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FEC FORM 2

STATEMENT OF CANDIDACY

1.	(a) Name of Candidate (in full)					
	Meadows, Mark, R, ,					0.0 "14 550 "" " N
	(b) Address (number and street) PO Box 811	□Ch	eck if address	changed		Candidate's FEC Identification Number H2NC11080
	(c) City, State, and ZIP Code					3. Is This New Amended
	Hendersonville		NC	2879	3-0811	Statement (N) OR (A)
4.	Party Affiliation	5. Office Sough	t			ict of Candidate
	REPUBLICAN PARTY	House			NC	11
	DE	SIGNATION	OF PRIN	ICIPAL	CAMPAIGN	COMMITTEE
7.	I hereby designate the following nar	med political com	nmittee as my	Principal (Campaign Comm	nittee for the 2020 (year of election) election(s).
	NOTE: This designation should be f	filed with the app	ropriate office	listed in th	ne instructions.	
	(a) Name of Committee (in full)					
	Meadows for Congr	ess				
	(b) Address (number and street) PO Box 811					
	(c) City, State, and ZIP Code					
	Hendersonville				NC	28793
		(In	cluding Joint F	undraisin	g Representative	
8.	I hereby authorize the following nan candidacy.	ned committee, v	vhich is NOT r	ny principa	al campaign com	mittee, to receive and expend funds on behalf of my
	NOTE: This designation should be f	iled with the prin	cipal campaig	n committe	ee.	
	(a) Name of Committee (in full) CARE AMERICA					
	(b) Address (number and street) PO BOX 30844					
	(c) City, State, and ZIP Code					
	BETHESDA				MD	20824
					MD	20024
		mined this State	ment and to th	ne best of		and belief it is true, correct and complete.
Si		mined this State	ment and to th	ne best of		
	I certify that I have exa	mined this State	ment and to th			nd belief it is true, correct and complete.
M	I certify that I have exa gnature of Candidate leadows, Mark, R, ,			[Elect	my knowledge ar	nd belief it is true, correct and complete. Date
M	I certify that I have exa gnature of Candidate leadows, Mark, R, ,			[Elect	my knowledge ar	Date 04/15/2019

FEC FORM 2 (REV. 02/2009)

FEC Form 2S (Revised 02/2017)

Optional Supplemental Page for Designation of Additional Authorized Committees

Page ___2 **of** _2___

DESIGNATION OF OTHER AUTHORIZED COMMITTEES(Including Joint Fundraising Representatives)

8.	(a) Name of Committee (in full) SAM GRAVES LEADERSHIP FUND (b) Address (number and street) 2345 GRAND 18TH FLOOR (c) City, State, and ZIP Code KANSAS CITY MO 64108						
8.	(b) Address (number and street) 2345 GRAND 18TH FLOOR (c) City, State, and ZIP Code KANSAS CITY MO 64108	_					
8.	2345 GRAND 18TH FLOOR (c) City, State, and ZIP Code KANSAS CITY MO 64108	_					
8.	KANSAS CITY MO 64108	_					
-							
-		-					
_	I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy. NOTE : This designation should be filed with the principal campaign committee.						
-	(a) Name of Committee (in full)						
	(b) Address (number and street)						
-	(c) City, State, and ZIP Code						
	hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy. NOTE : This designation should be filed with the principal campaign committee. (a) Name of Committee (in full)						
-	(b) Address (number and street)						
-	(c) City, State, and ZIP Code						
	hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy. NOTE : This designation should be filed with the principal campaign committee.						
-	(a) Name of Committee (in full)						
-	(b) Address (number and street)						