

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS For An Authorized Committee

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1. NAME OF COMMITTEE (in full)

TYPE OR PRINT

Example: If typing, type over the lines.

12FE4M5

METCALFE CONGRESSIONAL CAMPAIGN

ADDRESS (number and street)

P.O. BOX 326575



Check if different than previously reported. (ACC)

HAGATNA

GU

96932

2. FEC IDENTIFICATION NUMBER

CITY

STATE

ZIP CODE

STATE DISTRICT

C00565705

3. IS THIS REPORT



NEW (N)

OR



AMENDED (A)

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

11

09

2014

in the State of

GU

(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

10

01

2014

through

10

15

2014

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

CHRIS METCALFE

Signature of Treasurer

Chris Metcalfe

Date

10

23

2014

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

FEC FORM 3 (Revised 02/2003)

SUMMARY PAGE

FEC Form 3 (Revised 02/2003)

of Receipts and Disbursements

Page 2

Write or Type Committee Name

METCALPE CONGRESSIONAL CAMPAIGN

Report Covering the Period: From:

10 / *01* / *2014*

To:

10 / *15* / *2014*

	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))	<i>1,000.00</i>	<i>2,500.00</i>
(b) Total Contribution Refunds (from Line 20(d))		
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a))	<i>1,000.00</i>	<i>2,500.00</i>
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	<i>2,400.00</i>	<i>32,348.00</i>
(b) Total Offsets to Operating Expenditures (from Line 14)		
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a))	<i>2,400.00</i>	<i>32,348.00</i>
8. Cash on Hand at Close of Reporting Period (from Line 27)	<i>2,500.00</i>	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)		
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)		

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)

Page 3

Write or Type Committee Name

METCALFE CONGRESSIONAL CAMPAIGN

Report Covering the Period: From:

10 / *01* / *2014*

To:

10 / *15* / *2014*

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).....

1,000.00

(ii) Unitemized.....

(iii) TOTAL of contributions from individuals ▶

1,000.00

(b) Political Party Committees.....

(c) Other Political Committees (such as PACs).....

(d) The Candidate.....

2,400.00

32,348.00

(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(ii), (b), (c), and (d))..

3,400.00

33,348.00

12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES.....

13. LOANS:

(a) Made or Guaranteed by the Candidate.....

(b) All Other Loans.....

(c) TOTAL LOANS (add Lines 13(a) and (b)).....

14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.).....

15. OTHER RECEIPTS (Dividends, Interest, etc.).....

16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶

3,400.00

33,348.00

UNION - LINE - UNION

**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)

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

PAGE / OF /

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)
METCALFE CONGRESSIONAL CAMPAIGN

A. Full Name (Last, First, Middle Initial)
D. P. COMPANYY

Mailing Address
P.O. BOX 3477

City *HAGATNA* State *GU* Zip Code *96932*

FEC ID number of contributing federal political committee. C

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date
1,000.00

Date of Receipt
10 / 19 / 2014

Amount of Each Receipt this Period
1,000.00

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

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. C

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt

Amount of Each Receipt this Period

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

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. C

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt

Amount of Each Receipt this Period

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

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

1,000.00

1,000.00

11/11/14 11:11 AM

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

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)
METCALFE CONGRESSIONAL CAMPAIGN

A. Full Name (Last, First, Middle Initial) **GUAM INSTANT COPY**

Mailing Address **565 N. MARINE CORPS DR**

City **TAMUNING** State **GU** Zip Code **96913**

Purpose of Disbursement **ADV** Category/Type **004**

Candidate Name **MARGARET METCALFE**

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

Date of Disbursement **10 / 04 / 2014**

Amount of Each Disbursement this Period **9,000.00**

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

Mailing Address **113 TAN MARIANO RD.**

City **TALOFEDO** State **GU** Zip Code **96915**

Purpose of Disbursement **ADV** Category/Type **004**

Candidate Name **MARGARET METCALFE**

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

Date of Disbursement **10 / 25 / 2014**

Amount of Each Disbursement this Period **15,000.00**

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

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

Date of Disbursement

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional) **24,000.00**

TOTAL This Period (last page this line number only) **24,000.00**

2014-11-10 11:11:11

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Mo. Day		Employee Signature
Delivery Attempt	Time <input type="checkbox"/> AM <input type="checkbox"/> PM	
Mo. Day		Employee Signature
Delivery Date	Time <input type="checkbox"/> AM <input type="checkbox"/> PM	
Mo. Day		Employee Signature

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NO DELIVERY Holiday Weekend

MAILER SIGNATURE: *[Signature]*

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999 E. ST. N.W.
WASH, D.C. 20411

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ORIGIN (POSTAL SERVICE USE ONLY)	
PO ZIP Code	96932
Date Accepted	10/24/14
Mo. Day Year	
Time Accepted	12:14 PM
Flat Rate <input type="checkbox"/> or Weight <input type="checkbox"/>	2.4 lbs.
Day of Delivery	Next <input type="checkbox"/> 2nd <input checked="" type="checkbox"/> 3rd <input type="checkbox"/> 4th <input type="checkbox"/> 5th <input type="checkbox"/> 6th <input type="checkbox"/> 7th <input type="checkbox"/> 8th <input type="checkbox"/> 9th <input type="checkbox"/> 10th <input type="checkbox"/> 11th <input type="checkbox"/> 12th
Scheduled Date of Delivery	Month Day
Scheduled Time of Delivery	Noon <input type="checkbox"/> 3 PM <input checked="" type="checkbox"/>
Postage	\$ 19.99
Return Receipt Fee	\$
Insurance Fee	\$
Total Postage and Fees	\$ 19.99
Acceptance Emp. ID	02

FROM: (PLEASE PRINT) PHONE () 671 768-2912

M. METCALFE
P.O. Box 326575
HAGATNA, GU 96932

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July 2013 OD: 12.5 x 9.5



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ITES

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
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<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	10/28/14 DATE PREPARED

COLUMN 1 UNIT 1 WORD 1