

**FEC
FORM 3**

**REPORT OF RECEIPTS
AND DISBURSEMENTS**
For An Authorized Committee

RECEIVED

OCT 27 PM 12:14

Office Use Only

FEDERAL MAIL CENTER

1. NAME OF COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type over the lines.

12FE4M5

METCALFE CONGRESSIONAL CAMPAIGN

ADDRESS (number and street)

PO 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

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

2014

through

M M

D D

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

Date

M M

D D

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
of Receipts and Disbursements

FEC Form 3 (Revised 02/2003)

Page 2

Write or Type Committee Name

METCALFE CONGRESSIONAL CAMPAIGN

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))	1,500.00	
(b) Total Contribution Refunds (from Line 20(d))		
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a))	1,500.00	
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	29,948.00	
(b) Total Offsets to Operating Expenditures (from Line 14)		
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a))	29,948.00	
8. Cash on Hand at Close of Reporting Period (from Line 27)	1,500.00	
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:

MM ' DD ' YYYY
07 ' 01 ' 2014

To:

MM ' DD ' YYYY
09 ' 30 ' 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) _____
 - (ii) Unitemized _____
 - (iii) TOTAL of contributions from individuals ▶ _____
- (b) Political Party Committees _____
- (c) Other Political Committees (such as PACs) _____
- (d) The Candidate _____
- (e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d)) _____

1,500.00

1,500.00

1,500.00

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) ▶ _____

1,500.00

**DETAILED SUMMARY PAGE
of Disbursements**

FEC Form 3 (Revised 02/2003)

Page 4

II. DISBURSEMENTS

**COLUMN A
Total This Period**

**COLUMN B
Election Cycle-to-Date**

17. OPERATING EXPENDITURES.....	29,948.00	
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES.....		
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....		
(b) Of All Other Loans.....		
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....		
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees.....		
(b) Political Party Committees.....		
(c) Other Political Committees (such as PACs).....		
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....		
21. OTHER DISBURSEMENTS.....		
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ▶	29,948.00	

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	1,500.00
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3) <i>SELF FUNDED</i> <i>CANDIDATES CONTRIBUTION</i>	29,948.00
25. SUBTOTAL (add Line 23 and Line 24).....	1,500.00
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	29,948.00
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	1,500.00

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

A. Full Name (Last, First, Middle Initial)
UNPINGCO, SY

Mailing Address
1445 CAMINO ROBLES WAY

City *SAN JOSE* State *CA* Zip Code *95120*

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
07 / 01 / 2014

Amount of Each Receipt this Period
10000

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

Mailing Address
17 NIMITZ DR

City *PITI* State *GUAM* Zip Code *96915*

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
07 / 01 / 2014

Amount of Each Receipt this Period
50000

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

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional) *150000*

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 / OF 9	
	<input 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)
METCALFE CONGRESSIONAL CAMPAIGN

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

Date of Disbursement
MM' DD' YYYY
06' 05' 2014

Mailing Address
565 N. MARINE CORPS DR.

City State Zip Code
TAMUNING GU 96913

Purpose of Disbursement
ADV **004**

Candidate Name
MARGARET METCALFE **004**
Category/Type

Office Sought: House Senate President
Disbursement For: Primary General Other (specify)

State: **GU** District:

Amount of Each Disbursement this Period
1,380.00

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

Date of Disbursement
MM' DD' YYYY
06' 09' 2014

Mailing Address
545 CHALAN SAN ANTONIO RD

City State Zip Code
TAMUNING GU 96913

Purpose of Disbursement
ADV **004**

Candidate Name
MARGARET METCALFE **004**
Category/Type

Office Sought: House Senate President
Disbursement For: Primary General Other (specify)

State: **GU** District:

Amount of Each Disbursement this Period
1,060.00

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

Date of Disbursement
MM' DD' YYYY
06' 11' 2014

Mailing Address
565 N. MARINE CORPS DR

City State Zip Code
TAMUNING GU 96913

Purpose of Disbursement
ADV **004**

Candidate Name
MARGARET METCALFE **004**
Category/Type

Office Sought: House Senate President
Disbursement For: Primary General Other (specify)

State: **GU** District:

Amount of Each Disbursement this Period
1,170.00

SUBTOTAL of Disbursements This Page (optional) _____

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

3,610.00

**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 2 OF 9

<input 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)

METCALFE CONGRESSIONAL CAMPAIGN

Full Name (Last, First, Middle Initial)

A.

HORNET

Mailing Address

545 CHALAN SAN ANTONIO RD.

City

TAMUNING

State

GU

Zip Code

96913

Purpose of Disbursement

ADV

Candidate Name

MARGARET METCALFE

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify)

State: GU District:

Full Name (Last, First, Middle Initial)

Date of Disbursement

07 01 2014

Amount of Each Disbursement this Period

921.00

004
Category/
Type

B.

WILLIAM GARNSEY

Mailing Address

1152 ARROYO AVE

City

SAN CARLOS

State

CA

Zip Code

94070

Purpose of Disbursement

WEB SITE

Candidate Name

MARGARET METCALFE

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify)

State: GU District:

Full Name (Last, First, Middle Initial)

Date of Disbursement

07 08 2014

Amount of Each Disbursement this Period

1,000.00

004
Category/
Type

C.

HORNET

Mailing Address

545 CHALAN SAN ANTONIO RD

City

TAMUNING

State

GU

Zip Code

96913

Purpose of Disbursement

ADV

Candidate Name

MARGARET METCALFE

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify)

State: GU District:

Full Name (Last, First, Middle Initial)

Date of Disbursement

07 09 2014

Amount of Each Disbursement this Period

260.00

004
Category/
Type

SUBTOTAL of Disbursements This Page (optional)

2,181.00

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 3 OF 9			
	<input 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)
METCALFE CONGRESSIONAL CAMPAIGN

A. GUAM INSTANT COPY

Full Name (Last, First, Middle Initial) _____

Date of Disbursement: MM' DD' YYYY **08' 06' 2014**

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) _____

State: **GU** District: _____

Amount of Each Disbursement this Period: **897.00**

B. GUAM INSTANT COPY

Full Name (Last, First, Middle Initial) _____

Date of Disbursement: MM' DD' YYYY **08' 29' 2014**

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) _____

State: **GU** District: _____

Amount of Each Disbursement this Period: **300.00**

C. HORNET

Full Name (Last, First, Middle Initial) _____

Date of Disbursement: MM' DD' YYYY **08' 24' 2014**

Mailing Address: **545 CHALAN SAN ANTONIO RD**

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) _____

State: **GU** District: _____

Amount of Each Disbursement this Period: **238.00**

SUBTOTAL of Disbursements This Page (optional) _____

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

1,435.00

**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 4 OF 9	
	<input 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)
METCALFE CONGRESSIONAL CAMPAIGN

A. HORNET

Full Name (Last, First, Middle Initial)

Date of Disbursement: 08 / 27 / 2014

Mailing Address: 545 CHALAN SAN ANTONIO RD

City: TAMUNING State: GU Zip Code: 96913

Purpose of Disbursement: ADV

Candidate Name: MARGARET METCALFE

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: GU District:

Amount of Each Disbursement this Period: 237.00

Category/Type: 004

B. GUAM INSTANT COPY

Full Name (Last, First, Middle Initial)

Date of Disbursement: 09 / 12 / 2014

Mailing Address: 565 N. MARINE CORPS DR.

City: TAMUNING State: GU Zip Code: 96913

Purpose of Disbursement: ADV

Candidate Name: MARGARET METCALFE

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: GU District:

Amount of Each Disbursement this Period: 897.00

Category/Type: 004

C. GUAM INSTANT COPY

Full Name (Last, First, Middle Initial)

Date of Disbursement: 09 / 30 / 2014

Mailing Address: 565 N. MARINE CORPS DR.

City: TAMUNING State: GU Zip Code: 96913

Purpose of Disbursement: ADV

Candidate Name: MARGARET METCALFE

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: GU District:

Amount of Each Disbursement this Period: 900.00

Category/Type: 004

SUBTOTAL of Disbursements This Page (optional): 2,034.00

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 5 OF 9			
		<input 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)
METCALFE CONGRESSIONAL CAMPAIGN

A. GUAM INSTANT COPY

Full Name (Last, First, Middle Initial)

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

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

Purpose of Disbursement: **ADV**

Candidate Name: **MARGARET METCALFE**

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: **GU** District:

Date of Disbursement: **09/04/2014**

Amount of Each Disbursement this Period: **1,885.00**

Category/Type: **004**

B. PEASI

Full Name (Last, First, Middle Initial)

Mailing Address: **210 ROTAS ST.**

City: **HARMON INB PK** State: **GU** Zip Code: **96913**

Purpose of Disbursement: **ADV**

Candidate Name: **MARGARET METCALFE**

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: **GU** District:

Date of Disbursement: **09/05/2014**

Amount of Each Disbursement this Period: **685.00**

Category/Type: **004**

C. HOME CTR.

Full Name (Last, First, Middle Initial)

Mailing Address: **282 E. MARINE CORPS DR.**

City: **DEDEDO** State: **GU** Zip Code: **96929**

Purpose of Disbursement: **ADV**

Candidate Name: **MARGARET METCALFE**

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: **GU** District:

Date of Disbursement: **09/06/2014**

Amount of Each Disbursement this Period: **404.00**

Category/Type: **004**

SUBTOTAL of Disbursements This Page (optional): **2,974.00**

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)

<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

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NAME OF COMMITTEE (In Full)

METCALFE CAMPAIGN (CONGRESSIONAL)

Full Name (Last, First, Middle Initial)

A

GUAM INSTANT COPY

Mailing Address

565 N. MARINE CORPS DR.

City

TAMUNING

State

GU

Zip Code

96913

Purpose of Disbursement

ADV

Candidate Name

MARGARET METCALFE

004
Category/
Type

Office Sought:

- House
- Senate
- President

Disbursement For:

- Primary
- General
- Other (specify)

State: GU District:

Date of Disbursement

09 24 2014

Amount of Each Disbursement this Period

920.00

B

GUAM INSTANT COPY

Mailing Address

565 N. MARINE CORPS DR.

City

TAMUNING

State

GU

Zip Code

96913

Purpose of Disbursement

ADV

Candidate Name

MARGARET METCALFE

004
Category/
Type

Office Sought:

- House
- Senate
- President

Disbursement For:

- Primary
- General
- Other (specify)

State: GU District:

Date of Disbursement

09 24 2014

Amount of Each Disbursement this Period

1,800.00

C

GUAM TREASURER

Mailing Address

P.O. BOX 23607 GMF

City

GUAM

State

GU

Zip Code

96921

Purpose of Disbursement

SIGN PERMIT

Candidate Name

MARGARET METCALFE

001
Category/
Type

Office Sought:

- House
- Senate
- President

Disbursement For:

- Primary
- General
- Other (specify)

State: GU District:

Date of Disbursement

06 16 2014

Amount of Each Disbursement this Period

300.00

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)

3,020.00

**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 7 OF 9

<input 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)

METCALFE CONGRESSIONAL CAMPAIGN

Full Name (Last, First, Middle Initial)

A. CALVO, THOMAS

Date of Disbursement

Mailing Address
138 MARTYR ST.

MM/DD/YYYY
06/09/2014

City State Zip Code
HAGATNA GU 96910

Amount of Each Disbursement this Period

Purpose of Disbursement
MGMT

1,500.00

Candidate Name
MARGARET METCALFE

001
Category/
Type

Office Sought: House Senate President
Disbursement For: Primary General Other (specify)

State: GU District:

Full Name (Last, First, Middle Initial)

B.

Date of Disbursement

Mailing Address

MM/DD/YYYY
07/08/2014

City State Zip Code

Amount of Each Disbursement this Period

Purpose of Disbursement

3,000.00

Candidate Name

001
Category/
Type

Office Sought: House Senate President
Disbursement For: Primary General Other (specify)

State: District:

Full Name (Last, First, Middle Initial)

C.

Date of Disbursement

Mailing Address

MM/DD/YYYY
07/04/2014

City State Zip Code

Amount of Each Disbursement this Period

Purpose of Disbursement

3,000.00

Candidate Name

001
Category/
Type

Office Sought: House Senate President
Disbursement For: Primary General Other (specify)

State: District:

SUBTOTAL of Disbursements This Page (optional)

7,500.00

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 10 OF 9

<input 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)

METCALFE CONGRESSIONAL CAMPAIGN

Full Name (Last, First, Middle Initial)

A. CALVO, THOMAS

Mailing Address

138 MARTYR ST.

City

HAGATNA, GU 96910

Purpose of Disbursement

ADV

Candidate Name

MARGARET METCALFE

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify)

State: GU District:

Full Name (Last, First, Middle Initial)

Date of Disbursement

06 / 12 / 2014

Amount of Each Disbursement this Period

0 3,000.00

004
Category/
Type

B.

Mailing Address

City

Purpose of Disbursement

Candidate Name

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify)

State: District:

Full Name (Last, First, Middle Initial)

Date of Disbursement

06 / 13 / 2014

Amount of Each Disbursement this Period

400.00

004
Category/
Type

C.

Mailing Address

City

Purpose of Disbursement

Candidate Name

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify)

State: GU District:

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)

Date of Disbursement

09 / 16 / 2014

Amount of Each Disbursement this Period

3,500.00

004
Category/
Type

6,900.00

**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 9 OF 9

<input 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)

METCALFE CONGRESSIONAL CAMPAIGN

Full Name (Last, First, Middle Initial)

A. CAMPAIGN PARTNERS

Mailing Address

16 DUDLEY ST.

City

FITCHBURG MA 01420

Purpose of Disbursement

ADV

Candidate Name

MARGARET METCALFE

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify)

State: GU

District:

Date of Disbursement

07' 30' 2014

Amount of Each Disbursement this Period

9800

004
Category/
Type

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City

Purpose of Disbursement

Candidate Name

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify)

State:

District:

Date of Disbursement

08' 30' 2014

Amount of Each Disbursement this Period

9800

004
Category/
Type

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

Purpose of Disbursement

Candidate Name

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify)

State:

District:

Date of Disbursement

09' 30' 2014

Amount of Each Disbursement this Period

9800

004
Category/
Type

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)

294.00

29948.00

1001-1001-1001

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OCT 27 PM 12:13

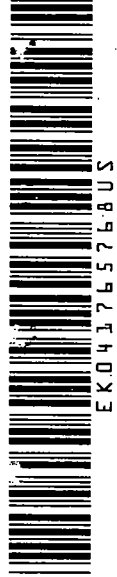
U.S. POSTAGE
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96813
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ORIGIN (POSTAL SERVICE USE ONLY)		Post Office To Addressee	
<input type="checkbox"/> 1-Day	<input type="checkbox"/> 2-Day	<input type="checkbox"/> Military	<input type="checkbox"/> DPO
PO Zip Code 96871	Scheduled Delivery Date (MM/DD/YY) 10/25	Postage \$ 19.99	Insurance Fee \$
Date Accepted (MM/DD/YY) 10/22/14	Scheduled Delivery Time <input type="checkbox"/> AM <input type="checkbox"/> PM	Return Receipt Fee \$	COD Fee \$
Weight lbs. 4.3	<input type="checkbox"/> Loss Guarantee Only <input type="checkbox"/> Live Shipment	Total Postage & Fees \$ 19.99	Acceptance Employee Initials [Signature]
Time Accepted 4:31 PM	<input type="checkbox"/> Sunday/Holiday Premium	DELIVERY (POSTAL SERVICE USE ONLY)	
Delivery Attempt (MM/DD/YY) Time <input type="checkbox"/> AM <input type="checkbox"/> PM		Employee Signature	
Delivery Attempt (MM/DD/YY) Time <input type="checkbox"/> AM <input type="checkbox"/> PM		Employee Signature	

CUSTOMER USE ONLY
FROM: (PLEASE PRINT)
CURS METALY
PO BOX 306515
WASHINGTON DC 20056

PHONE ()

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)
Filer to USPS.com or local Post Office for availability.

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FEDERAL ELECTRONIC
997 E. ST. NW
WASHINGTON DC
200463

PHONE ()

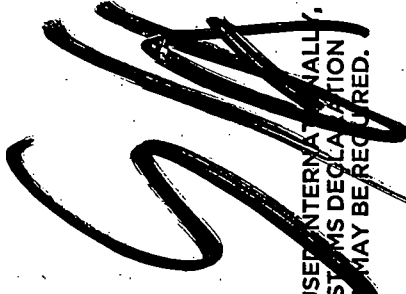
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Federal Election Commission
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<input type="checkbox"/> USPS Priority Mail	Postmarked
<input type="checkbox"/> USPS Priority Mail Express	Postmarked
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<input type="checkbox"/> No Postmark	
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<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked
<i>OMR</i>	10/27/14
PREPARER	DATE PREPARED