

COPY

Disclosure Report Cover

Amendment
[] Yes [x] 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.

Committee Information
a. Full Name: Metcalf for ReElection
c. ID Number: PCQFFE
b. Mailing Address: 504 Knob View Dr. Winston-Salem, NC 27104
d. Date Filed: Jan 3, 2010
e. Phone Number: 336-768-2270

2. Report Year: 2010
3. Period Start Date: 10-17-10
4. Period End Date: Dec. 31, 2010
5. Treasurer Full Name: Michael W. Ziglar

6. Type of Committee: [x] Candidate Campaign
9. Type of Report: [x] Municipal
10. Special Report Name

11. Account Information
a. Financial Institution Full Name: Wachovia
b. Purpose: Campaign Finance
c. Account Code: Tarheel
d. Period Begin Balance: \$1704

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...
Michael W. Ziglar
Signature of Appointed Treasurer: Michael W. Zyg
Date: 1-3-2011

FOR OFFICE USE ONLY
Date Received: 1/4/11
Employee: Judy Spears
Delivery Method: [x] Hand Delivered

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 | |
| <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> 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 | | | PCQ FFF |
| Start of Election Cycle: January 1, _____ | | Total this Reporting Period | Total this Election Cycle |
| 4) Cash on Hand at Start | | \$ 1704 | \$ |
| RECEIPTS | | | |
| 5) Aggregated Contributions from Individuals (CRO-1205) | \$ 50 | \$ 448 | 448 |
| 6) Contributions from Individuals (CRO-1210) | \$ 500 | \$ 3905.00 | |
| 7) Contributions from Political Party Committees (CRO-1220) | \$ 100 | \$ 100.00 | |
| 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) | \$ 650 | \$ 4453 | |
| EXPENDITURES | | | |
| 13) Disbursements | | | |
| 13a) Operating Expenditures (CRO-1310) | \$ 1554.75 | \$ 3558.75 | |
| 13b) Contributions to Candidates/Political Committees (CRO-1310) | \$ 299.25 | \$ 299.25 | |
| 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) | \$ 500.00 | \$ 500.00 | |
| 17) In-Kind Contributions (CRO-1510) | \$ | \$ 95.00 | |
| 18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17) | \$ 2354.00 | \$ 4453 | |
| 19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18) | \$ -0- | \$ 4453.00 | |
| 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) Metcalf for Reelection **2. PUF Number** PG0FFF

Contributor Information Add Remove

a. Full Name, Mailing Address & Phone
 (include city, state, & zip)
 Rita Harker
 140 Hearthside Dr.
 Winston-Salem, NC 27104

b. Job Title/Profession Retired

c. Employer's Name/Specific Field

d. Comments

e. Election Sum to Date \$100

| Prior | Account Code | Form of Payment | In-Kind Description | Date (mm/dd/yyyy) | Amount |
|--------------------------|--------------|-----------------|---------------------|-------------------|--------|
| <input type="checkbox"/> | Tarheel | check | | 10/19/10 | \$ 100 |
| <input type="checkbox"/> | | | | | \$ |
| <input type="checkbox"/> | | | | | \$ |

Contributor Information Add Remove

a. Full Name, Mailing Address & Phone
 (include city, state, & zip)
 Kenneth Davis
 PO Box 278
 Walkertown, NC 27051

b. Job Title/Profession Mayor

c. Employer's Name/Specific Field Town of Walkertown

d. Comments

e. Election Sum to Date \$100

| Prior | Account Code | Form of Payment | In-Kind Description | Date (mm/dd/yyyy) | Amount |
|--------------------------|--------------|-----------------|---------------------|-------------------|--------|
| <input type="checkbox"/> | Tarheel | check | | 10/19/10 | \$ 100 |
| <input type="checkbox"/> | | | | | \$ |
| <input type="checkbox"/> | | | | | \$ |

Contributor Information Add Remove

a. Full Name, Mailing Address & Phone
 (include city, state, & zip)
 Jonathan Copts
 1600 Reynolda Rd
 Winston Salem NC 27104

b. Job Title/Profession Investor

c. Employer's Name/Specific Field Self-Commercial Real Estate

d. Comments

e. Election Sum to Date \$100

| Prior | Account Code | Form of Payment | In-Kind Description | Date (mm/dd/yyyy) | Amount |
|--------------------------|--------------|-----------------|---------------------|-------------------|--------|
| <input type="checkbox"/> | Tarheel | check | | 10/19/10 | \$ 100 |
| <input type="checkbox"/> | | | | | \$ |
| <input type="checkbox"/> | | | | | \$ |

4. Total only this Page \$300

5. Total of ALL CRO 1210 Pages \$

Use the online Ball Budget Summary Page (CRO 100)

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

| Contributor Information | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|--------------|-----------------|------------------|---------------------|----------|-------------------------|--------------|-----------------|------------------|-------------------|--------|--|--|---------------|--|------------|----------|---|--|--|--|---------------------|----|---|--|--|--|--|----|------|--------------|-----------------|------------------|-------------------|--------|--------------------------|--|---------------|--|----------|--------|--------------------------|--|--|--|--|----|--------------------------|--|--|--|--|----|---|--|--|--|--|--------|-----------------------------|--|--|--|--|--------|--|--|--|--|------------|----------|--|--|--|--|--|--|--|--|--|--|--|--|------|--------------|-----------------|------------------|-------------------|--------|--------------------------|--|--|--|--|----|--------------------------|--|--|--|--|----|--------------------------|--|--|--|--|----|--------------------|--|--|--|--|--------|-----------------------------|--|--|--|--|--------|
| Full Name, Mailing Address, & Phone <small>(include city, state, & zip)</small> | | | | Occupation | Comments | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>Metcalf for Reelection</p> <p>Sylvia Budd 4432 Bent Tree Rd Winston-Salem, N.C. 27106</p> | | | | Homemaker | PCOFFF | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>Item</th> <th>Account Code</th> <th>Form of Payment</th> <th>Item Description</th> <th>Date (mm/dd/yyyy)</th> <th>Amount</th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/></td> <td></td> <td>Tarheel check</td> <td></td> <td>10/21/10</td> <td>\$ 100</td> </tr> <tr> <td><input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td>\$</td> </tr> <tr> <td><input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td>\$</td> </tr> </tbody> </table> | | | | | | Item | Account Code | Form of Payment | Item Description | Date (mm/dd/yyyy) | Amount | <input type="checkbox"/> | | Tarheel check | | 10/21/10 | \$ 100 | <input type="checkbox"/> | | | | | \$ | <input type="checkbox"/> | | | | | \$ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Item | Account Code | Form of Payment | Item Description | Date (mm/dd/yyyy) | Amount | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> | | Tarheel check | | 10/21/10 | \$ 100 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> | | | | | \$ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> | | | | | \$ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th colspan="6">Contributor Information</th> </tr> <tr> <th colspan="4">Full Name, Mailing Address, & Phone <small>(include city, state, & zip)</small></th> <th>Occupation</th> <th>Comments</th> </tr> </thead> <tbody> <tr> <td colspan="4"> <p>Dr. John Pruitt 1104 Claverton Ct Winston Salem, NC 27104</p> </td> <td>Dentist Self</td> <td></td> </tr> <tr> <td colspan="6"> <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>Item</th> <th>Account Code</th> <th>Form of Payment</th> <th>Item Description</th> <th>Date (mm/dd/yyyy)</th> <th>Amount</th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/></td> <td></td> <td>Tarheel check</td> <td></td> <td>10/21/10</td> <td>\$ 100</td> </tr> <tr> <td><input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td>\$</td> </tr> <tr> <td><input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td>\$</td> </tr> </tbody> </table> </td> </tr> <tr> <td colspan="6"> <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th colspan="6">Contributor Information</th> </tr> <tr> <th colspan="4">Full Name, Mailing Address, & Phone <small>(include city, state, & zip)</small></th> <th>Occupation</th> <th>Comments</th> </tr> </thead> <tbody> <tr> <td colspan="4"></td> <td></td> <td></td> </tr> <tr> <td colspan="6"> <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>Item</th> <th>Account Code</th> <th>Form of Payment</th> <th>Item Description</th> <th>Date (mm/dd/yyyy)</th> <th>Amount</th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td>\$</td> </tr> <tr> <td><input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td>\$</td> </tr> <tr> <td><input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td>\$</td> </tr> </tbody> </table> </td> </tr> <tr> <td colspan="5">Total on this Page</td> <td>\$ 200</td> </tr> <tr> <td colspan="5">Total of ALL CRO-1210 Pages</td> <td>\$ 500</td> </tr> </tbody> </table> </td></tr></tbody></table> | | | | | | Contributor Information | | | | | | Full Name, Mailing Address, & Phone <small>(include city, state, & zip)</small> | | | | Occupation | Comments | <p>Dr. John Pruitt 1104 Claverton Ct Winston Salem, NC 27104</p> | | | | Dentist Self | | <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>Item</th> <th>Account Code</th> <th>Form of Payment</th> <th>Item Description</th> <th>Date (mm/dd/yyyy)</th> <th>Amount</th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/></td> <td></td> <td>Tarheel check</td> <td></td> <td>10/21/10</td> <td>\$ 100</td> </tr> <tr> <td><input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td>\$</td> </tr> <tr> <td><input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td>\$</td> </tr> </tbody> </table> | | | | | | Item | Account Code | Form of Payment | Item Description | Date (mm/dd/yyyy) | Amount | <input type="checkbox"/> | | Tarheel check | | 10/21/10 | \$ 100 | <input type="checkbox"/> | | | | | \$ | <input type="checkbox"/> | | | | | \$ | <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th colspan="6">Contributor Information</th> </tr> <tr> <th colspan="4">Full Name, Mailing Address, & Phone <small>(include city, state, & zip)</small></th> <th>Occupation</th> <th>Comments</th> </tr> </thead> <tbody> <tr> <td colspan="4"></td> <td></td> <td></td> </tr> <tr> <td colspan="6"> <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>Item</th> <th>Account Code</th> <th>Form of Payment</th> <th>Item Description</th> <th>Date (mm/dd/yyyy)</th> <th>Amount</th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td>\$</td> </tr> <tr> <td><input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td>\$</td> </tr> <tr> <td><input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td>\$</td> </tr> </tbody> </table> </td> </tr> <tr> <td colspan="5">Total on this Page</td> <td>\$ 200</td> </tr> <tr> <td colspan="5">Total of ALL CRO-1210 Pages</td> <td>\$ 500</td> </tr> </tbody> </table> | | | | | | Contributor Information | | | | | | Full Name, Mailing Address, & Phone <small>(include city, state, & zip)</small> | | | | Occupation | Comments | | | | | | | <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>Item</th> <th>Account Code</th> <th>Form of Payment</th> <th>Item Description</th> <th>Date (mm/dd/yyyy)</th> <th>Amount</th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td>\$</td> </tr> <tr> <td><input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td>\$</td> </tr> <tr> <td><input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td>\$</td> </tr> </tbody> </table> | | | | | | Item | Account Code | Form of Payment | Item Description | Date (mm/dd/yyyy) | Amount | <input type="checkbox"/> | | | | | \$ | <input type="checkbox"/> | | | | | \$ | <input type="checkbox"/> | | | | | \$ | Total on this Page | | | | | \$ 200 | Total of ALL CRO-1210 Pages | | | | | \$ 500 |
| Contributor Information | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Full Name, Mailing Address, & Phone <small>(include city, state, & zip)</small> | | | | Occupation | Comments | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>Dr. John Pruitt 1104 Claverton Ct Winston Salem, NC 27104</p> | | | | Dentist Self | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>Item</th> <th>Account Code</th> <th>Form of Payment</th> <th>Item Description</th> <th>Date (mm/dd/yyyy)</th> <th>Amount</th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/></td> <td></td> <td>Tarheel check</td> <td></td> <td>10/21/10</td> <td>\$ 100</td> </tr> <tr> <td><input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td>\$</td> </tr> <tr> <td><input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td>\$</td> </tr> </tbody> </table> | | | | | | Item | Account Code | Form of Payment | Item Description | Date (mm/dd/yyyy) | Amount | <input type="checkbox"/> | | Tarheel check | | 10/21/10 | \$ 100 | <input type="checkbox"/> | | | | | \$ | <input type="checkbox"/> | | | | | \$ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Item | Account Code | Form of Payment | Item Description | Date (mm/dd/yyyy) | Amount | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> | | Tarheel check | | 10/21/10 | \$ 100 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> | | | | | \$ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> | | | | | \$ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th colspan="6">Contributor Information</th> </tr> <tr> <th colspan="4">Full Name, Mailing Address, & Phone <small>(include city, state, & zip)</small></th> <th>Occupation</th> <th>Comments</th> </tr> </thead> <tbody> <tr> <td colspan="4"></td> <td></td> <td></td> </tr> <tr> <td colspan="6"> <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>Item</th> <th>Account Code</th> <th>Form of Payment</th> <th>Item Description</th> <th>Date (mm/dd/yyyy)</th> <th>Amount</th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td>\$</td> </tr> <tr> <td><input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td>\$</td> </tr> <tr> <td><input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td>\$</td> </tr> </tbody> </table> </td> </tr> <tr> <td colspan="5">Total on this Page</td> <td>\$ 200</td> </tr> <tr> <td colspan="5">Total of ALL CRO-1210 Pages</td> <td>\$ 500</td> </tr> </tbody> </table> | | | | | | Contributor Information | | | | | | Full Name, Mailing Address, & Phone <small>(include city, state, & zip)</small> | | | | Occupation | Comments | | | | | | | <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>Item</th> <th>Account Code</th> <th>Form of Payment</th> <th>Item Description</th> <th>Date (mm/dd/yyyy)</th> <th>Amount</th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td>\$</td> </tr> <tr> <td><input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td>\$</td> </tr> <tr> <td><input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td>\$</td> </tr> </tbody> </table> | | | | | | Item | Account Code | Form of Payment | Item Description | Date (mm/dd/yyyy) | Amount | <input type="checkbox"/> | | | | | \$ | <input type="checkbox"/> | | | | | \$ | <input type="checkbox"/> | | | | | \$ | Total on this Page | | | | | \$ 200 | Total of ALL CRO-1210 Pages | | | | | \$ 500 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Contributor Information | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Full Name, Mailing Address, & Phone <small>(include city, state, & zip)</small> | | | | Occupation | Comments | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>Item</th> <th>Account Code</th> <th>Form of Payment</th> <th>Item Description</th> <th>Date (mm/dd/yyyy)</th> <th>Amount</th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td>\$</td> </tr> <tr> <td><input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td>\$</td> </tr> <tr> <td><input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td>\$</td> </tr> </tbody> </table> | | | | | | Item | Account Code | Form of Payment | Item Description | Date (mm/dd/yyyy) | Amount | <input type="checkbox"/> | | | | | \$ | <input type="checkbox"/> | | | | | \$ | <input type="checkbox"/> | | | | | \$ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Item | Account Code | Form of Payment | Item Description | Date (mm/dd/yyyy) | Amount | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> | | | | | \$ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> | | | | | \$ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> | | | | | \$ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Total on this Page | | | | | \$ 200 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Total of ALL CRO-1210 Pages | | | | | \$ 500 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

Contributions from Other Political Committees

Pg 1 of 1

Amendment
 Yes No

Use this form to report contributions from other candidate, referendum or PAC committees

| | | | | | |
|--|---------------------------|-------------------------------|--|---------------------|-----------------------------------|
| 1. Committee Full Name and Fund (if applicable) | | | | 2. ID Number | |
| Metcalf for Reflection | | | | PCQFFF | |
| 3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | | b. Type of Committee | | d. Comments |
| Forsyth County Republican Women 3528 Birkdale Lake Ct Chemmons, NC 27012 | | | <input type="checkbox"/> Candidate <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Referendum | | |
| | | | c. Level Registered (Specify) | | |
| | | | <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality: | | |
| | | | 1-A 2/1/10 | | e. Election Sum to Date \$ 100 |
| f. Account Code | g. Form of Payment | h. In-Kind Description | i. Date (mm/dd/yyyy) | j. Amount | |
| Tarheel | check | | 10-21-10 | \$ 100 | |
| | | | | \$ | |
| | | | | \$ | |
| 3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | | b. Type of Committee | | d. Comments |
| | | | <input type="checkbox"/> Candidate <input type="checkbox"/> PAC <input type="checkbox"/> Referendum | | |
| | | | c. Level Registered (Specify) | | |
| | | | <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality: | | |
| | | | | | e. Election Sum to Date \$ |
| f. Account Code | g. Form of Payment | h. In-Kind Description | i. Date (mm/dd/yyyy) | j. Amount | |
| | | | | \$ | |
| | | | | \$ | |
| | | | | \$ | |
| 3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | | b. Type of Committee | | d. Comments |
| | | | <input type="checkbox"/> Candidate <input type="checkbox"/> PAC <input type="checkbox"/> Referendum | | |
| | | | c. Level Registered (Specify) | | |
| | | | <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality: | | |
| | | | | | e. Election Sum to Date \$ |
| f. Account Code | g. Form of Payment | h. In-Kind Description | i. Date (mm/dd/yyyy) | j. Amount | |
| | | | | \$ | |
| | | | | \$ | |
| | | | | \$ | |
| 4. Total only this Page | | | | \$ 100 | |
| 5. Total of ALL CRO-1230 Pages (This line must be on line 8 of Detailed Summary Page CRO-1100) | | | | \$ 100 | |

Disbursements

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 | | | | | | PCQFFF | |
| 3. Type of Disbursement: (Please use separate CRO-1310 forms for each type of Disbursement) | | | | | | | |
| <input checked="" type="checkbox"/> Operating Expenses <input type="checkbox"/> Contributions to Candidates/Political Committees <input type="checkbox"/> Coordinated Party Expenditures | | | | | | | |
| 4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | | | b. Coordinated Committee Name | | d. Comments | |
| Truth Broadcasting 4405 Providence Ln Winston-Salem, NC 336-759-0363 27106 | | | | | | | |
| | | | | c. Level Registered (Specify) | | e. Election Sum to Date | |
| | | | | <input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality: | | \$100- | |
| f. Account Code | g. Form of Payment | h. Purpose Code | i. Date (mm/dd/yyyy) | j. Amount | k. Required Remarks | | |
| Tarheel | check | A | 10/25/2010 | \$ 100- | Radio Ad. | | |
| | | | | \$ | | | |
| 4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | | | b. Coordinated Committee Name | | d. Comments | |
| Pam Lofland 1460 Lake Cottage Rd Clemmons, NC 336-766-3653 27012 | | | | | | | |
| | | | | c. Level Registered (Specify) | | e. Election Sum to Date | |
| | | | | <input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality: | | \$700- | |
| f. Account Code | g. Form of Payment | h. Purpose Code | i. Date (mm/dd/yyyy) | j. Amount | k. Required Remarks | | |
| Tarheel | check | F | 10/29/2010 | \$ 700- | Autocourtyardsigns | | |
| | | | | \$ | | | |
| 4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | | | b. Coordinated Committee Name | | d. Comments | |
| B.J. Freidinger 605 Valleybrook Ln Winston-Salem, NC 336-765-6647 27104 | | | | | | | |
| | | | | c. Level Registered (Specify) | | e. Election Sum to Date | |
| | | | | <input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality: | | \$300- | |
| f. Account Code | g. Form of Payment | h. Purpose Code | i. Date (mm/dd/yyyy) | j. Amount | k. Required Remarks | | |
| Tarheel | check | F | 10/29/2010 | \$ 300- | Put out yard sign | | |
| | | | | \$ | | | |
| 5. Total only this Page | | | | | | \$1,100 ⁰⁰ | |
| 6. Total of ALL CRO-1310 Pages | | | | | | \$ | |
| 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) | | | | | | | |

Disbursements

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) Metcalf for Re-election | | | | | | 2. ID Number PL0FFF | |
| 3. Type of Disbursement (Please use separate CRO-1310 forms for each type of Disbursement) | | | | | | | |
| <input checked="" type="checkbox"/> Operating Expenses | | <input type="checkbox"/> Contributions to Candidates/Political Committees | | <input type="checkbox"/> Coordinated Party Expenditures | | | |
| 4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) Triad Air 301 Gatewood Dr. Winston Salem NC 336-744-4000 27104 | | | | b. Coordinated Committee Name | | d. Comments | |
| | | | | c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality: | | e. Election Sum to Date \$454.75 | |
| f. Account Code | g. Form of Payment | h. Purpose Code | i. Date (mm/dd/yyyy) | j. Amount | k. Required Remarks | | |
| Tarheel | check | F | 10/21/2010 | \$454.75 | yard sign stakes | | |
| | | | | \$ | | | |
| 4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) WHA B | | | | b. Coordinated Committee Name | | d. Comments | |
| | | | | c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> 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 | | |
| | | | | \$ | | | |
| | | | | \$ | | | |
| 4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | | | b. Coordinated Committee Name | | d. Comments | |
| | | | | c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> 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 | | | | | | \$454.75 | |
| 6. Total of ALL CRO-1310 Pages <small>(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses) (This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm) (This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)</small> | | | | | | \$1554.75 | |
| 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) | | | | | | | |

Disbursements

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) Metcalf for Re-election | | | | | | 2. ID Number PCQFF | |
| 3. Type of Disbursement (Please use separate CRO-1310 forms for each type of Disbursement) | | | | | | | |
| <input type="checkbox"/> Operating Expenses | | <input checked="" type="checkbox"/> Contributions to Candidates/Political Committees | | | <input type="checkbox"/> Coordinated Party Expenditures | | |
| 4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) Win BIG NC 1008 Lissa Anne Ln Winston-Salem, NC 336-760-0354 27104 | | | | b. Coordinated Committee Name | | d. Comments | |
| | | | | c. Level Registered (Specify) <input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality: | | e. Election Sum to Date \$ 299.25 | |
| f. Account Code | g. Form of Payment | h. Purpose Code | i. Date (mm/dd/yyyy) | j. Amount | k. Required Remarks | | |
| TRX Heel | CK | D | 12-28-10 | \$ 299.25 | Contribution | | |
| | | Contrib | | \$ | | | |
| 4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | | | b. Coordinated Committee Name | | d. Comments | |
| | | | | c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> 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 | | |
| | | | | \$ | | | |
| | | | | \$ | | | |
| 4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | | | b. Coordinated Committee Name | | d. Comments | |
| | | | | c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> 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 | | | | | | \$ 299.25 | |
| 6. Total of ALL CRO-1310 Pages (This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses) (This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm) (This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures) | | | | | | \$ 299.25 | |
| 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) | | | | | | | |

Refunds/Reimbursements From the Committee

Pg 1 of 1 Amendment Yes No

Use this form to report refunds/reimbursements, including contributions returned to the contributor.

| | | | | | |
|--|-----------------------------------|---|----------------------|---------------------------------|--|
| 1. Committee Full Name (and Fund if applicable) | | | 2. ID Number | | |
| Metzatt for Reelection | | | PCO FFF | | |
| 3. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | d. Type of Committee | | h. Original Receipt Date | |
| Jeannie Metzatt 504 Knob View Dr Winstn Salem NC 27104 | | <input type="checkbox"/> Candidate <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Party | | 4/16/2010 | |
| | | e. Level Registered | | i. Original Receipt Amount | |
| | | <input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality: | | \$ 500.00 | |
| | | f. Purpose Code | | j. Election Sum to Date | |
| | | L | | \$ 500.00 | |
| b. Job Title/Profession | c. Employer's Name/Specific Field | g. Comments | | k. Account Code | |
| Schod/Board Member | WS/FC Schools | Reimbursement | | Tarheel | |
| l. Form of Payment | m. Required Remarks | | n. Date (mm/dd/yyyy) | o. Amount | |
| | | | | \$ 500.00 | |
| 3. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | d. Type of Committee | | h. Original Receipt Date | |
| | | <input type="checkbox"/> Candidate <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Party | | | |
| | | e. Level Registered | | i. Original Receipt Amount | |
| | | <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality: | | \$ | |
| | | f. Purpose Code | | j. Election Sum to Date | |
| | | | | \$ | |
| b. Job Title/Profession | c. Employer's Name/Specific Field | g. Comments | | k. Account Code | |
| | | | | | |
| l. Form of Payment | m. Required Remarks | | n. Date (mm/dd/yyyy) | o. Amount | |
| | | | | \$ | |
| 3. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | d. Type of Committee | | h. Original Receipt Date | |
| | | <input type="checkbox"/> Candidate <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Party | | | |
| | | e. Level Registered | | i. Original Receipt Amount | |
| | | <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality: | | \$ | |
| | | f. Purpose Code | | j. Election Sum to Date | |
| | | | | \$ | |
| b. Job Title/Profession | c. Employer's Name/Specific Field | g. Comments | | k. Account Code | |
| | | | | | |
| l. Form of Payment | m. Required Remarks | | n. Date (mm/dd/yyyy) | o. Amount | |
| | | | | \$ | |
| 4. Total only this Page | | | | \$ 500 | |
| 5. Total of ALL CRO-1320 Pages (This line must be on line 16 of Detailed Summary Page CRO-1100) | | | | \$ 500 | |
| 6. Purpose Codes (List detailed disbursement code in (f) above) | | | | | |
| L - Returned to Contributor | | M - Overpayment for Service | | N - Exceeded Contribution Limit | |
| P* - Reimbursement of In-Kind | | O* Other | | | |
| * Codes require detailed explanation in required remarks field (m) | | | | | |