

Disclosure Report Cover

COPY

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 <i>Metcalf For RE Election</i>		c. ID Number																																					
b. Mailing Address (include City, State and Zip Code) <i>504 Knob View DR Winston Salem NC 27104</i>		d. Date Filed																																					
		e. Phone Number <i>768-2270</i>																																					
2. Report Year <i>2010</i>	3. Period Start Date (mm/dd/yy) <i>04-18/2010</i>	4. Period End Date (mm/dd/yy) <i>06/30/2010</i>	5. Treasurer Full Name <i>Michael W Ziglar</i>																																				
6. Type of Committee (Check One)		9. Type of Report (check only one type of report from one category)																																					
<input checked="" type="checkbox"/> Candidate Campaign <input type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Independent Expenditure <input type="checkbox"/> Joint Fundraiser <input type="checkbox"/> Legal Expense Fund		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th>Municipal</th> <th>State/County</th> <th>Referendum</th> </tr> <tr> <td><input type="checkbox"/> Organizational</td> <td><input type="checkbox"/> Organizational</td> <td><input type="checkbox"/> Organizational</td> </tr> <tr> <td><input type="checkbox"/> Thirty-five day</td> <td><input type="checkbox"/> Quarterly</td> <td><input type="checkbox"/> Pre-referendum</td> </tr> <tr> <td><input type="checkbox"/> Pre-primary</td> <td><input type="checkbox"/> First</td> <td><input type="checkbox"/> Final</td> </tr> <tr> <td><input type="checkbox"/> Pre-election</td> <td><input checked="" type="checkbox"/> Second</td> <td><input type="checkbox"/> Supplemental Final</td> </tr> <tr> <td><input type="checkbox"/> Pre-runoff</td> <td><input type="checkbox"/> Third</td> <td><input type="checkbox"/> Annual</td> </tr> <tr> <td><input type="checkbox"/> Semi-annual</td> <td><input type="checkbox"/> Fourth</td> <td><input type="checkbox"/> Special</td> </tr> <tr> <td><input type="checkbox"/> Mid Year</td> <td><input type="checkbox"/> Semi-annual</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Year End</td> <td><input type="checkbox"/> Mid Year</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Final</td> <td><input type="checkbox"/> Year End</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Special</td> <td><input type="checkbox"/> Final</td> <td></td> </tr> <tr> <td></td> <td><input type="checkbox"/> Special</td> <td></td> </tr> </table>		Municipal	State/County	Referendum	<input type="checkbox"/> Organizational	<input type="checkbox"/> Organizational	<input type="checkbox"/> Organizational	<input type="checkbox"/> Thirty-five day	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Pre-referendum	<input type="checkbox"/> Pre-primary	<input type="checkbox"/> First	<input type="checkbox"/> Final	<input type="checkbox"/> Pre-election	<input checked="" type="checkbox"/> Second	<input type="checkbox"/> Supplemental Final	<input type="checkbox"/> Pre-runoff	<input type="checkbox"/> Third	<input type="checkbox"/> Annual	<input type="checkbox"/> Semi-annual	<input type="checkbox"/> Fourth	<input type="checkbox"/> Special	<input type="checkbox"/> Mid Year	<input type="checkbox"/> Semi-annual		<input type="checkbox"/> Year End	<input type="checkbox"/> Mid Year		<input type="checkbox"/> Final	<input type="checkbox"/> Year End		<input type="checkbox"/> Special	<input type="checkbox"/> Final			<input type="checkbox"/> Special	
Municipal	State/County	Referendum																																					
<input type="checkbox"/> Organizational	<input type="checkbox"/> Organizational	<input type="checkbox"/> Organizational																																					
<input type="checkbox"/> Thirty-five day	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Pre-referendum																																					
<input type="checkbox"/> Pre-primary	<input type="checkbox"/> First	<input type="checkbox"/> Final																																					
<input type="checkbox"/> Pre-election	<input checked="" type="checkbox"/> Second	<input type="checkbox"/> Supplemental Final																																					
<input type="checkbox"/> Pre-runoff	<input type="checkbox"/> Third	<input type="checkbox"/> Annual																																					
<input type="checkbox"/> Semi-annual	<input type="checkbox"/> Fourth	<input type="checkbox"/> Special																																					
<input type="checkbox"/> Mid Year	<input type="checkbox"/> Semi-annual																																						
<input type="checkbox"/> Year End	<input type="checkbox"/> Mid Year																																						
<input type="checkbox"/> Final	<input type="checkbox"/> Year End																																						
<input type="checkbox"/> Special	<input type="checkbox"/> Final																																						
	<input type="checkbox"/> Special																																						
7. Type of Fund (if applicable check one)		10. Special Report Name																																					
<input type="checkbox"/> Booster Fund <input type="checkbox"/> Building Fund <input type="checkbox"/> Other:																																							
8. Number of Fundraisers this Report																																							
11. Account Information		11. Account Information																																					
a. Financial Institution Full Name <i>WACHOVIA</i>		a. Financial Institution Full Name																																					
b. Purpose	c. Account Code <i>Tax Help</i>	b. Purpose	c. Account Code <i>2010 JUL 25 AM 10:01</i>																																				
	d. Period Begin Balance <i>\$ 96</i>		d. Period Begin Balance <i>\$</i>																																				
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.																																							
<i>Michael Ziglar</i> Printed Name of Signer		<i>Michael W Ziglar</i> Signature of Appointed Treasurer																																					
		<i>7-26-10</i> Date																																					
FOR OFFICE USE ONLY																																							
Date Received:	<i>7/26/10</i>	Employee:	<i>Judy Speas</i>																																				
Date Postmarked:		Employee:																																					
Date Scanned:		Employee:																																					
Date Data Entered:		Employee:																																					
Delivery Method <input type="checkbox"/> Normal Mail <input type="checkbox"/> Registered Mail <input checked="" type="checkbox"/> Hand Delivered <input type="checkbox"/> Electronically Filed <input type="checkbox"/> 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, custodian of books information, or account information. You must amend the Statement of Organization (CRO-2100A-E) to make committee changes.																																							

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 Re-election			
Start of Election Cycle: January 1, 2011	Total this Reporting Period	Total this Election Cycle	
4) Cash on Hand at Start	\$ 96	\$ 0	
RECEIPTS			
5) Aggregated Contributions from Individuals (CRO-1205)	\$	\$ 190	
6) Contributions from Individuals (CRO-1210)	\$ 900	\$	
7) Contributions from Political Party Committees (CRO-1220)	\$	\$	
8) Contributions from Other Political Committees (CRO-1230)	\$	\$	
9) Loan Proceeds (CRO-1410)	\$	\$	
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)	\$	\$	
11e) Exempt Purchase Price Sales (CRO-1265)	\$	\$	
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d and 11e)	\$	\$	
EXPENDITURES			
13) Disbursements			
13a) Operating Expenditures (CRO-1310)	\$	\$ 2004	
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)	\$	\$ 95	
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)	\$ 0	\$	
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)	\$ 1704-	\$	
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)	\$	\$	

Contributions from Individuals

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) Jeanne Metcalf Re-election Committee 2. ID Number

3. Contributor Information Add Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)
Richard SANDERS
145 Sugar Maple CT
Winston Salem NC 27106

b. Job Title/Profession

c. Employer's Name/Specific Field

d. Comments

Election Sum to Date
 \$

Prior	e. Account Code	f. Form of Payment	g. In-Kind Description	h. Date (mm/dd/yyyy)	i. Amount
<input type="checkbox"/>	<u>TRU Check</u>	<u>CK</u>		<u>4-19-10</u>	<u>\$ 50 ⁰⁰/₂₁</u>
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

3. Contributor Information Add Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)
Richard Reed
1231 Chester RD
Winston Salem NC 27104

b. Job Title/Profession

c. Employer's Name/Specific Field

d. Comments

Election Sum to Date
 \$

Prior	e. Account Code	f. Form of Payment	g. In-Kind Description	h. Date (mm/dd/yyyy)	i. Amount
<input type="checkbox"/>	<u>TRU check</u>	<u>CK</u>		<u>4-20-10</u>	<u>\$ 100 ⁰⁰/₂₁</u>
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

3. Contributor Information Add Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)
Stanley Moore
5680 SULLIVAN'S TRAIL
BETHANIA NC 27010

b. Job Title/Profession

c. Employer's Name/Specific Field

d. Comments

Election Sum to Date
 \$

Prior	e. Account Code	f. Form of Payment	g. In-Kind Description	h. Date (mm/dd/yyyy)	i. Amount
<input type="checkbox"/>	<u>TRU check</u>	<u>CK</u>		<u>4-19-2010</u>	<u>\$ 50 ⁰⁰/₂₁</u>
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

4. Total only this Page \$ 200

5. Total of ALL CRO 1210 Pages \$ 300

6. File information online on Detailed Summary Page CRO 1200

Contributions from Individuals

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) Metcalf REElection Committee 2. ID Number

3. Contributor Information Add Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)
Scott REED
3961 Guinevere Ln
Winston Salem NC 27104

b. Job Title/Profession

c. Employer's Name/Specific Field

d. Comments

e. Election Sum to Date
 \$

Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	<u>Thr Hel</u>	<u>CK</u>		<u>4-21-10</u>	\$ <u>100⁰⁰/_{XX}</u>
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

3. Contributor Information Add Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)
Tim Whitener
1205 Breunington Place RD
Winston Salem NC 27104

b. Job Title/Profession

c. Employer's Name/Specific Field

d. Comments

e. Election Sum to Date
 \$

Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	<u>Thr Hel</u>	<u>CK</u>		<u>4-22-2010</u>	\$ <u>200⁰⁰/_{XX}</u>
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

3. Contributor Information Add Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)
Robert Baker
5013 Mayberry Ln
Winston Salem NC 27106

b. Job Title/Profession

c. Employer's Name/Specific Field

d. Comments

e. Election Sum to Date
 \$

Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	<u>Thr Hel</u>	<u>CK</u>		<u>4-24-2010</u>	\$ <u>100⁰⁰/_{XX}</u>
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

4. Total only this Page \$ 400

5. Total of ALL CRO-1210 Pages \$ 400
(This line must be on line 6 of Detailed Summary Page CRO-1100)

Contributions from Individuals

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) <i>Metcalf Re-Election Committee</i>						2. ID Number	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
<i>Gregg CREGAN 5721 SHAM ROCK GLEN LN LEWISVILLE NC 27023</i>				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		
<input type="checkbox"/>	<i>Tax Ded</i>	<i>CK</i>		<i>4-29-2010</i>	\$ <i>250⁰⁰/_{XX}</i>		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
4. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
<i>SYLVIA S BUDD 4432 Bent Tree Farm RD WINSTON SALEM NC 27106</i>				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		
<input type="checkbox"/>	<i>Tax Ded</i>	<i>CK</i>		<i>5-4-2010</i>	\$ <i>50⁰⁰/_{XX}</i>		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
5. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> 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		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
6. Total 2007 Contributions					\$ <i>300</i>		
7. Total 2007 Contributions					\$ <i>300</i>		