type="checkbox"/>	
Purpose of Disbursement Transportation		Category/ Type		
Candidate Name			Transaction ID : SB17.22394	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) c. Uber Technologies, Inc			Date of Disbursement M M / D D / Y Y Y Y 06 / 22 / 2016	
Mailing Address 182 Howard Street			Amount of Each Disbursement this Period 19.52	
City San Francisco	State CA	Zip Code 94105	Memo Item <input type="checkbox"/>	
Purpose of Disbursement Transportation		Category/ Type		
Candidate Name			Transaction ID : SB17.22403	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

SUBTOTAL of Disbursements This Page (optional).....	78.59
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 51 OF 65			
	<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. Uber Technologies, Inc			Date of Disbursement M M / D D / Y Y Y Y 06 / 22 / 2016		
Mailing Address 182 Howard Street			Amount of Each Disbursement this Period 18.36		
City San Francisco	State CA	Zip Code 94105			
Purpose of Disbursement Transportation		Category/ Type	<input type="checkbox"/> Memo Item		
Candidate Name			Transaction ID : SB17.22404		
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. Uber Technologies, Inc			Date of Disbursement M M / D D / Y Y Y Y 06 / 23 / 2016		
Mailing Address 182 Howard Street			Amount of Each Disbursement this Period 20.22		
City San Francisco	State CA	Zip Code 94105			
Purpose of Disbursement Transportation		Category/ Type	<input type="checkbox"/> Memo Item		
Candidate Name			Transaction ID : SB17.22411		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: District:					

Full Name (Last, First, Middle Initial) c. Uber Technologies, Inc			Date of Disbursement M M / D D / Y Y Y Y 06 / 27 / 2016		
Mailing Address 182 Howard Street			Amount of Each Disbursement this Period 127.66		
City San Francisco	State CA	Zip Code 94105			
Purpose of Disbursement Transportation		Category/ Type	<input type="checkbox"/> Memo Item		
Candidate Name			Transaction ID : SB17.22422		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: District:					

SUBTOTAL of Disbursements This Page (optional).....	166.24
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 52 OF 65			
	<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. Uber Technologies, Inc			Date of Disbursement M M / D D / Y Y Y Y 06 / 27 / 2016		
Mailing Address 182 Howard Street			Amount of Each Disbursement this Period 74.98		
City San Francisco	State CA	Zip Code 94105	Memo Item <input type="checkbox"/>		
Purpose of Disbursement Transportation		Category/ Type			
Candidate Name		Transaction ID : SB17.22423			
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. Uber Technologies, Inc			Date of Disbursement M M / D D / Y Y Y Y 06 / 27 / 2016		
Mailing Address 182 Howard Street			Amount of Each Disbursement this Period 15.15		
City San Francisco	State CA	Zip Code 94105	Memo Item <input type="checkbox"/>		
Purpose of Disbursement Transportation		Category/ Type			
Candidate Name		Transaction ID : SB17.22430			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: District:					

Full Name (Last, First, Middle Initial) C. USPS			Date of Disbursement M M / D D / Y Y Y Y 06 / 02 / 2016		
Mailing Address 675 South 4th Street			Amount of Each Disbursement this Period 49.31		
City Highlands	State NC	Zip Code 28741	Memo Item <input type="checkbox"/>		
Purpose of Disbursement Postage		Category/ Type			
Candidate Name		Transaction ID : SB17.22343			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: District:					

SUBTOTAL of Disbursements This Page (optional).....	139.44
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 53 OF 65			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
Meadows for Congress

Full Name (Last, First, Middle Initial) A. USPS		Date of Disbursement MM / DD / YYYY 06 / 07 / 2016
Mailing Address 675 South 4th Street		Amount of Each Disbursement this Period 10.45
City Highlands	State NC	
Zip Code 28741	Purpose of Disbursement Postage	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	Transaction ID : SB17.22352
Office Sought: House Senate President	Disbursement For: Primary General Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. USPS		Date of Disbursement MM / DD / YYYY 06 / 08 / 2016
Mailing Address 675 South 4th Street		Amount of Each Disbursement this Period 4.87
City Highlands	State NC	
Zip Code 28741	Purpose of Disbursement Postage	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	Transaction ID : SB17.22361
Office Sought: House Senate President	Disbursement For: Primary General Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. USPS		Date of Disbursement MM / DD / YYYY 06 / 14 / 2016
Mailing Address 675 South 4th Street		Amount of Each Disbursement this Period 3.98
City Highlands	State NC	
Zip Code 28741	Purpose of Disbursement Postage	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	Transaction ID : SB17.22368
Office Sought: House Senate President	Disbursement For: Primary General Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	19.30
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 54 OF 65			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
Meadows for Congress

Full Name (Last, First, Middle Initial) A. USPS			Date of Disbursement MM / DD / YYYY 06 / 17 / 2016	
Mailing Address 675 South 4th Street			Amount of Each Disbursement this Period 13.70	
City Highlands	State NC	Zip Code 28741	Memo Item <input type="checkbox"/>	
Purpose of Disbursement Postage		Category/ Type		
Candidate Name		Transaction ID : SB17.22390		
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. USPS			Date of Disbursement MM / DD / YYYY 06 / 22 / 2016	
Mailing Address 675 South 4th Street			Amount of Each Disbursement this Period 188.00	
City Highlands	State NC	Zip Code 28741	Memo Item <input type="checkbox"/>	
Purpose of Disbursement PO Box Fee		Category/ Type		
Candidate Name		Transaction ID : SB17.22405		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) C. USPS			Date of Disbursement MM / DD / YYYY 06 / 23 / 2016	
Mailing Address 675 South 4th Street			Amount of Each Disbursement this Period 9.44	
City Highlands	State NC	Zip Code 28741	Memo Item <input type="checkbox"/>	
Purpose of Disbursement Postage		Category/ Type		
Candidate Name		Transaction ID : SB17.22412		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

SUBTOTAL of Disbursements This Page (optional).....	211.14
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 55 OF 65	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Meadows for Congress

Full Name (Last, First, Middle Initial) A. USPS		Date of Disbursement M M / D D / Y Y Y Y 06 / 27 / 2016
Mailing Address 675 South 4th Street		Amount of Each Disbursement this Period 4.19
City Highlands	State NC Zip Code 28741	
Purpose of Disbursement Postage	Candidate Name	<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.22432
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) B. Vanco		Date of Disbursement M M / D D / Y Y Y Y 06 / 16 / 2016
Mailing Address 400 Northridge Rd Ste 1200		Amount of Each Disbursement this Period 5.30
City Atlanta	State GA Zip Code 30350	
Purpose of Disbursement Merchant Fees	Candidate Name	<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.22383
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) C. Vanco		Date of Disbursement M M / D D / Y Y Y Y 06 / 17 / 2016
Mailing Address 400 Northridge Rd Ste 1200		Amount of Each Disbursement this Period 2.65
City Atlanta	State GA Zip Code 30350	
Purpose of Disbursement Merchant Fees	Candidate Name	<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.22391
State: District:	Category/Type	

SUBTOTAL of Disbursements This Page (optional).....	12.14
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 56 OF 65			
	<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. Vanco		Date of Disbursement M M / D D / Y Y Y Y 06 / 20 / 2016
Mailing Address 400 Northridge Rd Ste 1200		Amount of Each Disbursement this Period 9.30
City Atlanta	State GA Zip Code 30350	
Purpose of Disbursement Merchant Fees	Category/Type	<input type="checkbox"/> Memo Item
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Transaction ID : SB17.22399
State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) B. Vanco		Date of Disbursement M M / D D / Y Y Y Y 06 / 21 / 2016
Mailing Address 400 Northridge Rd Ste 1200		Amount of Each Disbursement this Period 7.95
City Atlanta	State GA Zip Code 30350	
Purpose of Disbursement Merchant Fees	Category/Type	<input type="checkbox"/> Memo Item
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Transaction ID : SB17.22401
State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) C. Vanco		Date of Disbursement M M / D D / Y Y Y Y 06 / 22 / 2016
Mailing Address 400 Northridge Rd Ste 1200		Amount of Each Disbursement this Period 17.10
City Atlanta	State GA Zip Code 30350	
Purpose of Disbursement Merchant Fees	Category/Type	<input type="checkbox"/> Memo Item
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Transaction ID : SB17.22406
State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

SUBTOTAL of Disbursements This Page (optional).....	34.35
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 57 OF 65			
	<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. Vanco		Date of Disbursement MM / DD / YYYY 06 / 23 / 2016
Mailing Address 400 Northridge Rd Ste 1200		Amount of Each Disbursement this Period 16.80
City Atlanta	State GA Zip Code 30350	
Purpose of Disbursement Merchant Fees	Candidate Name	<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	Transaction ID : SB17.22415

Full Name (Last, First, Middle Initial) B. Vanco		Date of Disbursement MM / DD / YYYY 06 / 24 / 2016
Mailing Address 400 Northridge Rd Ste 1200		Amount of Each Disbursement this Period 12.75
City Atlanta	State GA Zip Code 30350	
Purpose of Disbursement Merchant Fees	Candidate Name	<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	Transaction ID : SB17.22417

Full Name (Last, First, Middle Initial) C. Vanco		Date of Disbursement MM / DD / YYYY 06 / 27 / 2016
Mailing Address 400 Northridge Rd Ste 1200		Amount of Each Disbursement this Period 7.95
City Atlanta	State GA Zip Code 30350	
Purpose of Disbursement Merchant Fees	Candidate Name	<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	Transaction ID : SB17.22419

SUBTOTAL of Disbursements This Page (optional).....	37.50
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 58 OF 65			
	<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. Vanco		Date of Disbursement MM / DD / YYYY 06 / 28 / 2016
Mailing Address 400 Northridge Rd Ste 1200		Amount of Each Disbursement this Period 30.95
City Atlanta	State GA Zip Code 30350	
Purpose of Disbursement Merchant Fees	Category/Type	<input type="checkbox"/> Memo Item
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Transaction ID : SB17.22445
State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) B. Vanco		Date of Disbursement MM / DD / YYYY 06 / 29 / 2016
Mailing Address 400 Northridge Rd Ste 1200		Amount of Each Disbursement this Period 25.65
City Atlanta	State GA Zip Code 30350	
Purpose of Disbursement Merchant Fees	Category/Type	<input type="checkbox"/> Memo Item
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Transaction ID : SB17.22468
State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) C. Vanco		Date of Disbursement MM / DD / YYYY 06 / 30 / 2016
Mailing Address 400 Northridge Rd Ste 1200		Amount of Each Disbursement this Period 27.85
City Atlanta	State GA Zip Code 30350	
Purpose of Disbursement Merchant Fees	Category/Type	<input type="checkbox"/> Memo Item
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Transaction ID : SB17.22474
State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

SUBTOTAL of Disbursements This Page (optional).....	84.45
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 59 OF 65			
	<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. Vanco		Date of Disbursement MM / DD / YYYY 06 / 30 / 2016
Mailing Address 400 Northridge Rd Ste 1200		Amount of Each Disbursement this Period 1.00
City Atlanta	State GA Zip Code 30350	
Purpose of Disbursement Merchant Fees	Candidate Name	<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	Transaction ID : SB17.22475

Full Name (Last, First, Middle Initial) B. Vanco		Date of Disbursement MM / DD / YYYY 06 / 30 / 2016
Mailing Address 400 Northridge Rd Ste 1200		Amount of Each Disbursement this Period 3.20
City Atlanta	State GA Zip Code 30350	
Purpose of Disbursement Merchant Fees	Candidate Name	<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	Transaction ID : SB17.22490

Full Name (Last, First, Middle Initial) C. Verizon Wireless		Date of Disbursement MM / DD / YYYY 06 / 27 / 2016
Mailing Address P.O. Box 660108		Amount of Each Disbursement this Period 99.61
City Dallas	State TX Zip Code 75266	
Purpose of Disbursement Phone Services	Candidate Name	<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	Transaction ID : SB17.22433

SUBTOTAL of Disbursements This Page (optional).....	103.81
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 60 OF 65			
	<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. Western Business Systems			Date of Disbursement M M / D D / Y Y Y Y 06 / 20 / 2016
Mailing Address 135 Sweeten Creek Road			Amount of Each Disbursement this Period 428.07
City Asheville	State NC	Zip Code 28803	
Purpose of Disbursement Phone Services		Category/ Type	<input type="checkbox"/> Memo Item
Candidate Name			
Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For:	Transaction ID : SB17.22397
State:	District:	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) B. Western Business Systems			Date of Disbursement M M / D D / Y Y Y Y 06 / 20 / 2016
Mailing Address 135 Sweeten Creek Road			Amount of Each Disbursement this Period 56.00
City Asheville	State NC	Zip Code 28803	
Purpose of Disbursement Phone Services		Category/ Type	<input type="checkbox"/> Memo Item
Candidate Name			
Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For:	Transaction ID : SB17.22398
State:	District:	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) c. Fred Westphal			Date of Disbursement M M / D D / Y Y Y Y 06 / 28 / 2016
Mailing Address 100 N Grove St			Amount of Each Disbursement this Period 120.00
City Hendersonville	State NC	Zip Code 28792	
Purpose of Disbursement Security		Category/ Type	<input type="checkbox"/> Memo Item
Candidate Name			
Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For:	Transaction ID : SB17.22448
State:	District:	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

SUBTOTAL of Disbursements This Page (optional).....	604.07
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 61 OF 65			
	<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. WNC Agricultural Center			Date of Disbursement MM / DD / YYYY 06 / 07 / 2016		
Mailing Address 1301 Fanning Bridge Rd			Amount of Each Disbursement this Period 1847.00		
City Fletcher	State NC	Zip Code 28732	Memo Item <input type="checkbox"/>		
Purpose of Disbursement Event Site Fee		Category/ Type			
Candidate Name		Transaction ID : SB17.22353			
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.			Date of Disbursement MM / DD / YYYY		
Mailing Address			Amount of Each Disbursement this Period		
City	State	Zip Code	Memo Item <input type="checkbox"/>		
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: _____				

Full Name (Last, First, Middle Initial) C.			Date of Disbursement MM / DD / YYYY		
Mailing Address			Amount of Each Disbursement this Period		
City	State	Zip Code	Memo Item <input type="checkbox"/>		
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: _____				

SUBTOTAL of Disbursements This Page (optional)	1847.00
TOTAL This Period (last page this line number only)	26485.03

**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 65	
	<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) A. Mark R Meadows		Date of Disbursement MM / DD / YYYY 06 / 07 / 2016
Mailing Address PO Box 811		Amount of Each Disbursement this Period 6000.00
City Hendersonville	State NC	
Zip Code 28793-0811	Purpose of Disbursement Loan Repayment	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	Transaction ID : SB19A.22359
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: NC	District: 11	

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

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

SUBTOTAL of Disbursements This Page (optional).....	6000.00
TOTAL This Period (last page this line number only).....	6000.00

**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 63 OF 65	
	<input type="checkbox"/> 17 <input checked="" 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) A. Joseph Szlavik		Date of Disbursement MM / DD / YYYY 06 / 29 / 2016
Mailing Address 2118 Kratz Station Road		Amount of Each Disbursement this Period 1000.00 <input type="checkbox"/> Memo Item
City Harleysville	State PA Zip Code 19438	
Purpose of Disbursement Contribution Refund	Candidate Name	Transaction ID : SB20A.22471
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.		Date of Disbursement MM / DD / YYYY
Mailing Address		Amount of Each Disbursement this Period <input type="checkbox"/> Memo Item
City	State Zip Code	
Purpose of Disbursement	Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) C.		Date of Disbursement MM / DD / YYYY
Mailing Address		Amount of Each Disbursement this Period <input type="checkbox"/> Memo Item
City	State Zip Code	
Purpose of Disbursement	Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

SUBTOTAL of Disbursements This Page (optional).....	1000.00
TOTAL This Period (last page this line number only).....	1000.00

**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 64 OF 65
	<input type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input checked="" type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
Meadows for Congress

Full Name (Last, First, Middle Initial) A. BERGER FOR JUDGE		Date of Disbursement M M / D D / Y Y Y Y 05 / 26 / 2016
Mailing Address 623 WILLIAM HOOPER CIRCL		Amount of Each Disbursement this Period 250.00 <input type="checkbox"/> Memo Item Transaction ID : SB21.22487
City HILLSBOROUGH	State NC	
Zip Code 27278	Purpose of Disbursement NON-FEDERAL CONTRIBUTION	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. Campaign Marketing		Date of Disbursement M M / D D / Y Y Y Y 06 / 15 / 2016
Mailing Address 3240 Wilson Blvd. Suite 202		Amount of Each Disbursement this Period 2581.87 <input type="checkbox"/> Memo Item Transaction ID : SB21.22494
City Arlington	State VA	
Zip Code 22201	Purpose of Disbursement Non-Federal IE - Telemarketing	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) C. REELECT JUSTICE EDMUNDS CAMPAIGN		Date of Disbursement M M / D D / Y Y Y Y 05 / 26 / 2016
Mailing Address PO BOX 10802		Amount of Each Disbursement this Period 250.00 <input type="checkbox"/> Memo Item Transaction ID : SB21.22484
City RALEIGH	State NC	
Zip Code 27605	Purpose of Disbursement NON-FEDERAL CONTRIBUTION	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	3081.87
TOTAL This Period (last page this line number only).....	3081.87

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) Transaction ID : SC/10.4101
Meadows for Congress

LOAN SOURCE Full Name (Last, First, Middle Initial) <i>PERSONAL FUNDS</i> <input type="checkbox"/> Memo Item Mark R Meadows	Election: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> 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	119500.00	130500.00

TERMS

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

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

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 150px;" type="text"/>
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 150px;" type="text"/>
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 150px;" type="text"/>
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 150px;" type="text"/>

SUBTOTALS This Period This Page (optional).....	<input style="width: 150px;" type="text" value="130500.00"/>
TOTALS This Period (last page in this line only).....	<input style="width: 150px;" type="text" value="130500.00"/>

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