

To: Federal Election Commission
Attn: Mr. Bradley Matheson, Sr. Analyst
999 E. St. , N.W.
Washington, D.C. 20463

RECEIVED
FEC MAIL CENTER
2015 JUN -1 AM 11: 22

Fr: Metcalfe Congressional Campaign
Chris Metcalfe, Asst. Treasurer
P. O. Box 326575
Hagatna, Guam 96932

Date: May 29, 2015

Re: Identification Number C00565705

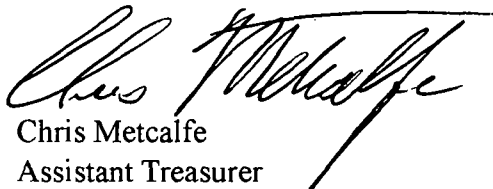
October Quarterly Report (07/01/2014 - 09/30/2014)
12 Day Pre-General Report (10/01/2014 - 10/15/2014)

Dear Mr. Matheson:

Thank you for your letters explaining our errors in the filing of our first returns. Our intent is to fully meet all requirements and we sincerely apologize for any inconvenience.

Both amended returns are enclosed, with all recommended corrections and updates in **BLUE** for assistance in your review process.

Sincerely,



Chris Metcalfe
Assistant Treasurer
Metcalfe Congressional Campaign
Cell (408) 489-2911 Fax (408) 741-1820
E-mail: pudden671@gmail.com



FEDERAL ELECTION COMMISSION
WASHINGTON, D.C. 20463

RECEIVED
FEC MAIL CENTER
2015 JUN -1 AM 11:22 RQ-2

March 4, 2015

CLAIRE MCDONALD MENO, TREASURER
METCALFE CONGRESSIONAL CAMPAIGN
PO BOX 326575
HAGATNA, GU 96932

Response Due Date
04/08/2015

IDENTIFICATION NUMBER: C00565705

REFERENCE: OCTOBER QUARTERLY REPORT (07/01/2014 - 09/30/2014)

Dear Treasurer:

This letter is prompted by the Commission's preliminary review of the report referenced above. This notice requests information essential to full public disclosure of your federal election campaign finances. **Failure to adequately respond by the response date noted above could result in an audit or enforcement action.** Additional information is needed for the following 1 item(s):

- Please provide a Schedule A to support the total amount of contribution(s) from the candidate, and also report this amount on Line 11(d) of the Detailed Summary Page. Each contribution from the candidate must be itemized on Schedule A, Line 11(d) regardless of the amount contributed. (11 CFR § 104.3(a)(4)(i))

Please note, you will not receive an additional notice from the Commission on this matter. Adequate responses must be received by the Commission on or before the due date noted above to be taken into consideration in determining whether audit action will be initiated. Failure to comply with the provisions of the Act may also result in an enforcement action against the committee. Any response submitted by your committee will be placed on the public record and will be considered by the Commission prior to taking enforcement action. **Requests for extensions of time in which to respond will not be considered.**

Electronic filers must file amendments (to include statements, designations and reports) in an electronic format and must submit an amended report in its entirety, rather than just those portions of the report that are being amended.

If you should have any questions regarding this matter or wish to verify the adequacy of your response, please contact me on our toll-free number (800) 424-9530 (at the prompt press 5 to reach the Reports Analysis Division) or my local number (202)

2015 JUN -1 AM 11:22 RQ-2

METCALFE CONGRESSIONAL CAMPAIGN

Page 2 of 2

694-1166.

Sincerely,

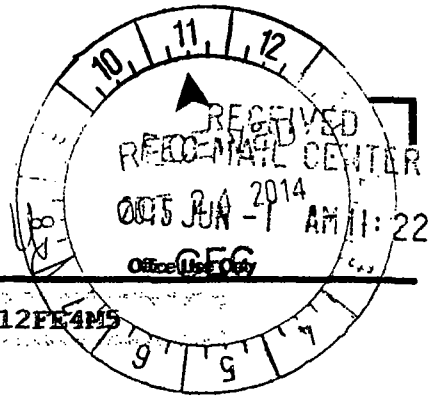
Handwritten signature of Bradley Matheson in cursive script.

Bradley Matheson
Sr. Campaign Finance & Reviewing Analyst
Reports Analysis Division

418

0100001141411100011

COPY



FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS For An Authorized Committee

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) HAGATMA GU 96932

2. FEC IDENTIFICATION NUMBER CITY STATE ZIP CODE STATE DISTRICT C00565705 IS THIS REPORT NEW (N) OR AMENDED (A) [X]

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15 Quarterly Report (Q1) July 15 Quarterly Report (Q2) [X] 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 MM/DD/YYYY in the State of (c) 30-Day POST-Election Report for the: General (30G) Runoff (30R) Special (30S) Election on MM/DD/YYYY in the State of

5. Covering Period 07'01'2014 through 09'30'2014

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 [Signature] Date 10'15'2014 05'29'2015

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. 5437g.

Office Use Only table with 8 columns and 1 row. FEC FORM 3 (Revised 02/2013)

110001410110001

**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: **07** ' **01** ' **2014** To: **09** ' **30** ' **2014**

L 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) _____

1,500.00

(ii) Unitemized _____

(iii) TOTAL of contributions from individuals **▶** _____

1,500.00

(b) Political Party Committees _____

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

(d) The Candidate _____

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

29,948.00

~~**+500.00**~~ **MM**

31,448.00

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) **▶ _____**

~~**+500.00**~~ **MM**

31,448.00

**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) CANDIDATES
SELF FUNDED CONTRIBUTION

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

LUCON HAN 0303

**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 1 OF 10	
	<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14

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) UNPINGCO, SY		Date of Receipt 07'01'2014
Mailing Address 1445 CAMINO ROBLES WAY		Amount of Each Receipt this Period 1,000.00
City SAN JOSE	State Zip Code CA 95120	
FEC ID number of contributing federal political committee. C		Name of Employer Occupation
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		
Election Cycle-to-Date		

B. Full Name (Last, First, Middle Initial) STRANDHAGEN, JON		Date of Receipt 07'01'2014
Mailing Address 17 HIMMEL DR		Amount of Each Receipt this Period 500.00
City PITI	State Zip Code GUAM 96915	
FEC ID number of contributing federal political committee. C		Name of Employer Occupation
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		
Election Cycle-to-Date		

C. Full Name (Last, First, Middle Initial)		Date of Receipt
Mailing Address		Amount of Each Receipt this Period
City	State Zip Code	
FEC ID number of contributing federal political committee. C		Name of Employer Occupation
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
Election Cycle-to-Date		

SUBTOTAL of Receipts This Page (optional)	1,500.00
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 2 OF 10			
	(check only one)			
	<input 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)
METCALFE CONGRESSIONAL CAMPAIGN

A. Full Name (Last, First, Middle Initial)
METCALFE, MARGARET G.

Mailing Address
P.O. Box 326575

City **HAGATNA** State **GUAM** 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 _____

Date of Receipt
M M D D Y Y Y Y
06 05 2014

Amount of Each Receipt this Period
1,380.00

B. Full Name (Last, First, Middle Initial)
METCALFE, MARGARET G.

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
06 09 2014

Amount of Each Receipt this Period
1,060.00

C. Full Name (Last, First, Middle Initial)
METCALFE, MARGARET G.

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
06 09 2014

Amount of Each Receipt this Period
1,500.00

SUBTOTAL of Receipts This Page (optional) **3,940.00**

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 3 OF 10	
	<input type="checkbox"/> 11a <input type="checkbox"/> 12	<input type="checkbox"/> 11b <input type="checkbox"/> 13a	<input type="checkbox"/> 11c <input type="checkbox"/> 13b	<input type="checkbox"/> 11d <input type="checkbox"/> 14

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)
METCALFE, MARGARET G.

Mailing Address
P.O. Box 326575

City State Zip Code
HAGATNA GUAM 96932

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
06 11 2014

Amount of Each Receipt this Period
1,170.00

B. Full Name (Last, First, Middle Initial)
METCALFE, MARGARET G.

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
06 12 2014

Amount of Each Receipt this Period
3000.00

C. Full Name (Last, First, Middle Initial)
METCALFE, MARGARET G.

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
06 13 2014

Amount of Each Receipt this Period
4000.00

SUBTOTAL of Receipts This Page (optional)..... **4,570.00**

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

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**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 <u>4</u> OF <u>10</u>
	<input 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)
METCALFE CONGRESSIONAL CAMPAIGN

Full Name (Last, First, Middle Initial) A. METCALFE, MARGARET G.		Date of Receipt 06 16 2014
Mailing Address P.O. Box 326575		
City HAGATNA	State GUAM	Zip Code 96932
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 30000
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date	

Full Name (Last, First, Middle Initial) B. METCALFE, MARGARET G.		Date of Receipt 07 01 2014
Mailing Address		
City	State	Zip Code
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 9,21.00
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date	

Full Name (Last, First, Middle Initial) C. METCALFE, MARGARET G.		Date of Receipt 07 08 2014
Mailing Address		
City	State	Zip Code
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1,000.00
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date	

SUBTOTAL of Receipts This Page (optional).....	2,221.00
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 5 OF 10
(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	

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)
METCALFE, MARGARET G.

Mailing Address
P.O. BOX 326575

City **HAGATNA** State **GUAM** 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

Date of Receipt
07 08 2014

Amount of Each Receipt this Period
3000.00

B. Full Name (Last, First, Middle Initial)
METCALFE, MARGARET G.

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
07 09 2014

Amount of Each Receipt this Period
26000

C. Full Name (Last, First, Middle Initial)
METCALFE, MARGARET G.

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
07 30 2014

Amount of Each Receipt this Period
98.00

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

3,358.00

**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 <u>6</u> OF <u>10</u>
	<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<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)
METCALFE CONGRESSIONAL CAMPAIGN

Full Name (Last, First, Middle Initial) A. METCALFE, MARGARET G.		Date of Receipt 08 06 2014
Mailing Address P.O. Box 326575		Amount of Each Receipt this Period 897.00
City HAGATNA	State Zip Code GUAM 96932	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 897.00
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date	

Full Name (Last, First, Middle Initial) B. METCALFE, MARGARET G.		Date of Receipt 08 24 2014
Mailing Address		Amount of Each Receipt this Period 238.00
City	State Zip Code	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 238.00
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date	

Full Name (Last, First, Middle Initial) C. METCALFE, MARGARET G.		Date of Receipt 08 27 2014
Mailing Address		Amount of Each Receipt this Period 237.00
City	State Zip Code	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 237.00
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date	

SUBTOTAL of Receipts This Page (optional).....	1,372.00
TOTAL This Period (last page this line number only).....	

11030000 11030000 11030000

**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 <u>7</u> OF <u>10</u>	
	<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<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)
METCALFE CONGRESSIONAL CAMPAIGN

Full Name (Last, First, Middle Initial) A. METCALFE, MARGARET G.		Date of Receipt 08' 29' 2014
Mailing Address P.O. Box 326575		Amount of Each Receipt this Period 30000
City HAGATNA	State Zip Code GUAM 96932	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 30000
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date	

Full Name (Last, First, Middle Initial) B. METCALFE, MARGARET G.		Date of Receipt 08' 30' 2014
Mailing Address		Amount of Each Receipt this Period 9800
City	State Zip Code	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 9800
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date	

Full Name (Last, First, Middle Initial) C. METCALFE, MARGARET G.		Date of Receipt 09' 04' 2014
Mailing Address		Amount of Each Receipt this Period 188500
City	State Zip Code	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 188500
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date	

SUBTOTAL of Receipts This Page (optional).....	228300
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 **8** OF **10**
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 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)

METCALFE CONGRESSIONAL CAMPAIGN

Full Name (Last, First, Middle Initial)

A. METCALFE, MARGARET G.

Mailing Address

P.O. BOX 326575

City **HAGATNA** State **GUAM** 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

Date of Receipt

09 04 2014

Amount of Each Receipt this Period

3,000.00

Full Name (Last, First, Middle Initial)

B. METCALFE, MARGARET G.

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

09 05 2014

Amount of Each Receipt this Period

685.00

Full Name (Last, First, Middle Initial)

C. METCALFE, MARGARET G.

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

09 06 2014

Amount of Each Receipt this Period

404.00

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

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

4,089.00

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 16	
	<input type="checkbox"/> 11a <input type="checkbox"/> 12	<input type="checkbox"/> 11b <input type="checkbox"/> 13a	<input type="checkbox"/> 11c <input type="checkbox"/> 13b	<input type="checkbox"/> 11d <input type="checkbox"/> 14

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

Full Name (Last, First, Middle Initial) A. METCALFE, MARGARET G.		Date of Receipt M M Y Y D D Y Y Y Y 09 12 2014
Mailing Address P.O. BOX 326575		Amount of Each Receipt this Period 89.700
City HAGATNA	State Zip Code GUAM 96932	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 89.700
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date	

Full Name (Last, First, Middle Initial) B. METCALFE, MARGARET G.		Date of Receipt M M Y Y D D Y Y Y Y 09 16 2014
Mailing Address		Amount of Each Receipt this Period 3500.00
City	State Zip Code	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 3500.00
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date	

Full Name (Last, First, Middle Initial) C. METCALFE, MARGARET G.		Date of Receipt M M Y Y D D Y Y Y Y 09 24 2014
Mailing Address		Amount of Each Receipt this Period 920.00
City	State Zip Code	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 920.00
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date	

SUBTOTAL of Receipts This Page (optional).....	6317.00
TOTAL This Period (last page this line number only).....	

1400011411000000

**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 10		
	<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14

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NAME OF COMMITTEE (In Full)
METCALFE CONGRESSIONAL CAMPAIGN

A. Full Name (Last, First, Middle Initial)
METCALFE, MARGARET G.

Mailing Address
P.O. BOX 326575

City
HAGATNA State
GHAM 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

Date of Receipt
09 26 2014

Amount of Each Receipt this Period
1,800.00

B. Full Name (Last, First, Middle Initial)
METCALFE, MARGARET G.

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
09 30 2014

Amount of Each Receipt this Period
900.00

C. Full Name (Last, First, Middle Initial)
METCALFE, MARGARET G.

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
09 30 2014

Amount of Each Receipt this Period
98.00

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

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

2798.00

~~**29948.00**~~ mm

31,448.00

10000014511100001

**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

A. GUAM INSTANT COPY

Full Name (Last, First, Middle Initial) _____

Date of Disbursement: MM/DD/YYYY **06/05/2014**

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: **1,380.00**

B. HORNET

Full Name (Last, First, Middle Initial) _____

Date of Disbursement: MM/DD/YYYY **06/09/2014**

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: **1,060.00**

C. GUAM INSTANT COPY

Full Name (Last, First, Middle Initial) _____

Date of Disbursement: MM/DD/YYYY **06/11/2014**

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: **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

A. HORNET

Full Name (Last, First, Middle Initial)

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:

Date of Disbursement: **07 01 2014**

Amount of Each Disbursement this Period: **921.00**

Category/Type: **004**

B. WILLIAM GARNSEY

Full Name (Last, First, Middle Initial)

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:

Date of Disbursement: **07 08 2014**

Amount of Each Disbursement this Period: **1,000.00**

Category/Type: **004**

C. HORNET

Full Name (Last, First, Middle Initial)

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:

Date of Disbursement: **07 09 2014**

Amount of Each Disbursement this Period: **260.00**

Category/Type: **004**

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**

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**

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**

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**

Category/Type: **004**

C. HONVET

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**

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**

Category/Type: **004**

SUBTOTAL of Disbursements This Page (optional): _____

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

Amount: **1,435.00**

20140829 11:11:11 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)			
	<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

Date of Disbursement

08' 27' 2014

Amount of Each Disbursement this Period

237.00

004
Category/Type

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

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State **GU** District

Date of Disbursement

09' 12' 2014

Amount of Each Disbursement this Period

897.00

004
Category/Type

C. 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

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State **GU** District

Date of Disbursement

09' 30' 2014

Amount of Each Disbursement this Period

900.00

004
Category/Type

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)

2034.00

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**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 6 OF 9

<input type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 18a 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 09'04'2014					
Mailing Address 565 N. MARINE CORPS DR.			Amount of Each Disbursement this Period 1,885.00					
City TAMUNING		State GU				Zip Code 96913		
Purpose of Disbursement ADV						Category/ Type 004		
Candidate Name MARGARET METCALFE								
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)							
State: GU District:			Full Name (Last, First, Middle Initial)					

Full Name (Last, First, Middle Initial) B. PENSI			Date of Disbursement 09'05'2014					
Mailing Address 210 ROTAS ST.			Amount of Each Disbursement this Period 685.00					
City HARMAN IND PK		State GU				Zip Code 96913		
Purpose of Disbursement ADV						Category/ Type 004		
Candidate Name MARGARET METCALFE								
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)							
State: GU District:			Full Name (Last, First, Middle Initial)					

Full Name (Last, First, Middle Initial) C. HOME CTR.			Date of Disbursement 09'06'2014					
Mailing Address 282 E. MARINE CORPS DR.			Amount of Each Disbursement this Period 404.00					
City DEDEDO		State GU				Zip Code 96929		
Purpose of Disbursement ADV						Category/ Type 004		
Candidate Name MARGARET METCALFE								
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)							
State: GU District:			Full Name (Last, First, Middle Initial)					

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)		PAGE 6 OF 9	
<input type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 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 (to 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

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

004
Category/
Type

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

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

004
Category/
Type

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

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

001
Category/
Type

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
 Mailing Address: 138 MARTYR ST.
 City: HAGATNA State: GU Zip Code: 96910
 Purpose of Disbursement: MGMT
 Candidate Name: MARGARET METCALFE
 Office Sought: House Senate President
 Disbursement For: Primary General Other (specify)
 State: GU District: _____

Date of Disbursement

06 09 2014

Amount of Each Disbursement this Period

1,500.00

001
Category/Type

Full Name (Last, First, Middle Initial)

B. _____
 Mailing Address: _____
 City: _____ State: _____ Zip Code: _____
 Purpose of Disbursement: SAME AS ABOVE
 Candidate Name: _____
 Office Sought: House Senate President
 Disbursement For: Primary General Other (specify)
 State: _____ District: _____

Date of Disbursement

07 08 2014

Amount of Each Disbursement this Period

3,000.00

001
Category/Type

Full Name (Last, First, Middle Initial)

C. _____
 Mailing Address: _____
 City: _____ State: _____ Zip Code: _____
 Purpose of Disbursement: SAME AS ABOVE
 Candidate Name: _____
 Office Sought: House Senate President
 Disbursement For: Primary General Other (specify)
 State: _____ District: _____

Date of Disbursement

09 04 2014

Amount of Each Disbursement this Period

3,000.00

001
Category/Type

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)

7,500.00

**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)

17 18 19a 19b
 20a 20b 20c 21

PAGE 10 OF 9

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NAME OF COMMITTEE (In Full)
METCALFE CONGRESSIONAL CAMPAIGN

A. Full Name (Last, First, Middle Initial) **CALVO, THOMAS**

Mailing Address **138 MARTYR ST.**

City **HAGATNA** State **GU** Zip Code **96910**

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:

Date of Disbursement **06/12/2014**

Amount of Each Disbursement this Period **3,000.00**

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

Mailing Address **GAME MS ABOVE**

City State Zip Code

Purpose of Disbursement Category/Type **004**

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement **06/13/2014**

Amount of Each Disbursement this Period **400.00**

C. Full Name (Last, First, Middle Initial) **PACIFIC DAILY NEWS**

Mailing Address **244 ARCH BISHOP FLORES ST.**

City **HAGATNA** State **GU** Zip Code **96910**

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:

Date of Disbursement **09/16/2014**

Amount of Each Disbursement this Period **3,500.00**

SUBTOTAL of Disbursements This Page (optional) **6,900.00**

TOTAL This Period (last page this line number only)

1400011001

**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)
 17
 18
 19a
 19b
 20a
 20b
 20c
 21
 PAGE 9 OF 9

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NAME OF COMMITTEE (in Full)
METCALFE CONGRESSIONAL CAMPAIGN

A.

Full Name (Last, First, Middle Initial) _____
 Date of Disbursement: MM/DD/YYYY **07/30/2014**

Mailing Address: **CAMPAIGN PARTNERS**
16 DUDLEY ST.

City: **FITCHBURG** State: **MA** Zip Code: **01420**

Purpose of Disbursement: **ADV** Amount of Each Disbursement this Period: **9800**

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

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

State: **GH** District: _____

B.

Full Name (Last, First, Middle Initial) _____
 Date of Disbursement: MM/DD/YYYY **08/30/2014**

Mailing Address: _____

City: **SAME AS ABOVE** State: _____ Zip Code: _____

Purpose of Disbursement: _____ Amount of Each Disbursement this Period: **9800**

Candidate Name: _____ Category/Type: **004**

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

State: _____ District: _____

C.

Full Name (Last, First, Middle Initial) _____
 Date of Disbursement: MM/DD/YYYY **09/30/2014**

Mailing Address: _____

City: **SAME AS ABOVE** State: _____ Zip Code: _____

Purpose of Disbursement: _____ Amount of Each Disbursement this Period: **9800**

Candidate Name: _____ Category/Type: **004**

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

State: _____ District: _____

SUBTOTAL of Disbursements This Page (optional) _____ **294.00**

TOTAL This Period (last page this line number only) _____ **29,948.00**

W-H-O-O-D | U-N-I-T-E-D | S-T-A-T-E-S

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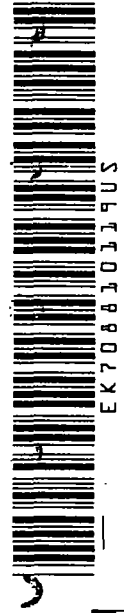


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 MR. WINOBY MARTIN
 999 E ST, H.W.
 WASHINGTON, D.C. 20003

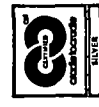
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1-Day 2-Day Military DPO

PO ZIP Code 175016 Scheduled Delivery Date 6/1/15 Postage \$ 19.99

Date Accepted (MM/DD/YY) 5/30/15 Scheduled Delivery Time 10:30 AM 3:00 PM Insurance Fee \$ COD Fee \$

Time Accepted 12:15 PM 10:30 AM Delivery Fee 10:30 AM Delivery Fee Return Receipt Fee Live Animal Transportation Fee \$

Weight 0 lbs. 9 oz. Sunday/Holiday Premium Fee Total Postage & Fees \$ 19.99

Acceptance Employee Initials 27

DELIVERY (POSTAL SERVICE USE ONLY)

Delivery Attempt (MM/DD/YY) Time Employee Signature

Delivery Attempt (MM/DD/YY) Time Employee Signature

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Federal Election Commission
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Date of Receipt

USPS Registered/Certified Postmarked (R/C)

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USPS Priority Mail Express Postmarked
5/30/15

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No Postmark

Overnight Delivery Service (Specify): Shipping Date
Next Business Day Delivery

Received from House Records & Registration Office Date of Receipt

Received from Senate Public Records Office Date of Receipt

Received from Electronic Filing Office Date of Receipt

Other (Specify): Date of Receipt or Postmarked


PREPARER

6/1/15
DATE PREPARED