

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS For An Authorized Committee

RECEIVED

Office Use Only

2014 DEC 15 AM 10:10
FEC MAIL CENTER

12FE4M5

1. NAME OF COMMITTEE (in full)

TYPE OR PRINT

Example: If typing, type over the lines.

METCALFE CONGRESSIONAL CAMPAIGN

ADDRESS (number and street)

P O BOX 326575



Check if different than previously reported. (ACC)

HAGATMA

GU

96932

CITY

STATE

ZIP CODE

2. FEC IDENTIFICATION NUMBER

C00565705

3. IS THIS REPORT



NEW (N) OR



AMENDED (A)

STATE DISTRICT

State and District boxes

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

MM/DD/YYYY

in the State of

GU

(c) 30-Day POST-Election Report for the:



General (30G)



Runoff (30R)



Special (30S)

Election on

MM/DD/YYYY

in the State of

GU

5. Covering Period

10/16/2014

through

11/24/2014

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

[Handwritten Signature]

Date

12/04/2014

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. §30109.

Office Use Only

FEC FORM 3 (Revised 02/2003)

SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name

METCALFE CONGRESSIONAL CAMPAIGN

Report Covering the Period: From:

MM ' DD ' YYYY
10 ' 16 ' 2014

To:

MM ' DD ' YYYY
11 ' 24 ' 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))

3,775.00

6,275.00

(b) Total Contribution Refunds
(from Line 20(d))

(c) Net Contributions (other than loans)
(subtract Line 6(b) from Line 6(a))

3,775.00

6,275.00

7. Net Operating Expenditures

(a) Total Operating Expenditures
(from Line 17)

21,555.00

53,903.00

(b) Total Offsets to Operating
Expenditures (from Line 14)

(c) Net Operating Expenditures
(subtract Line 7(b) from Line 7(a))

21,555.00

53,903.00

8. Cash on Hand at Close of
Reporting Period (from Line 27)

4,275.00

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

Report Covering the Period: From: M M D D Y Y Y Y To: M M D D Y Y Y Y
10 16 2014 17 24 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))..

3,775.00
3,775.00
19,555.00
23,330.00

6,275.00
6,275.00
51,903.00
58,178.00

12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES

--

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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.)

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

23,330.00

58,178.00

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS

COLUMN A
Total This Period

COLUMN B
Election Cycle-to-Date

17. OPERATING EXPENDITURES.....	21,555.00	53,903.00
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) ►	21,555.00	53,903.00

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	2,500.00
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	23,330.00
25. SUBTOTAL (add Line 23 and Line 24).....	25,830.00
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	21,555.00
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	4,275.00

**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 / OF 3

<input type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21
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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. GUAM INSTANT COPY

Mailing Address: **565 N. MAINE COMPS DR.**

City: **TAMUNING GU** 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: _____ District: _____

Date of Disbursement

MM / DD / YYYY
10 / 29 / 2014

Amount of Each Disbursement this Period

450.00

004
Category/
Type

B. T. J. CALVO

Mailing Address: **113 TUN MARIANO RD**

City: **TALOFORO GU** State: **GU** Zip Code: **96915**

Purpose of Disbursement: **ADV**

Candidate Name: **MARGARET METCALFE**

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: _____ District: _____

Date of Disbursement

MM / DD / YYYY
10 / 16 / 2014

Amount of Each Disbursement this Period

3,000.00

004
Category/
Type

C. KM BROADCASTING OF GUAM

Mailing Address: **215 ROJAS ST. STE 204**

City: **DESEDO GU** 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: _____ District: _____

Date of Disbursement

MM / DD / YYYY
10 / 20 / 2014

Amount of Each Disbursement this Period

650.00

004
Category/
Type

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)

4,100.00

**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 3

<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.

PROA RESTAURANT

Date of Disbursement

10/20/2014

Mailing Address

178 WEST SOLEDAD AVE.

City State Zip Code

HAGATNA GU 96910

Amount of Each Disbursement this Period

Purpose of Disbursement

ADV

004

842.00

Candidate Name

MARGARET METCALFE

Category/
Type

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify)

State: District:

Full Name (Last, First, Middle Initial)

B.

KUAM TV

Date of Disbursement

10/21/2014

Mailing Address

CALVO COUN'L CTR

City State Zip Code

HARMON LOOP, GUAM

Amount of Each Disbursement this Period

Purpose of Disbursement

ADV

004

11,363.00

Candidate Name

MARGARET METCALFE

Category/
Type

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify)

State: District:

Full Name (Last, First, Middle Initial)

C.

PACIFIC DAILY NEWS

Date of Disbursement

10/22/2014

Mailing Address

244 ARCHBISHOP F.C. FLORES ST.

City State Zip Code

HAGATNA GU 96910

Amount of Each Disbursement this Period

Purpose of Disbursement

ADV

004

3,000.00

Candidate Name

MARGARET METCALFE

Category/
Type

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify)

State: District:

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

15,205.00

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 3

<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 CONGRESSIONAL CAMPAIGN

Full Name (Last, First, Middle Initial) A. AGNON, MINDY		Date of Disbursement M M / D D / Y Y Y Y 10 23 2014
Mailing Address P.O. Box 27725		Amount of Each Disbursement this Period 1,750.00
City BARRIGADA MF GU	State GU	
Zip Code 96921		Category/ Type 004
Purpose of Disbursement ADV		
Candidate Name MARGARET METCALFE		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:	

Full Name (Last, First, Middle Initial) B. SUSUICO, KEVIN		Date of Disbursement M M / D D / Y Y Y Y 11 14 2014
Mailing Address		Amount of Each Disbursement this Period 500.00
City AGAT	State GUAM	
Zip Code		Category/ Type 004
Purpose of Disbursement ADV		
Candidate Name MARGARET METCALFE		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:	

Full Name (Last, First, Middle Initial) C.		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		Amount of Each Disbursement this Period
City	State	
Zip Code		Category/ Type
Purpose of Disbursement		
Candidate Name		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:	

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

2,250.00

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

21,555.00

**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 1 OF 2
<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

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NAME OF COMMITTEE (In Full)
MEYCALFE CONGRESSIONAL CAMPAIGN

A. Full Name (Last, First, Middle Initial)
LAUTMAN, MARK

Mailing Address
4904 GENERAL HODGES NE

City State Zip Code
ALBUQUEQUE NM 87111

FEC ID number of contributing federal political committee.
C

Name of Employer Occupation
SELF

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
10 / 30 / 2014

Amount of Each Receipt this Period
500.00

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

Mailing Address
1610 ARGUELLO ST.

City State Zip Code
REDWOOD CITY CA 94063

FEC ID number of contributing federal political committee.
C

Name of Employer Occupation
SELF

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
10 / 30 / 2014

Amount of Each Receipt this Period
250.00

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

Mailing Address
12720 ROBINIA CR #18

City State Zip Code
SONORA CA 95370

FEC ID number of contributing federal political committee.
C

Name of Employer Occupation
RETIRED

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
10 / 30 / 2014

Amount of Each Receipt this Period
250.00

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

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

775.00

2014-10-30 10:10:10

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>2</u> OF <u>2</u>
	<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
	<input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
METCALFE CONGRESSIONAL CAMPAIGN

Full Name (Last, First, Middle Initial) A. CALVO, PAUL		Date of Receipt 10 30 2014
Mailing Address P.O. Box CI		Amount of Each Receipt this Period 1,000.00
City HAGATNA	State GUAM	
Zip Code 96932		
FEC ID number of contributing federal political committee. C		
Name of Employer CALVO'S INS	Occupation SALES MGMT.	
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. MARTINEZ, RAYMOND		Date of Receipt 10 30 2014
Mailing Address P.O. Box 4037		Amount of Each Receipt this Period 1,000.00
City HAGATNA	State GUAM	
Zip Code 96932		
FEC ID number of contributing federal political committee. C		
Name of Employer	Occupation SALES	
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. CORE TECH INT'L		Date of Receipt 11 10 2014
Mailing Address 388 S. MARINE CORPS DR STE 400		Amount of Each Receipt this Period 1,000.00
City TAMUNING	State GUAM	
Zip Code 96913		
FEC ID number of contributing federal political committee. C		
Name of Employer	Occupation CONST. CO.	
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).....	3,000.00
TOTAL This Period (last page this line number only).....	3,775.00

2014-11-10 11:11:11 AM

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 checked="" type="checkbox"/> USPS Priority Mail	Postmarked 12/8/14
<input type="checkbox"/> USPS Priority Mail Express	Postmarked
<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

JAD
 PREPARER

12/15/14
 DATE PREPARED

20140114 10:10:10