

COPY

Disclosure Report Cover

Amendment	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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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 THE POLITICAL INFLUENCE ^{Medical for} <u>Reelectin</u>	b. ID Number <u>PCQFFF</u>
b. Mailing Address (include City, State and Zip Code) <u>PO Box 5964</u> <u>504 Knobview Dr</u> <u>Winstn-Salem, NC 27104</u>	a. Date Filed <u>4/23/10</u> Phone Number <u>336-768-2170</u>

Report Year <u>2010</u>	Period Start Date (mm/dd) <u>Feb 10, 2010</u>	Period End Date (mm/dd) <u>April 17, 2010</u>	Treasurer Full Name <u>Mike Zylar</u>
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6. Type of Committee (check one)		7. Type of Report (check one)		8. Type of Fund (if applicable check one)	
<input checked="" type="checkbox"/> Candidate Campaign	<input type="checkbox"/> Party	<input type="checkbox"/> Organizational	<input type="checkbox"/> Organizational	<input type="checkbox"/> Booster Fund	<input type="checkbox"/> Referendum
<input type="checkbox"/> PAC	<input type="checkbox"/> Referendum	<input type="checkbox"/> Thirty-five day	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Building Fund	<input type="checkbox"/> Organizational
<input type="checkbox"/> Independent Expenditure	<input type="checkbox"/> Joint Fundraiser	<input type="checkbox"/> Pre-primary	<input checked="" type="checkbox"/> First	<input type="checkbox"/> Other:	<input type="checkbox"/> Pre-referendum
<input type="checkbox"/> Legal Expense Fund		<input type="checkbox"/> Pre-election	<input type="checkbox"/> Second		<input type="checkbox"/> Final
		<input type="checkbox"/> Pre-runoff	<input type="checkbox"/> Third		<input type="checkbox"/> Supplemental Final
		<input type="checkbox"/> Semi-annual	<input type="checkbox"/> Fourth		<input type="checkbox"/> Annual
		<input type="checkbox"/> Mid Year	<input type="checkbox"/> Semi-annual		<input type="checkbox"/> Special
		<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		
9. Number of Fundraisers This Report		10. Special Report Name			

11. Account Information		12. Account Information	
a. Financial Institution Full Name <u>Wachovia</u>	b. Purpose <u>Campaign Finance</u>	a. Financial Institution Full Name	b. Purpose
c. Account Code <u>Tarheel</u>	d. Period Begin Balance <u>\$ 0</u>	c. Account Code	d. Period Begin Balance

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.

Michael Zylar Michael W Zylar 4/23/10
Printed Name of Signer Signature of Appointed Treasurer Date

FOR OFFICE USE ONLY			
Date Received: <u>4/23/10</u>	Employee: <u>Judy Green</u>	Delivery Method	
Date Postmarked: _____	Employee: _____	<input type="checkbox"/> Normal Mail	<input type="checkbox"/> Signer has not received mandatory training
Date Scanned: _____	Employee: _____	<input type="checkbox"/> Registered Mail	
Date Data Entered: _____	Employee: _____	<input checked="" type="checkbox"/> Hand Delivered	
		<input type="checkbox"/> Electronically Filed	

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	1 st Quarter	PC QFF	
Start of Election Cycle: January 1, _____		Total this Reporting Period	Total this Election Cycle
4) Cash on Hand at Start		\$ 0	\$ 0
RECEIPTS			
5) Aggregated Contributions from Individuals (CRO-1205)		\$ 190.00	\$ 190.00
6) Contributions from Individuals (CRO-1210)		\$ 2005.00	\$ 2005.00
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)		\$ 2195.00	\$ 2195.00
EXPENDITURES			
13) Disbursements			
13a) Operating Expenditures (CRO-1310)		\$ 2004.00	\$ 2004.00
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	\$ 95
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)		\$ 2099.00	\$ 2099.00
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)		\$ 96	\$ 96
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)		\$	\$

Aggregated Contributions from Individuals

Page _____ of _____

Amendment Yes No

Optional form used to report NC Contributions From Individuals of \$50 or less

1. Committee Full Name (and Fund if applicable)				2. ID Number	
Metcalf for Reelecton				PCQFFF	
3. Contributor Information					
a. Amend	b. Account Code	c. Form of Payment	d. In-Kind Description	e. Date (mm/dd/yyyy)	f. Amount
<input type="checkbox"/> Add	Tarheel	check		3/27/2010	\$ 40
<input type="checkbox"/> Remove	Tarheel	check		3/26/2010	\$ 50
<input type="checkbox"/> Add	Tarheel	check		3/24/2010	\$ 50
<input type="checkbox"/> Remove	Tarheel	check		3/27/2010	\$ 50
<input type="checkbox"/> Add					\$
<input type="checkbox"/> Remove					\$
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<input type="checkbox"/> Remove					\$
<input type="checkbox"/> Add					\$
<input type="checkbox"/> Remove					\$
4. Total only this Page					\$ 190-
5. Total of ALL CRO-1205 Pages					\$ 190-
<i>(This line must be on line 5 of Detailed Summary Page CRO-1100)</i>					

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

(Me)

1. Committee Full Name (and Fund, if applicable) Metcalf for Reelection **ID Number** PCRFEE

Contributor Information Add Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)
 Jeannie Metcalf
 504 Knob View Dr.
 Winston-Salem, NC 27104

b. Job Title/Profession School Board Member

c. Employer's Name/Specific Field Winston-Salem / Forsyth County Schools

d. Comments

e. Election Sum to Date \$ 595.00

Prior	Account Code	Form of Payment	In Kind Description	Date (mm/dd/yyyy)	Amount
<input type="checkbox"/>	Tarheel	check	filing fee	2/10/2010	\$ 95
<input type="checkbox"/>	Tarheel	check		4/16/2010	\$ 500
<input type="checkbox"/>					\$

Contributor Information Add Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)
 John Pruitt
 1104 Claverton Ct
 Winston-Salem, NC 27104

b. Job Title/Profession Dentist

c. Employer's Name/Specific Field Culbreath, Pruitt, Miller, Steinbucker, & Sullivan, DDS

d. Comments

e. Election Sum to Date \$ 160

Prior	Account Code	Form of Payment	In Kind Description	Date (mm/dd/yyyy)	Amount
<input type="checkbox"/>	Tarheel	check		3/4/2010	\$ 60
<input type="checkbox"/>	Tarheel	check		3/29/2010	\$ 100
<input type="checkbox"/>					\$

Contributor Information Add Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)
 Jeff Polston
 301 Gatewood Dr.
 Winston-Salem, NC 27104

b. Job Title/Profession Financial Planner

c. Employer's Name/Specific Field Self

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		3/20/2010	\$ 100
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

4. Total on this Page \$ 855.00

5. Total of ALL CRO 1210 Pages \$

(This form must be online and located in 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

Committee Full Name (and Fund if applicable) Metcalf for Reelection
Committee ID Number PCQ FFF

Contributor Information Add Remove

a. Full Name, Mailing Address & Phone
 (include city, state, & zip)
 Steve Hill
 1124 Constantine Court
 Kernersville, NC 27284

b. Job Title/Profession Insurance Agent

c. Employer's Name/Specific Field Nationwide

d. Comments

e. Election Sum to Date \$500

Paid	Account Code	Form of Payment	In-Kind Description	Date (mm/dd/yyyy)	Amount
<input type="checkbox"/>	Tarheel	check		3/20/2010	\$500
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

Contributor Information Add Remove

a. Full Name, Mailing Address & Phone
 (include city, state, & zip)
 Dale Folwell
 299 S. Westview Dr.
 Winston Salem NC 27104

b. Job Title/Profession House of Representatives

c. Employer's Name/Specific Field state of NC

d. Comments

e. Election Sum to Date \$250

Paid	Account Code	Form of Payment	In-Kind Description	Date (mm/dd/yyyy)	Amount
<input type="checkbox"/>	Tarheel	check		3/19/2010	\$250.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

Contributor Information Add Remove

a. Full Name, Mailing Address & Phone
 (include city, state, & zip)
 Joe Verga
 4509 Chantilly Lane
 Winston Salem, NC 27106

b. Job Title/Profession Counsellor

c. Employer's Name/Specific Field Associates in Christian Counselling

d. Comments

e. Election Sum to Date \$100.

Paid	Account Code	Form of Payment	In-Kind Description	Date (mm/dd/yyyy)	Amount
<input type="checkbox"/>	Tarheel	check		3/19/2010	\$100
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$ 100

Total only this Page \$850.00

Total of ALL CRO 1210 Pages \$

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

Committee Full Name (and Fund if applicable) Metcalf for Reelection
2010 Number PLQFFF

Contributor Information Add Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)
 Mike Ziglar
 1008 Lissa Anne Ln
 Winston-Salem, NC 27104

b. Job Title/Profession Insurance Agent
c. Employer's Name/Specific Field State Farm

d. Comments

e. Election Sum to Date \$200

Prior	Account Code	Form of Payment	In-Kind Description	Date (mm/dd/yyyy)	Amount
<input type="checkbox"/>		Tarheel check		3/29/10	\$ 200
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

Contributor Information Add Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)
 Joe Lineberry
 3629 Foxglove Drive
 Winston-Salem, NC 27106

b. Job Title/Profession Senior Vice Pres.
c. Employer's Name/Specific Field Aon Consulting

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		3/24/2010	\$ 100.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

Contributor Information Add Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)

b. Job Title/Profession

c. Employer's Name/Specific Field

d. Comments

e. Election Sum to Date \$

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

4. Total only this Page \$ 300-

5. Total of ALL CRO 1210 Pages \$ 2005

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 reelection						2. ID Number 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	
Positive Influence PO Box 5964 Winston-Salem 27113			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:			
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
	Travel check	B	4/15/2010	\$ 2004-		
				\$		
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)		e. Election Sum to Date	
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:			
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)		e. Election Sum to Date	
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:			
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					\$ 2004.-	
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)					\$ 2004.-	
7. Purpose Codes (Last detailed expenditure code in (h) above)						
A* - Media	B* - Printing	C* - Fundraising	D - To Another Candidate	E - Salaries	F* - Equipment	G - Political Party
I - Postage	J - Penalties	K* - Office Expenses	Q* - Donation to Legal Expense Fund	O* Other		
* Codes require detailed explanation in required remarks field (k)						

In-Kind Contributions

Amendment
 Yes No

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 if applicable)		2. ID Number	
Metcalf for Re-election		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 Contributor	
Jeannie Metcalf 504 Knob View Dr Winston-Salem, NC 27104		<input type="checkbox"/> Individual <input checked="" type="checkbox"/> Candidate <input type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Other Receipt Source	
		c. Comments	
		d. Election Sum to Date	
		\$95 ⁰⁰	
e. Description		f. Date (mm/dd/yyyy)	g. Fair Market Amount
filing fee		2/10/10	\$95 ⁰⁰
			\$
			\$
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Type of Contributor	
		<input type="checkbox"/> Individual <input type="checkbox"/> Candidate <input type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Other Receipt Source	
		c. Comments	
		d. Election Sum to Date	
		\$	
e. Description		f. Date (mm/dd/yyyy)	g. Fair Market 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 Contributor	
		<input type="checkbox"/> Individual <input type="checkbox"/> Candidate <input type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Other Receipt Source	
		c. Comments	
		d. Election Sum to Date	
		\$	
e. Description		f. Date (mm/dd/yyyy)	g. Fair Market Amount
			\$
			\$
			\$
4. Total only this Page		\$ 95.00	
5. Total of ALL CRO-1510 Pages <small>(This line must be online 17 of Detailed Summary Page CRO-1100)</small>		\$	