

Disclosure Report Cover

Participate 4/2.3/18 Sold Single S	1. Committee Unior mation as a set of the se	And Number And The Lecture PCRFFF d. Date Filed
Image: deterministic comparison Party in the intervence of the intervence	Winstn-Salen, NC &	2710 f 336-768-2570
Image: Second in the second	60 PS: DE OFSCONTINUT/PECECO TO SUCCEDATION (CONTINUE) 2000 (CONTINUE) Image: Contract of the second se	Chords Cleaner Concerns and Con
Intercontinuition of the second s	Image: Second and Second	Image: Constraint of the second se
Campaign Tarnol Result Balance Campaign I Deriod Result Balance S I CERNIFICATION S I certify that the Committee or Fund is in compliance with all applicable provisions of Article 22A, 22B & 22D-22M of Chapter 163 of the NC General Statutes and that no funds are commingled with prohibited or other non-disclosed funds. I further certify that this report is complete, true and correct and that I have been trained by the NC State Board of Elections. MILLAGUALIGAN Markan Wark Printed Name of Signer Signature of Appointed Tressurer Date North List ONDY Binployee Date Portmarked Employee Date Scanned: Signetic do amend committee information such as the committee address, treasurer, assistant treasurer, custodian of books information, or account information.	a Financial Institution Full Name Wachovia	2 Protocollation of the second
I certify that the Committee or Fund is in compliance with all applicable provisions of Article 22A, 22B & 22D-22M of Chapter 163 of the NC General Statutes and that no funds are commingled with prohibited or other non-disclosed funds. I further certify that this report is complete, true and correct and that I have been trained by the NC State Board of Elections. MILLAGEWIG Multiple Printed Name of Signer Signature of Appointed Tregeuger OR OFFICER USE ONLY Millowice Pare Receiveds Millowice Date Postinateed Employee Date Soanned: Employee Date Data Entered: Employee Date Entered: Employee Date Entered: Employee Date Soanned: Employee Date Entered: Employee Date Entered: Employee Date Entered: Employee Date Soanned: Employee Date Entered: Employee Date Soanned: Employee Date Entered: Employee Date Soanned: Employee Date Soanned: Employee Date Entered: Employee Date Entered: Employee Date Entered: Signere shared committee	Camplique Electron Halance	
Printed Name of Signer Signature of Appointed Trestourer Date OR OFFICE USE ONLY Date Date Date Date Received: 4/2.2/10 Employee: Date/Decision Decision Date Postimarked Employee: Date/Decision Decision Mail Date Seanned: Employee Date Segnet. Jassnot received mandatory training Date Data Entered: Employee Signature of Appointed Trestoure Discrete Apple Please Note: This form cannot be used to amend committee information such as the committee address, treasurer, assistant treasurer, custodian of books information, or account information. Signature of Appointed Trestoure	I certify that the Committee or Fund is in compliance with all appl of the NC General Statutes and that no funds are commingled with report is complete, true and correct and that I have been trained by	licable provisions of Article 22A, 22B & 22D-22M of Chapter 163 prohibited or other non-disclosed funds. I further certify that this
Date Received: 4/2 2/2/2 Employee: Lagy Definition Date Fortmarked Employee: Binployee: Boesstored Mail Date Scanned: Employee: Binployee: Binployee: Date Data Entered: Employee: Binployee: Binployee: Please Note: This form cannot be used to amend committee information such as the committee address, treasurer, assistant treasurer, custodian of books information, or account information.	Printed Name of Signer Sign	have of Appointed Treasurer 1/23/10 Date
Please Note: This form cannot be used to amend committee information such as the committee address, treasurer, assistant treasurer, custodian of books information, or account information.	· · · · · · · · · · · · · · · · · · ·	
assistant treasurer, custodian of books information, or account information.	Date Positizarked	ee Beerstead Mail D Hand Delivered Control Control Con
RO-1000 NC State Board of Elections August 2008	Date Postmarked Émploy Date Seanned: Employ Date Data Entered: Employ	ee Co

Amendment **Detailed Summary** Yes LA No Use this form to summarize all disclosure reporting forms and to total monetary information 1. Committee Full Name (and Fund if applicable) 2. Type of Report 3. ID Number PCQ nover Ċ. Total this Total this Start of Election Cycle: January 1. **Reporting Period Election Cycle** 4) Cash on Hand at Start \$ \$ r) \mathcal{D} RECEIPTS 5) Aggregated Contributions from Individuals (CRO-1205) \$ 190,00 \$ 90.0D 6) Contributions from Individuals (CRO-1210) \$2005,70 \$ 2005,00 7) Contributions from Political Party Committees (CRO-1220) \$ \$ 8) Contributions from Other Political Committees \$ \$ (CRO-1230) 9) Loan Proceeds (CRO-1410) \$ \$ (0) Refunds/Reimbursements to the Committee (CRO-1240) \$ \$ 11) Other Receipt Sources 11a) Interest on Bank Accounts (CRO-1250) \$ \$ 11b) Contributions from Not-For-Profit Organizations (CRO-1250) \$ \$ 11c) Outside Sources of Income (CRO-1250) \$ \$ 11d) Legal Expense Fund - Other Sources \$ (CRO-1270) \$ **11e) Exempt Purchase Price Sales** (CRO-1265) \$ \$ 12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9,10,11a,11b,11c,11d and 11e) \$ \$ 2145,00 EXPENDITURES 13) Disbursements 13a) Operating Expenditures (CRO-1310) \$ 2004.00 \$ 2004,00 13b) Contributions to Candidates/Political Committees (CRO-1310) \$ \$ (CRO-1310) **13c)** Coordinated Party Expenditures \$ \$ 14) Aggregated Non-Media Expenditures (CRO-1315) \$ \$ 15) Loan Repayments (CRO-1420) \$ \$ 16) Refunds/Reimbursements from the Committee (CRO-1320) \$ \$ 17) In-Kind Contributions (CRO-1510) \$ \$ 18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17) \$ 2044. \$ 19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18) \$ \$ Q/ADDITIONAL INFORMATION 20) Non-Monetary Gifts Given to Other Committees (CRO-1330) \$ 21) Outstanding Loans (incl. ones from other campaigns) (CRO-1430) \$ 22) Debts and Obligations owed by the Committee (CRO-1610) \$ 23) Debts and Obligations owed to the Committee (CRO-1620) \$ 24) Account Transfers Within the Committee (CRO-1720) \$ 25) Administrative Support (CRO-1710) \$ \$ 26) Forgiven Loans (CRO-1440) \$ \$ 27) 48-Hour Notice Reports Sum (CRO-2220) \$ \$ 28) Contributions to be Refunded \$ (CRO-1215) \$

CRO-1100

NC State Board of Elections

August 2008

Aggre	egated Contri	butions from 1	Individuals Page	of	Amendment
			ons From Individuals of \$		Summerson and a second strength and and a second
1. Com	niftee Full Name (a	nd Fund if applicab	de)	2.	ID Number
Me	tcalf	for he	election		PCQFFF
10700.000.07026Y0.600	ibutor Information	ι			
a. Amend Add	b. Account Code	c. Form of Payment	d. In-Kind Description	e. Date (mm/dd/yyyy)	f. Amount
Remain Add	ve Tarheel	chede		327/2010	\$ 40
Remo	ve Tarheel	check		3/26/2010	\$ 50
Add Remo	~ Torheel	chick		3/24/2010	\$ 50
Add Remo	· Tarheel	check	·	3/27/2010	\$50
Add Remo	/e				\$
Add Remo	/e				\$
Add Remo	ve				\$
Add Remo	e				\$
Add Remov	e				\$
Add Remov	e				\$
Add Remov	e				\$
Add Remov	e				\$
Add Remov					\$
Add Remov					\$
Add Remov					\$
Add Remov					\$
Add Remov					\$
Add Remov	1				\$
Add Remov	11				\$
Add Remove					\$
Add			····		\$
Add					\$
Add	†		· · · · · · · · · · · · · · · · ·		\$
Remove	only this Page			\$	190
5. Total of ALL CRO-1205 Pages					
(This line must be on line 5 of Detailed Summary Page CRO-1190) CRO-1205 NC State Board of Elections April 2007					

.

Contributions fr]	Pg of	Amendment Ves No
1. Gommilee Full Name	dividual contributions over \$50	0 or contributions un	nder \$50 if form CRC	1205 is not used
Metcalf	for Keeled	701		PCRFFE
a follName Mailing Addres	tion	D. Job Unierra	and the second	
(include city, state, & zip)				Comments
Jeannie 1 SO4 Knob	hetcalt	c. Employer's Na	ard Member and Specific Ised	
Winston-S	View Dr.	Winstan s Forsyth	Solen 1	ilection Superior Date
	2710	4 5	schools st	<u>595,00</u>
	Form of Payment is finkind De	scription	j Date (mm/dd/yyyy)	k Amount
	check film	gtee	2/10/2010	\$ 95
Tameer	check	J	4 16/2010	\$ 50D
				\$
3. Contributor: Informatio a. Full Name, Mailing Address 8		b Job Totle Profes		anments
duclude city, state, & zip)		Dente	st l	
104 Clave	rton Ct	C. Employer's Nam		1
10) instra-Sa	lem, NC27104	Culbreat Miller St	einbicker,	Cilon Sum to Date
Prior g Accountrate h.r.	1911, 10 27104	+ Sallivan	,005 \$	160
	ormof Payment 1. In Kind Desc	ription		Amount
Tarheel C	here		1 (\$60
D VARHeel C	MICCA			\$ 100
S. Contributor Information				\$
a, Full Name, Mailing Address & E fundude tity, state, & zip)		b Job Title/Professio		ments
Jeff Poldon		Financial		
301 Gratewor	d D.	e Employer's Name?	Specific Field	
301 Gatewood Winston Sale	M M A	Self		ondunto Date
f Prior g Account.code n For	mof Payment [I. In Kind Descrip	lion Street		
	heck		, , ,	100
			\$	
			\$	
Actorationly this Rage 2				155.00
5. Hoimi of Activ CROAD			\$	
CRO-1210	NC State Board	d of Elections		April 2007

Contributions from Indiv Use this form to report individual contri	ributions over \$50 or contribution	$\frac{Pg}{1} = \frac{2}{50} \text{ of } \frac{1}{50}$	Amendment Ves No RO 1205 is not used
Al a to ch C	trapplicable) and a second		2x00Nmmberg
Steaminibulor Information	Reelection		PCQFFF
a, Full Name, Mailing, Address & Phone (Include city, state, & zip)	b. Job Trile	The second state of the second	di Comments
Steve Hill		rance Agent	
1124 Constantine		Namerspecific Field	
Kernersville, NC	122011		Election Sum to Date
CPhior g Account Code L Form of Payme	メイム&丁 III In Kind Description	j. Date (mn/dil/9555	\$ 500
Tarkeel Check			0\$500
		<u></u>	\$
			\$
Aleonerbulor throngenous and the second states of t		Kemora a service a	
unclude anty, state, at mp)	it John There		Comments
Dale Folwell 299 5. Westure		of Representativ	ਹ
	Set 7 Ver	INC	Jection Spin to Date
Winston Salem X	27104 1	/	250
Prior & Account Code In Formor Payment	ista-Kind Description	is Date (mm/dd/syyv)	
- Check		3 19/2010	\$250.00
		4	
			\$
			\$
Image: State		the second s	\$
d Full Name, Mailing Address & Phone fineinde city state, & gip)	b. Job Title/Profe	ssion d. Ce	
d Full Name, Mailing Address & Phone fineinde city state, & gip)	Course	sion dec <u>Iloc</u>	\$
d Full Name, Mailing Address & Phone fineinde city state, & gip)	Course	sion dec <u>Iloc</u>	\$
Joe Verga 4509 Chantilly Lo Winston Salem, V	ane Associal Christian	unsefling \$1	\$ mulents toon some to Date DD.
De Verga HSOG Chantilly Li Winston Salem, V Brog Chantilly Li	b. Job Title/Profe	Llor Mespecific prota es in ensetting \$1 Unsetting \$1	S Toments Tomeston to Date DD. Topologic
Noe Verga 4509 Chantilly Li Winston Solem, V	ane Associal Christian	Ilor Mospegne sold Es in Unselling \$1 Unselling \$1 3/19/20/0	\$ 1000-5000-10-2000 000-5000-10-2000 000- 000- 000- 00- 00- 00- 00- 00
Doe Verga HS09 Chantilly L Winston Solem, V Dow executions Winston Solem, V Dow executions Tarheel Check	ane Associal Christian	sion Ilor mespropriesona ESIN Unsetling \$1 Unsetling \$1 ESIN 2012 19/2010 5 5 5 5 5 5 5 5 5 5 5 5 5	\$ 1000 Soun to Date DD. Amount \$ 100
De Verga Joe Verga 4509 Chantilly Lo Winston Salem, V Tow processor interment Tarheel Check	ane Associal Christian	sion Ilor mespropriestoria ES IN Unsetling \$1 Unsetling \$1 3/19/2010 5 5	\$ 1000 Sinu to Dute 00. Amount \$ 100 5 100
De Verga Joe Verga 4509 Chantilly Lo Winston Salem, V Town Bacconnecode Interment Tarheel Check	ane Associat Strock Counses	sion Ilor mespropriestoria ES IN Unsetling \$1 Unsetling \$1 3/19/2010 5 5	\$ 1000 Soun to Date DD. Amount \$ 100 -

Contributions from Indiv. Use this form to report individual contri Incommune Contribution	ibutions over \$50 or co	Pg entributions under	3 of 3 \$50 if form CRO	Amendment Yes No 1205 is not used
Metcalf for	computerables as a second		2.	ID Number 200
S.Contributor interation	Reelection		17	CQFFF
a kull Name, Mailing Address & Phone (Include city) state, c. 2(p)	l.	o.Job Interprofession	1.0	ofminents.
Mike Ziglar 1008 Lissa Anne		Insurance Employeess Namers	c Agert	
1008 Lissa Anne	· / . ·	state Far	(10.0	
Winston-Solem, 1		•	1000000	etionSum to Date 200
	i in Kod Description	1.03	te connectory y g	Anonim
Harheel check		3	129/10	\$ 200
				\$
L.J 2. Contributori Juliani 2000 - Contributori				\$
 Full Name Mailing Address & Phone furthele cury state, & zip) 		ob Interbrotession	d.Com	NAME OF A DESCRIPTION OF A
	S	ienior Vice	and the second se	
3629 Fox glove, T		uployer's Name/Spec	lie kield	
Joe Lineberry 3629 Foxglove D Winston - Solem	NC A	onsultin	a Prec	on Sum to Date
Print & Account Code D. Form of Payment		<u> </u>		10-
Tarheel check				
			\$ 2010	100.00
	[
5.Contribution Information		I NEW CONT		
lindiniectry state, & rig	b Job	Lille/Reofession	d. Comme	nts
	C. LEONDI	Over's Mane/Specific	Field	· · · · ·
				Sur to Date
			\$	
f Prior is Account Code E. Format Payment	In Kind Description	J. Date (nu	waanne kan	unt.
	·····		\$	
			\$	
La			\$	
2 Holahon AVID (CIRO) JOHO BAROS			\$ <u>3(</u>	20-
The channes we with a water can be summary unger RO-1210	NC State Board of Electio	ne	\$ 200	5

April 2007

Disbursements

\$

Pg _____ of _____ Amendment

Use this form to report expenditures from the committee for operating expenses, contributions to candidate/political committees and coordinated party expenditures

1. Committee	Full Name (and Fur	id if applicable)	18 S 28	8-2-0-0A	\$ 50-9 A	1.	2.	ID Number	10 20 A 20
Md	calf for	veeled	ho	n			1	PCO	FFF
3. Type of Dis	bursement <u>(Pleas</u>	e use separate C	<u>RO-131</u>	0 forms for	each typ	e of Dis	oursem	<u>mt.)</u>	
Operating Ex		ntributions to Candio	lates/Polit				ordinated	Party Expenditu	æs
4. Payee Infor					Remo				
a. Full Name, f (include city, stat	Mailing Address & Pl	ione		b. Coordinat	ed Comn	littee Nam	e d.	Comments	
Concentry, stat	Va Lash.	<u></u>							
Positi	ve Influe ox 5964 ton_sa	ence		c. Level Regi					
PO BO	y 5464	ب		Federal		County:			
Mins	ton Sa	lom		State	ا	Municipa	uty: e, i	Election Sum to	\mathcal{L} \mathcal{D}^{O}
					a at said to dec		\$	2004	t-0-
f. Account Code	g. Form of Payment	L Purpose Code	1. Date	(mm/dd/yyyy)			к. кеqu	ired Remarks	
Tarheel	Check	<u> 10</u>		Diagono	\$ 20	04		· · · · · · · · · · · · · · · · · · ·	
				enteratoren arta anti-	3				
4. Payee Infor	mation ling Address & Phone	<u></u>			Remov		15	<u> </u>	
(include city, sta	가지 않는 것 같은 것 같은 것 같은 것 같이 없다.			b. Coordinat	ea Comm	ittee Name	:a.)	Comments	
<u> Alexandri Andria (Constante de Constante</u>		<u>n a la contractor de la c</u>							
				c. Level Regi	stered (S	ب مقدومات مالتكر بغام المالية			
				Federal State		County: Municipa	liter and	lection Sum to	Dete
				Jun		winnerpa		ACCION SUIL O	Date
	12-11-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1						\$		
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amou	ət 🦷	k. Requ	red Remarks	
		<u> </u>			\$				
					\$				
4. Payee Inform	nation			Add	Remov		en en de		1.2.2.2.2.2.2
	ing Address & Phone			b. Coordinate	d Commi	ttee Name	d. (Comments .	
(include city, sta	te, & zip)								
				c. Level Regis	tered (Sn	ecify)	907 (N		
				Federal	D	County:	<u>1977</u>		
				State		Municipal	ity: e. E	lection Sam to	Date
							\$		
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amoun		k. Requi	red Remarks	
					\$	no postilizzana i		<u> </u>	
	· · · · ·				\$		·····	<u> </u>	
5. Total only th	in D ana		1		Ψ		e e	analy	
							\$	2004	•
(This line goes in	CRO-1310 Pages line 13a of Detailed Sum						\$	2	
	line 13b of Detailed Sum		-					2000	t,
	line 13c of Detailed Sum		olane labourbaroane	han dae an frân Lebin an Anstein Anstein	-spenuul	iesj	1 		
7. Purpose Codes (List detailed expenditure code in (h.) above) A* - Media B* - Printing C* - Fundraising D - To Another Candidate									
E - Salaries	E - Salaries F* - Equipment G - Political Party H* - Holding Public Office Expenses								
I - Postage	J - Penaltie	8 8		ffice Expens				to Legal Exp	
O* Other	detailed and a set			exa no	6425				
CRO-1310	e detailed explanation			d of Elections				r	December 2009

In-Kind Contributions

.

_____ of _____ Amendment _____ No

Pg

Use this form to report non-monetary contributions, donations, goods or services provided to the committee or fund. Use CRO-1215 if In-Kind Contributions were or will be refunded within 7 days.

1. Committee Full Name (and Fund it applicable)			2. ID Number
Metcalf for Reelection			PCQFFF
3. Contributor Information	The service of the se	move	
a: Full Name, Mailing Address & Phone	b. Type of Contri	butor a Set state	c. Comments
(include city, state, & zip)	Individual		
Jeannie Mercart	Party		
504 (nob View 1st	PAC		
Jeannie Metcalf So4 Knob View Dr Winston - Solem, NC	Conter Receipt		d. Election Sum to Date
27 104		boulee	\$95
e. Description		f. Date (mm/dd/yyy) g. Fair Market Amount
filing tee		2/10/10	\$9500
			\$
			\$
3. Contributor Information	Add 🔲 Rer		
a. Full Name, Mailing Address & Phone (include city, state, & zip).	b. Type of Contril Individual	outor	: Comments
	Candidate		
	Party		
	PAC	ž	
	Referendum Other Receipt	2	I. Election Sum to Date
			\$
e Description		f. Date (mm/dd/yyyy) g. Fair Market Amount
			\$
			\$
			\$
	Add 📃 Ren		
a, Full Name, Mailing Address & Phone (include city, state, & zip)	b. Type of Contrib	utor c	. Comments
	Candidate		1
	Party		
	PAC Referendum	Skew State	-Election Sum to Date
	Other Receipt :	Source	
			\$
e. Description		f. Date (mm/dd/yyyy)	
			\$
		··· ·· ·· .	\$
			\$
4. Total only this Page			\$ 95.00
5. Total of ALL CRO-1510 Pages (Thus line must be online 17 of Detailed Summary Page (RO-1100)		and at the second	\$

CRO-1510