

FEC FORM 1

STATEMENT OF ORGANIZATION

RECEIVED

2014 JUL -7 AM 11:13 Office Use Only

1. NAME OF COMMITTEE (in full) (Check if name is changed) Example: If typing, type over the lines.

FEC MAIL CENTER 12FB4M5

Metcalf Congressional Campaign

ADDRESS (number and street) P. O. Box 326575

(Check if address is changed) Hagatna GU 96932

CITY STATE ZIP CODE

COMMITTEE'S E-MAIL ADDRESS (Please provide only one e-mail address)

pudden671@gmail.com

(Check if address is changed)

COMMITTEE'S WEB PAGE ADDRESS (URL)

GUAMSTIMEISNOW.US

(Check if address is changed)

2. DATE 06 / 24 / 2014

3. FEC IDENTIFICATION NUMBER C

4. IS THIS STATEMENT [X] NEW (N) OR [] AMENDED (A)

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

Type or Print Name of Treasurer Claire McDonald Meno

Signature of Treasurer [Handwritten Signature]

Date 06 / 24 / 2014

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

ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

Table with 5 empty cells for Office Use Only.

For further information contact: Federal Election Commission Toll Free 800-424-9530 Local 202-694-1100

FEC FORM 1 (Revised 02/2009)

5. TYPE OF COMMITTEE

Candidate Committee:

- (a) This committee is a principal campaign committee. (Complete the candidate information below.)
- (b) This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)

Name of Candidate Margaret McDonald Glover Metcalfe

Candidate Party Affiliation Rep Office Sought: House Senate President State GU District

- (c) This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of Candidate _____

Party Committee:

- (d) This committee is a _____ (National, State or subordinate) committee of the _____ (Democratic, Republican, etc.) Party.

Political Action Committee (PAC):

- (e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is a:
 - Corporation Corporation w/o Capital Stock Labor Organization
 - Membership Organization Trade Association Cooperative
 - In addition, this committee is a Lobbyist/Registrant PAC.
- (f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee. (i.e., nonconnected committee)
 - In addition, this committee is a Lobbyist/Registrant PAC.
 - In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)

Joint Fundraising Representative:

- (g) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, at least one of which is an authorized committee of a federal candidate.
- (h) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, none of which is an authorized committee of a federal candidate.

Committees Participating in Joint Fundraiser

1. _____ FEC ID number C
2. _____ FEC ID number C
3. _____ FEC ID number C
4. _____ FEC ID number C

Write or Type Committee Name

Metcalf Congressional Campaign

6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor

[Empty grid for organization name]

Mailing Address

[Empty grid for mailing address]

[Empty grid for city, state, and zip code]

CITY

STATE

ZIP CODE

Relationship: Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Sponsor

7. Custodian of Records: Identify by name, address (phone number -- optional) and position of the person in possession of committee books and records.

Full Name

Chris T. Metcalfe

Mailing Address

P. O. Box 326575

Hagatna

GU

96932

Title or Position

CITY

STATE

ZIP CODE

Deputy Treasurer

Telephone number

671

788

2912

8. Treasurer: List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name of Treasurer

Claire McDonald Meno

Mailing Address

P. O. Box 326575

Hagatna

GU

96932

Title or Position

CITY

STATE

ZIP CODE

Treasurer

Telephone number

671

788

2912

Full Name of Designated Agent

Chris T. Metcalfe

Mailing Address

P. O. Box 326575

Hagatna

CITY

GU

STATE

96932

ZIP CODE

Title or Position

Deputy Treasurer

Telephone number

671-788-2912

Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

Bank of Hawaii

Mailing Address

134 West Soledad Ave.

Hagatna

CITY

GU

STATE

96910

ZIP CODE

Name of Bank, Depository, etc.

Mailing Address

CITY

STATE

ZIP CODE

13055110000000000

PRESS FIRMLY TO SEAL

PRIORITY ★ MAIL ★ EXPRESS™

OUR FASTEST SERVICE IN THE U.S.

WHEN USED INTERNATIONALLY,
A CUSTOMS DECLARATION
LABEL MAY BE REQUIRED.



EP13F July 2013 OD: 12.5 x 9.5



PS 1000 1000006

RECEIVED
2014 JUL -7 AM 11:14
FBI MAIL CENTER

U.S. POSTAGE
PAID
TAMUNING, GU
96913-14
JUL 02, 2014
AMOUNT

\$19.99
00034071-03

1007



EK40594929105

**PRIORITY
★ MAIL ★
EXPRESS™**



CUSTOMER USE ONLY
FROM: (PLEASE PRINT)
MI. METCALFE
P.O. BOX 326575
HAGATINA, GU 96932

PAYMENT BY ACCOUNT (if applicable)

DELIVERY OPTIONS (Customer Use Only)

SIGNATURE REQUIRED Note: The mailer must check the "Signature Required" box if the mailer: 1) Requires the addressee's signature; OR 2) Purchases additional insurance; OR 3) Purchases COD service; OR 4) Purchases Return Receipt service. If the box is not checked, the Postal Service will leave the item in the addressee's mail receptacle or other secure location without attempting to obtain the addressee's signature on delivery.

Delivery Options
 No Saturday Delivery (delivered next business day)
 Sunday/Holiday Delivery Required (additional fee, where available)
 10:30 AM Delivery Required (additional fee, where available)
*Refer to USPS.com® or local Post Office™ for availability.

TO: (PLEASE PRINT)
FED. REP. CIVILIAN
999 E. ST. NW
WASH, DC
20463

PHONE ()

ZIP + 4 (U.S. ADDRESSES ONLY)

For pickup or USPS Tracking™, visit USPS.com or call 800-222-1811.
 \$100.00 Insurance included.

ORIGIN (POSTAL SERVICE USE ONLY)

<input type="checkbox"/> 1-Day	<input type="checkbox"/> 2-Day	<input type="checkbox"/> Military	<input type="checkbox"/> DPO
PO ZIP Code 96931	Scheduled Delivery Date (MM/DD/YY) 7/5/14	Postage \$ 19.99	Insurance Fee \$
Day Accepted (MM/DD/YY) 7/5/14	Scheduled Delivery Time <input type="checkbox"/> 10:30 AM <input type="checkbox"/> 12 NOON <input type="checkbox"/> 3:00 PM	Return Receipt Fee \$	Live Animal Transportation Fee \$
Time Accepted 11:42 AM	10:30 AM Delivery Fee \$	Total Postage & Fees \$ 19.99	
Weight 2.3 lbs.	Sunday/Holiday Premium Fee \$	Acceptance Employee Initials	
DELIVERY (POSTAL SERVICE USE ONLY)			
Delivery Attempt (MM/DD/YY) Time	Employee Signature	Delivery Attempt (MM/DD/YY) Time	Employee Signature

LABEL 11-8, JANUARY 2014 PSN 7890-02-000-8986 3-ADDRESSEE COPY


+ Money Back Guarantee for U.S. destinations only.

VISIT US AT USPS.COM®
ORDER FREE SUPPLIES ONLINE



**UNITED STATES
POSTAL SERVICE**

Federal Election Commission
ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS
The FEC added this page to the end of this filing to indicate how it was received.

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input type="checkbox"/> USPS First Class Mail	Postmarked
<input type="checkbox"/> USPS Registered/Certified	Postmarked (R/C)
<input type="checkbox"/> USPS Priority Mail	Postmarked
<input checked="" type="checkbox"/> USPS Priority Mail Express	Postmarked 7/2/14
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
	Next Business Day Delivery <input type="checkbox"/>
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked
 PREPARER	7/7/14 DATE PREPARED

1-800-972-9666