

Disclosure Report Cover

Amendment

☐ Yes

☒ No

Use this form for general report and committee information, must be signed and submitted along with other detailed forms.

Do not use this form to update information

1. Committee Information a. Full Name Metcalf for Reelection 00000 c. ID Number FCQ5GM 00000 b. Mailing Address (include City, State and Zip Code) 504 Knob View Drive Winston-Salem, NC 27106 00000 00000 00000 d. Date Filed 7-03-2014 e. Phone Number 336-738-2270			
2. Report Year 2014	3. Period Start Date (mm/dd/yy) 7-03-2014	4. Period End Date (mm/dd/yy) 6-30-2014	5. Treasurer Full Name Ralph Burroughs 00000
6. Type of Committee (Check One) ☒ Candidate Campaign ☐ PAC ☐ Independent Expenditure ☐ Legal Expense Fund ☐ Party ☐ Referendum ☐ Joint Fundraiser		9. Type of Report (check only one type of report from one category) Municipal ☐ Organizational ☐ Thirty-five day ☐ Pre-primary ☐ Pre-election ☐ Pre-runoff ☐ Semi-annual ☐ Mid Year ☐ Year End ☐ Final ☐ Special State/County ☐ Organizational ☐ Quarterly ☐ First ☒ Second ☐ Third ☐ Fourth ☐ Semi-annual ☐ Mid Year ☐ Year End ☐ Final ☐ Special	
7. Type of Fund (if applicable, check one) ☐ "Booster Fund" ☐ Building Fund ☐ Other:		10. Special Report Name 00000 00000 00000	
8. Number of Fundraisers this Report 00000			
11. Account Information a. Financial Institution Full Name Wells-Fargo b. Purpose Campaign Finance Checking 00000 00000 c. Account Code 00000 d. Period Begin Balance \$ 422.06		11. Account Information a. Financial Institution Full Name 00000 b. Purpose 00000 00000 00000 00000 c. Account Code 00000 d. Period Begin Balance \$ 00000	
CERTIFICATION 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. <u>Ralph Burroughs</u> Printed Name of Signer <u>Ralph Burroughs</u> Signature of Appointed Treasurer <u>July 2, 2014</u> Date			
FOR OFFICE USE ONLY Date Received: <u>6-2-2014</u> Date Postmarked: _____ Date Scanned: _____ Date Data Entered: _____ Employee: <u>Josh Chinn</u> Employee: _____ Employee: _____ Employee: _____ Delivery Method ☐ Normal Mail ☐ Registered Mail ☒ Hand-Delivered ☐ Electronically Filed ☐ Signer has not received mandatory training			
Please Note: This form cannot be used to amend committee information such as the committee address, treasurer, assistant treasurer,			

Contributions from Individuals

Pg 1 of 1

Amendment

☐ Yes ☒ No

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

1. Committee Full Name (and Fund if applicable)					2. ID Number	
Metcalf for Reelection					FCQ5GM	
3. Contributor Information ☐ Add ☐ Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
Joan A. Fleming 825 Meadowlark Drive Winston-Salem, NC 27106-9745			Homemaker			
			c. Employer's Name/Specific Field			
					e. Election Sum to Date	
					\$ 150.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount
☐		Check		6-29-14		\$ 150.00
☐						\$
☐						\$
3. Contributor Information ☐ Add ☐ Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
Janice P. Dockery 535 Claridge Circle Winston-Salem, NC 27106-6303			Homemaker			
			c. Employer's Name/Specific Field			
					e. Election Sum to Date	
					\$ 100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount
☐		Check		6-29-14		\$ 100.00
☐						\$
☐						\$
3. Contributor Information ☐ Add ☐ Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
			c. Employer's Name/Specific Field			
					e. Election Sum to Date	
					\$	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount
☐						\$
☐						\$
☐						\$
4. Total only this Page					\$ 250.00	
5. Total of ALL CRO-1210 Pages					\$ 250.00	
<i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>						

Loan Proceeds

Pg 1 of 3

Amendment

☐ Yes ☒ No

Use this form to report proceeds from a loan and loan endorser's information

A loan proceeds statement must accompany each loan that is from an individual

1. Committee Full Name (and Fund if applicable)				2. ID Number	
Metcalf for Reelection				FCQ5GM	
3. Lender Information ☐ Add ☐ Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession		d. Comments	
Jeannie A. Metcalf 504 Knob View Drive Winston-Salem, NC 27104		Candidate			
		c. Employer's Name/Specific Field		e. Start Date (mm/dd/yyyy)	
				05-07-14	
				f. End Date (mm/dd/yyyy)	
g. Rate	h. Security Pledged	i. Account Code	j. Form of Payment	k. Amount	
%			Online Trans	\$ 500.00	
l. Full Name of Lending Institution				m. Loan Number	
				n/a	
4. Endorsers/Makers (The people who guarantee the loan.)					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession		c. Employer's Name/Specific Field	
		d. Percentage		e. Amount	
		%		\$	
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession		c. Employer's Name/Specific Field	
		d. Percentage		e. Amount	
		%		\$	
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession		c. Employer's Name/Specific Field	
		d. Percentage		e. Amount	
		%		\$	
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession		c. Employer's Name/Specific Field	
		d. Percentage		e. Amount	
		%		\$	

5. Total of ALL CRO-1410 Pages

(This line must be on line 9 of Detailed Summary Page CRO-1100)

\$

Loan Proceeds

Use this form to report proceeds from a loan and loan endorser's information
A loan proceeds statement must accompany each loan that is from an individual

Pg 2 of 3

Amendment
☐ Yes ☒ No

1. Committee Full Name (and Fund if applicable) Metcalf for Reelection				2. ID Number FCQ5GM	
3. Lender Information ☐ Add ☐ Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession Candidate		d. Comments	
Jeannie A. Metcalf 504 Knob View Drive Winston-Salem, NC 27104				e. Start Date (mm/dd/yyyy) 05-08-14	
				f. End Date (mm/dd/yyyy)	
g. Rate %	h. Security Pledged	i. Account Code	j. Form of Payment Online Trans	k. Amount \$ 601.01	
l. Full Name of Lending Institution				m. Loan Number n/a	
4. Endorsers/Makers (The people who guarantee the loan.)					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession		c. Employer's Name/Specific Field	
				d. Percentage %	
				e. Amount \$	
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession		c. Employer's Name/Specific Field	
				d. Percentage %	
				e. Amount \$	
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession		c. Employer's Name/Specific Field	
				d. Percentage %	
				e. Amount \$	
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession		c. Employer's Name/Specific Field	
				d. Percentage %	
				e. Amount \$	
5. Total of ALL CRO-1410 Pages (This line must be on line 9 of Detailed Summary Page CRO-1100)				\$	

Loan Proceeds

Use this form to report proceeds from a loan and loan endorser's information
A loan proceeds statement must accompany each loan that is from an individual

Pg 3 of 3

Amendment
☐ Yes ☒ No

1. Committee Full Name (and Fund if applicable) Metcalf for Reelection				2. ID Number FCQ5GM	
3. Lender Information ☐ Add ☐ Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip) Jeannie A. Metcalf 504 Knob View Drive Winston-Salem, NC 27104		b. Job Title/Profession Candidate		d. Comments	
		c. Employer's Name/Specific Field		e. Start Date (mm/dd/yyyy) 05-08-14	
				f. End Date (mm/dd/yyyy)	
g. Rate %	h. Security Pledged	i. Account Code	j. Form of Payment Online Trans	k. Amount \$ 9.00	
l. Full Name of Lending Institution				m. Loan Number n/a	
4. Endorsers/Makers <i>(The people who guarantee the loan.)</i>					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession		c. Employer's Name/Specific Field	
		d. Percentage %		e. Amount \$	
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession		c. Employer's Name/Specific Field	
		d. Percentage %		e. Amount \$	
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession		c. Employer's Name/Specific Field	
		d. Percentage %		e. Amount \$	
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession		c. Employer's Name/Specific Field	
		d. Percentage %		e. Amount \$	
5. Total of ALL CRO-1410 Pages <i>(This line must be on line 9 of Detailed Summary Page CRO-1100)</i>				\$ 1110.01	

Amendment

☐ Yes ☒ No

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 Fund if applicable)					2. ID Number	
Metcalf for Reelection					FCQ5GM	
3. Type of Disbursement <i>(Please use separate CRO-1310 forms for each type of Disbursement.)</i>						
☐ Operating Expenses		☐ Contributions to Candidates/Political Committees		☐ Coordinated Party Expenditures		
4. Payee Information ☐ Add ☐ Remove						
a. Full Name, Mailing Address & Phone <i>(include city, state, & zip)</i> Pamela Lofland. 1460 Lake Cottage Road Clemmons, NC 27012			b. Coordinated Committee Name		d. Comments	
			c. Level Registered (Specify) ☐ Federal ☐ County: ☐ State ☐ Municipality:			
						e. Election Sum to Date
				\$ -0-		
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
	Check	A	4-18-14	\$306.43	Distribute Yard Signs	
				\$	Labor	
4. Payee Information ☐ Add ☐ Remove						
a. Full Name, Mailing Address & Phone <i>(include city, state, & zip)</i> Pamela Lofland. 1460 Lake Cottage Road Clemmons, NC 27012			b. Coordinated Committee Name		d. Comments	
			c. Level Registered (Specify) ☐ Federal ☐ County: ☐ State ☐ Municipality:			
						e. Election Sum to Date
				\$ 306.43		
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
		A		\$717.74	Distribute Yard Signs	
				\$	Labor	
4. Payee Information ☐ Add ☐ Remove						
a. Full Name, Mailing Address & Phone <i>(include city, state, & zip)</i> Pamela Lofland. 1460 Lake Cottage Road Clemmons, NC 27012			b. Coordinated Committee Name		d. Comments	
			c. Level Registered (Specify) ☐ Federal ☐ County: ☐ State ☐ Municipality:			
						e. Election Sum to Date
				\$		
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
				\$		
				\$		
5. Total only this Page						\$ 1024.16
6. Total of ALL CRO-1310 Pages						\$ 1024.16
<i>(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)</i> <i>(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)</i> <i>(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)</i>						
7. Purpose Codes (List detailed expenditure code in (h.) above)						
A* - Media B* - Printing C* - Fundraising D - To Another Candidate E - Salaries F* - Equipment G - Political Party H* - Holding Public Office Expenses I - Postage J - Penalties K* - Office Expenses Q* - Donation to Legal Expense Fund O* - Other						
* Codes require detailed explanation in required remarks field (k)						

Detailed Summary

Amendment

☐ Yes ☒ 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	
Metcalf for Reelection		Second Quarter		FCQ5GM	
Start of Election Cycle:		January 1,		2014	
		Total this Reporting Period		Total this Election Cycle	
4) Cash on Hand at Start		\$ 422.06		\$ -0-	
RECEIPTS					
5) Aggregated Contributions from Individuals (CRO-1205)		\$ 250.00		\$ 2300.00	
6) Contributions from Individuals (CRO-1210)		\$		\$	
7) Contributions from Political Party Committees (CRO-1220)		\$		\$	
8) Contributions from Other Political Committees (CRO-1230)		\$		\$	
9) Loan Proceeds (CRO-1410)		\$ 1110.01		\$ 1110.01	
10) 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)		\$		\$	
11 e) Exempt Purchase Price Sales (CRO-1265)		\$		\$	
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d and 11e)		\$ 1360.01		\$ 3410.01	
EXPENDITURES					
13) Disbursements					
13a) Operating Expenditures (CRO-1310)		\$ 1024.16		\$ 2652.10	
13b) Contributions to Candidates/Political Committees (CRO-1310)		\$		\$	
13c) Coordinated Party Expenditures (CRO-1310)		\$		\$	
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)		\$ 1024.16		\$ 2652.10	
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)		\$ 757.91		\$ 757.91	
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-2200)		\$		\$	
28) Contributions to be Refunded (CRO-1215)		\$		\$	