COPY

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.

FORSYTH COUNTY BOARD OF ELECTIONS

1. Committee Information

a. Full Name	c. ID Number
MACINTOSH FOR CITY COUNCIL COMMITTEE	539-F62M98-C-001
b. Mailing Address (include City, State and Zip Code)	d. Date Filed
3945 SPRINGLAKE CT. CLEMMONS, NC. 27012	1-28-14
	e. Phone Number
	336-785-6512

2014 JAN 28 PM 12:09 RECEIVED

2. Report Year	3. Period Start Date (mm/dd/yy)	4. Period End Date (mm/dd/yy)	5. Treasurer Full Name
2013	8/28/13	10/21/13	RICHARD DOUGLAS LEMMERMAN, JR

6. Type of Committee (Check One)

- ☒ Candidate Campaign
- ☐ Party
- ☐ PAC
- ☐ Referendum
- ☐ Independent Expenditure
- ☐ Joint Fundraiser
- ☐ Legal Expense Fund

7. Type of Fund *(if applicable, check one)*

- ☐ Booster Fund
- ☐ Building Fund
- ☐ Other:

8. Number of Fundraisers this Report

2

9. Type of Report *(check only one type of report from one category)*

Municipal	State/County	Referendum
☐ Organizational	☐ Organizational	☐ Organizational
☐ Thirty-five day	Quarterly	☐ Pre-referendum
☐ Pre-primary	☐ First	☐ Final
☒ Pre-election	☐ Second	☐ Supplemental Final
☐ Pre-runoff	☐ Third	☐ Annual
Semi-annual	☐ Fourth	☐ Special
☐ Mid Year	Semi-annual	
☐ Year End	☐ Mid Year	**10. Special Report Name**
☐ Final	☐ Year End	
☐ Special	☐ Final	
	☐ Special	

11. Account Information

a. Financial Institution Full Name	b. Purpose	c. Account Code	d. Period Begin Balance
WELLS FARGO	EXPENSES	MCCC1	$ 3909.28

11. Account Information

a. Financial Institution Full Name	b. Purpose	c. Account Code	d. Period Begin Balance
WELLS FARGO	FREE CHECKING	MCCC2	$ 0

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.

R. DOUGLAS LEMMERMAN — Printed Name of Signer

R D Lemmerman — Signature of Appointed Treasurer

1-28-14 — Date

FOR OFFICE USE ONLY

Date Received:	1/28/2014	Employee:	Judy Speas
Date Postmarked:		Employee:	
Date Scanned:		Employee:	
Date Data Entered:		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, 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
MACINTOSH FOR CITY COUNCIL COMMITTEE	PRE-ELECTION	538-F62M98-C-001

Start of Election Cycle: January 1, 2013		Total this Reporting Period	Total this Election Cycle
4) Cash on Hand at Start		$ 3909.28	$ 0
RECEIPTS			
5) Aggregated Contributions from Individuals	(CRO-1205)	$ 1215.00	$ 3435.00
6) Contributions from Individuals	(CRO-1210)	$ 10774.79	$ ~~20453.84~~ 21516.23
7) Contributions from Political Party Committees	(CRO-1220)	$	$
8) Contributions from Other Political Committees	(CRO-1230)	$ 4000.00	$ 4000.00
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)		$ 15989.79	$ 28951.28
EXPENDITURES			
13) Disbursements			
13a) Operating Expenditures	(CRO-1310)	$ 6864.21	$ 13,941.06
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)	$ 312.32	$ 1006.19
17) In-Kind Contributions	(CRO-1510)	$ 874.79	$ 2129.28
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)		$ 8051.32	$ 17076.53
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)		$ 11847.75	$ 11847.75
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

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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 Name of Applicable)	2. ID Number
MACINTOSH FOR CITY COUNCIL COMMITTEE	538-F62M98-C-001

3. 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
WILLIAM G. BENTON 71 PARK BLVD. WINSTON-SALEM, NC 27127 336-724-1000	CEO	SALEM SENIOR HOUSING, INC		$ 100.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	MCCCI	CHECK		10/17/13	$ 100.00
☐					$
☐					$

3. 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
DAVID M. MEMORY 102 ECHO GLEN DR. #E1 WINSTON-SALEM, NC 27106 336-724-1000	RETIRED			$ 100.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	MCCC1	CHECK		10/17/13	$ 100.00
☐					$
☐					$

3. 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
JEFFREY MACINTOSH 129 WOOD BRIAR RD WINSTON-SALEM, NC 27106 336-407-5861	REALTOR	LEONARD, RYDEN, BURR, REALTORS	CANDIDATE	$ 137.73

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐		IN KIND	FACEBOOK ADS	10/4/13	$ 87.49
☐					$
☐					$

4. Total only this Page	$ 287.49
5. Total of ALL CRO-1210 Pages (This line must be on Page 1 of 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)	2. ID Number
MACINTOSH FOR CITY COUNCIL COMMITTEE	538-F62M98-C-001

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	d. Comments
JOHN MERSHELL 851 W. 4TH ST., UNIT 8 WINSTON-SALEM, NC 27101 336-722-6092		
	c. Employer's Name/Specific Field	e. Election Sum to Date
		$ 562.47

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	A	IN KIND	FOOD FOR PRIMARY RECEPTION	9/10/13	$ 562.47
☐					$
☐					$

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
☐					$
☐					$
☐					$

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	$ 562.47
5. Total of ALL CRO-1210 Pages (This line must be on line 1 of Detailed Summary Page (CRO-1100))	$ 10774.79

Disbursements

Pg 6 of 7 | Amendment: [X] Yes [X] 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
MACINTOSH FOR CITY COUNCIL COMMITTEE	538-F6J498-C-001

3. Type of Disbursement: *(Please use separate CRO-1310 forms for each type of Disbursements)*

[X] Operating Expenses [ ] Contributions to Candidates/Political Committees [ ] Coordinated Party Expenditures

4. Payee Information [ ] Add [ ] Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	d. Comments
CUSTOM ADVERTISING 4836 COUNTRY CLUB RD WINSTON-SALEM, NC 27104 336-760-3500	c. Level Registered (Specify) [ ] Federal [ ] County: [ ] State [ ] Municipality:	e. Election Sum to Date $ 2643.82

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
MCCC1	CHECK	B	10/10/13	$ 1011.46	YARD SIGNS
				$	

4. Payee Information [ ] Add [ ] Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	d. Comments
FREEDOM CREATIVE SOLUTIONS P.O. Box 1464 WALKERTOWN, NC 27051 336-595-6300	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
MCCC1	CHECK	B	10/10/13	$ 122.76	BUSINESS CARDS
				$	

4. Payee Information [ ] Add [ ] Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	d. Comments
BETTE HASTINGS 2837 WESLEYAN LANE WINSTON-SALEM, NC 27106 336-724-6939	c. Level Registered (Specify) [ ] Federal [ ] County: [ ] State [ ] Municipality:	e. Election Sum to Date $ 200.00

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
MCCC1	CHECK	A	10/10/13	$ 200.00	WEB SITE DESIGN/
				$	MAINTENANCE

5. Total only this Page	$ 1334.22
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)*	$

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)**

In-Kind Contributions

Amendment ☒ Yes ☐ No

Pg 1 of 2

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
MACINTOSH FOR CITY COUNCIL COMMITTEE	538-FC2M48-C-001

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Type of Contributor	c. Comments
JOHN MERSHELL 851 W 4th ST, UNIT 8 WINSTON-SALEM, NC 27101 336-722-6092	☒ Individual ☐ Candidate ☐ Party ☐ PAC ☐ Referendum ☐ Other Receipt Source	d. Election Sum to Date $ 562.47

e. Description	f. Date (mm/dd/yyyy)	g. Fair Market Amount
FOOD + BEVERAGES FOR PRIMARY RECEPTION	9/10/13	$ 562.47
		$
		$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Type of Contributor	c. Comments
JEFFREY MACINTOSH 127 WOODBRIAR RD WINSTON-SALEM, NC 27106 336.407-5861	☐ Individual ☒ Candidate ☐ Party ☐ PAC ☐ Referendum ☐ Other Receipt Source	CANDIDATE d. Election Sum to Date $ 132.73

e. Description	f. Date (mm/dd/yyyy)	g. Fair Market Amount
FACEBOOK ADS	9/24/13 10/4/13	$ 132.73
		$
		$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Type of Contributor	c. Comments
KELLY MITTER 428 S. SUNSET DR WINSTON-SALEM, NC 27103 336 703-5305	☒ Individual ☐ Candidate ☐ Party ☐ PAC ☐ Referendum ☐ Other Receipt Source	d. Election Sum to Date $ 9.47

e. Description	f. Date (mm/dd/yyyy)	g. Fair Market Amount
FACEBOOK ADS	9/13/13	$ 9.47
		$
		$

4. Total only this Page	$ 709.67
5. Total of ALL CRO-1510 Pages *(This line must be on line 17 of Detailed Summary Page CRO-1100)*	$

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
MACINTOSH FOR CITY COUNCIL COMMITTEE	538-FC2M98-C-001

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Type of Contributor	c. Comments
SUSAN MACINTOSH 129 WOODBRIAR RD. WINSTON-SALEM, NC 27106 336-407-5861	☒ Individual ☐ Candidate ☐ Party ☐ PAC ☐ Referendum ☐ Other Receipt Source	CANDIDATE'S SPOUSE d. Election Sum to Date: $ 165.12

e. Description	f. Date (mm/dd/yyyy)	g. Fair Market Amount
FOOD FOR COMMITTEE MEETINGS	9/24/13	$ 165.12
		$
		$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Type of Contributor	c. Comments
	☐ Individual ☐ Candidate ☐ Party ☐ PAC ☐ Referendum ☐ Other Receipt Source	d. Election Sum to Date: $

e. Description	f. Date (mm/dd/yyyy)	g. Fair Market Amount
		$
		$
		$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Type of Contributor	c. Comments
	☐ Individual ☐ Candidate ☐ Party ☐ PAC ☐ Referendum ☐ Other Receipt Source	d. Election Sum to Date: $

e. Description	f. Date (mm/dd/yyyy)	g. Fair Market Amount
		$
		$
		$

4. Total only this Page	$ 165.12
5. Total of ALL CRO-1510 Pages *(This line must be on line 17 of Detailed Summary Page CRO-1100)*	$ 874.79

Contributions to be Reimbursed

Use this form to report Contributions of $1,000 or less to be reimbursed within 7 days.
Reimbursements must be disclosed on the Refunds/Reimbursements Form (CRO-1320).

Pg 1 of 1 Amendment ☒ Yes ☒ No

1. Committee Full Name	2. ID Number
MACINTOSH FOR CITY COUNCIL COMMITTEE	538-F62M98-C-001

3. Contributor Information ☐ Add ☒ Remove

Full Name & Mailing Address of the Payee (the original vendor)	Full Name & Mailing Address of the Reimbursee (the person to whom the campaign check is written)
FACEBOOK FACEBOOK.COM	JEFFREY MACINTOSH 129 WOODBRIAR RD WINSTON-SALEM NC 27106 336-407-5861

a. Contribution Description	b. Date (mm/dd/yyyy)	c. Credit Card Y/N	d. Amount
ADS ON FACEBOOK PAGE	9/24/13 10/4/13	N	$ 137.73

3. Contributor Information ☐ Add ☐ Remove

Full Name & Mailing Address of the Payee (the original vendor)	Full Name & Mailing Address of the Reimbursee (the person to whom the campaign check is written)
FACEBOOK FACEBOOK.COM	KELLY MITTER 428 S. SUNSET DR. WINSTON-SALEM, NC 27103 336-703-5305

a. Contribution Description	b. Date (mm/dd/yyyy)	c. Credit Card Y/N	d. Amount
ADS ON FACEBOOK PAGE	9/13/13	N	$ 9.47

3. Contributor Information ☐ Add ☐ Remove

Full Name & Mailing Address of the Payee (the original vendor)	Full Name & Mailing Address of the Reimbursee (the person to whom the campaign check is written)
BURKE ST. PIZZA 1140 BURKE ST NW WINSTON-SALEM, NC 27101 336-721-0011	SUSAN MACINTOSH 129 WOODBRIAR RD. WINSTON-SALEM, NC 27106 336-407-5861

a. Contribution Description	b. Date (mm/dd yyyy)	c. Credit Card Y/N	d. Amount
FOOD FOR COMMITTE MEETINGS	9/24/13	N	$ 165.12

3. Contributor Information ☐ Add ☐ Remove

Full Name & Mailing Address of the Payee (the original vendor)	Full Name & Mailing Address of the Reimbursee (the person to whom the campaign check is written)

a. Contribution Description	b. Date (mm/dd/yyyy)	c. Credit Card Y/N	d. Amount
			$

4. Total only this Page	$ 312.32
5. Total of ALL CRO-1215 Pages *(This line goes in line 28 of Detailed Summary Page CRO-1100)*	$ 312.32