

COPY

Disclosure Report Cover

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.

Amendment
 Yes No

1. Committee Information		2013 SEP 3 AM 11:20
a. Full Name	MACINTOSH FOR CITY COUNCIL COMMITTEE	c. ID Number 538-F62M98-C-001
b. Mailing Address (include City, State and Zip Code)	3945 SPRING LAKE CT. CLEMMONS, NC. 27012	d. Date Filed 9-3-13
		e. Phone Number 336-785-6512

2. Report Year 2013	3. Period Start Date (mm/dd/yy) 7/31/13	4. Period End Date (mm/dd/yy) 8/27/13	5. Treasurer Full Name RICHARD DOUGLAS LEMMERMAN, JR
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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"/> Organizational	<input type="checkbox"/> State/County	<input type="checkbox"/> Referendum
<input type="checkbox"/> PAC	<input type="checkbox"/> Referendum	<input type="checkbox"/> Thirty-five day	Quarterly	<input type="checkbox"/> Organizational
<input type="checkbox"/> Independent Expenditure	<input type="checkbox"/> Joint Fundraiser	<input checked="" type="checkbox"/> Pre-primary	<input type="checkbox"/> First	<input type="checkbox"/> Pre-referendum
<input type="checkbox"/> Legal Expense Fund		<input type="checkbox"/> Pre-election	<input type="checkbox"/> Second	<input type="checkbox"/> Final
7. Type of Fund (if applicable, check one)		<input type="checkbox"/> Pre-runoff	<input type="checkbox"/> Third	<input type="checkbox"/> Supplemental Final
<input type="checkbox"/> Booster Fund		<input type="checkbox"/> Semi-annual	<input type="checkbox"/> Fourth	<input type="checkbox"/> Annual
<input type="checkbox"/> Building Fund		<input type="checkbox"/> Mid Year	<input type="checkbox"/> Semi-annual	<input type="checkbox"/> Special
<input type="checkbox"/> Other:		<input type="checkbox"/> Year End	<input type="checkbox"/> Mid Year	10. Special Report Name
8. Number of Fundraisers this Report		<input type="checkbox"/> Final	<input type="checkbox"/> Year End	
5		<input type="checkbox"/> Special	<input type="checkbox"/> Final	
		<input type="checkbox"/> Special	<input type="checkbox"/> Special	

11. Account Information		11. Account Information	
a. Financial Institution Full Name	WELLS FARGO	a. Financial Institution Full Name	WELLS FARGO
b. Purpose	EXPENSES	b. Purpose	FREE CHECKING
c. Account Code	MCCC1	c. Account Code	MCCC2
d. Period Begin Balance	\$ 2381.71	d. Period Begin Balance	\$ 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 R. Lemmerman 9-3-13
Printed Name of Signer Signature of Appointed Treasurer Date

FOR OFFICE USE ONLY

Date Received: 9/3/2013 Employee: Judy Speas Delivery Method
 Normal Mail
 Registered Mail
 Hand Delivered
 Electronically Filed

Date Postmarked: _____ Employee: _____
Date Scanned: _____ Employee: _____
Date Data Entered: _____ Employee: _____
 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	PAE-PRIMARY	538-F62M98-C-004	
Start of Election Cycle: January 1, <u>2013</u>		Total this Reporting Period	Total this Election Cycle
4) Cash on Hand at Start		\$ 2381.71	\$ 0
RECEIPTS			
5) Aggregated Contributions from Individuals (CRO-1205)		\$ 2220.00	\$ 2220.00
6) Contributions from Individuals (CRO-1210)		\$ 7068.20	\$ 10741.49
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)		\$ 9288.20	\$ 12961.49
EXPENDITURES			
13) Disbursements			
13a) Operating Expenditures (CRO-1310)		\$ 6526.85	\$ 7076.85
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)		\$ 325.58	\$ 693.87
17) In-Kind Contributions (CRO-1510)		\$ 908.20	\$ 1281.49
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)		\$ 7760.63	\$ 9052.21
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)		\$ 3909.28	\$ 3909.28
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

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

1. Committee Full Name (and Fund if applicable)				2. ID Number	
MACINTOSH FOR CITY COUNCIL COMMITTEE				538-F62M98-C-001	
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 <input type="checkbox"/> Remove	MCCU1	CHECK		8/4/13	\$ 25.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	MCCU1	CHECK		8/4/13	\$ 15.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	MCCU3	CHECK		8/4/13	\$ 15.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	MCCU1	CHECK		8/4/13	\$ 50.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	MCCU2	CHECK		8/4/13	\$ 50.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	MCCU2	CHECK		8/1/13	\$ 50.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	MCCU2	CHECK		8/1/13	\$ 50.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	MCCU2	CHECK		8/3/13	\$ 12.50
<input type="checkbox"/> Add <input type="checkbox"/> Remove	MCCU1	CHECK		8/3/13	\$ 12.50
<input type="checkbox"/> Add <input type="checkbox"/> Remove	MCCU1	CHECK		8/3/13	\$ 50.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	MCCU2	CHECK		8/3/13	\$ 50.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	MCCU1	CHECK		8/4/13	\$ 25.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	MCCU3	CHECK		8/4/13	\$ 15.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	MCCU1	CHECK		8/4/13	\$ 15.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	MCCU1	CHECK		8/5/13	\$ 25.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	MCCU1	CHECK		8/5/13	\$ 25.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	MCCU3	CHECK		8/2/13	\$ 25.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	MCCU1	CHECK		8/2/13	\$ 10.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	MCCU1	CHECK		8/2/13	\$ 25.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	MCCU2	CHECK		8/8/13	\$ 25.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	MCCU1	CHECK		8/8/13	\$ 50.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	MCCU1	CHECK		8/8/13	\$ 37.50
<input type="checkbox"/> Add <input type="checkbox"/> Remove	MCCU1	CHECK		8/8/13	\$ 37.50
4. Total only this Page					\$ 695.00
5. Total of ALL CRO-1205 Pages					\$
<i>(This line must be on line 5 of Detailed Summary Page CRO-1100)</i>					

Aggregated Contributions from Individuals

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

1. Committee Full Name (and Fund if applicable)				2. ID Number	
MACINTOSH FOR CITY COUNCIL COMMITTEE				538-F62M98-L-001	
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 <input type="checkbox"/> Remove	MCCC1	CASH		8/8/13	\$ 20.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	MCCC1	CHECK		8/8/13	\$ 12.50
<input type="checkbox"/> Add <input type="checkbox"/> Remove	MCCC1	CHECK		8/8/13	\$ 12.50
<input type="checkbox"/> Add <input type="checkbox"/> Remove	MCCC1	CHECK		8/5/13	\$ 50.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	MCCC1	CHECK		8/5/13	\$ 50.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	MCCC1	CHECK		8/2/13	\$ 50.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	MCCC1	CHECK		8/2/13	\$ 50.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	MCCC1	CHECK		8/5/13	\$ 50.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	MCCC1	CHECK		8/5/13	\$ 50.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	MCCC1	CHECK		8/11/13	\$ 25.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	MCCC1	CHECK		8/11/13	\$ 25.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	MCCC1	CHECK		8/11/13	\$ 25.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	MCCC3	CHECK		8/11/13	\$ 25.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	MCCC2	CHECK		8/11/13	\$ 12.50
<input type="checkbox"/> Add <input type="checkbox"/> Remove	MCCC2	CHECK		8/11/13	\$ 12.50
<input type="checkbox"/> Add <input type="checkbox"/> Remove	MCCC1	CHECK		8/9/13	\$ 50.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	MCCC1	CHECK		8/9/13	\$ 50.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	MCCC2	CHECK		8/9/13	\$ 50.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	MCCC1	CHECK		8/9/13	\$ 50.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	MCCC1	CHECK		8/9/13	\$ 50.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	MCCC1	CHECK		8/13/13	\$ 25.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	MCCC1	CHECK		8/13/13	\$ 25.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	MCCC1	CHECK		8/13/13	\$ 25.00
4. Total only this Page					\$ 795.00
5. Total of ALL CRO-1205 Pages <i>(This line must be on line 5 of Detailed Summary Page CRO-1100)</i>					\$

Aggregated Contributions from Individuals

Amendment
 Yes No

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

1. Committee and Name (and Fund if applicable)				2. ID Number	
MALINTOSH FOR CITY COUNCIL COMMITTEE				538-F62M98-C-001	
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 <input type="checkbox"/> Remove	M L L L 1	CHECK		8/13/13	\$ 25.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	M L L L 1	CHECK		8/13/13	\$ 25.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	M L L L 2	CHECK		8/12/13	\$ 25.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	M L L L 4	CHECK		8/12/13	\$ 25.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	M L L L 3	CHECK		8/14/13	\$ 50.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	M L L L 5	CHECK		8/14/13	\$ 50.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	M L L L 3	CHECK		8/13/13	\$ 25.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	M L L L 2	CHECK		8/13/13	\$ 25.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	M L L L 1	CHECK		8/11/13	\$ 50.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	M L L L 2	CHECK		8/11/13	\$ 50.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	M L L L 1	CHECK		8/8/13	\$ 50.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	M L L L 1		FOOD FOR FUNDRAISER	8/11/13	\$ 15.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	M L L L 2	CHECK		8/7/13	\$ 50.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	M L L L 1	CHECK		8/18/13	\$ 37.50
<input type="checkbox"/> Add <input type="checkbox"/> Remove	M L L L 2	CHECK		8/18/13	\$ 37.50
<input type="checkbox"/> Add <input type="checkbox"/> Remove	M L L L 1	CASH		8/21/13	\$ 40.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	M L L L 1	CHECK		8/20/13	\$ 25.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	M L L L 1	CHECK		8/19/13	\$ 50.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	M L L L 1	CHECK		8/21/13	\$ 50.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	M L L L 1	CHECK		8/23/13	\$ 12.50
<input type="checkbox"/> Add <input type="checkbox"/> Remove	M L L L 1	CHECK		8/23/13	\$ 12.50
<input type="checkbox"/> Add <input type="checkbox"/> Remove					\$
<input type="checkbox"/> Add <input type="checkbox"/> Remove					\$
4. Total only this Page					\$ 730.00
5. Total of ALL CRO-1205 Pages					\$ 2220.00
<i>(This line must be on line 5 of Detailed Summary Page CRO-1100)</i>					

Contributions from Individuals

Pg 1 of 13

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 Fundal Applicable						2. Number
MACINTOSH FOR CITY COUNCIL COMMITTEE						538-P62498-C-001
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession	d. Comments		
NANCY C. GOULD 1031 VAN HOY AVE. WINSTON-SALEM, NC 27104 336-705-7841			RETAIL MERCHANTIZER			
			c. Employer's Name/Specific Field			
			THE PET FIRM/ PETSTORE	e. Election Sum to Date		
				\$ 100.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	MCCCL	CHECK		8/1/13	\$ 100.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
3. Contributor Information						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession	d. Comments		
MICHAEL S. RYDEN 29 CASCADE AVE. WINSTON-SALEM, NC 27127 336-722-4869			PARTNER			
			c. Employer's Name/Specific Field			
			LEONARD, RYDEN, BURR REACTORS	e. Election Sum to Date		
				\$ 500.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	MCCCL	CHECK		8/1/13	\$ 500.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
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		
SARAH E. WILLIAMSON 1223 W. 4th ST WINSTON-SALEM, NC 27101 917-756-5477			EX. DIRECTOR			
			c. Employer's Name/Specific Field			
			FORSYTH HUMANE SOCIETY	e. Election Sum to Date		
				\$ 100.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	MCCCL	CHECK		8/4/13	\$ 100.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 700.00	
5. Total of ALL CRO-1210 Pages					\$	

Contributions from Individuals

Pg 2 of 13

Amendment
 Yes No

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

MACINTOSH FOR CITY COUNCIL COMMITTEE					538-F62M98-C-001
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession		d. Comments	
BRADLEY J. COHENLOPHER P.O. BOX 20924 WINSTON-SALEM, NC 27120 336-779-9609		ENGINEER			
		c. Employer's Name/Specific Field			
		VOLVO HEAVY TRUCKS		e. Election Sum to Date	
				\$ 125.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	MCCCI	CHECK		8/5/13	\$ 125.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession		d. Comments	
CLARE E. FADER P.O. BOX 20924 WINSTON-SALEM, NC 27120 336-779-9609		REALTOR			
		c. Employer's Name/Specific Field			
		LEONARD, RYDEN, BURR/ REALTORS		e. Election Sum to Date	
				\$ 125.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	MCCCI	CHECK		8/5/13	\$ 125.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession		d. Comments	
ALISON B. BARRON 1030 WENDOVER CIR. WINSTON-SALEM, NC 27124 336-724-5022		HOMEMAKER			
		c. Employer's Name/Specific Field			
				e. Election Sum to Date	
				\$ 200.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	MCCCI	CHECK		8/3/13	\$ 200.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$
4. Total only this Page					\$ 450.00
5. Total All CRO 1205 Pages					\$

Contributions from Individuals

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

MACINTOSH FOR CITY COUNCIL COMMITTEE					538-F62M98-C-001	
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
RAYMOND C. JONES 316 N. SPRING ST. WINSTON-SALEM, NC 27101 336-722-5884			CONSULTANT			
			c. Employer's Name/Specific Field			
			SELF			
					e. Election Sum to Date	
					\$ 150.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	MCCCI	CHECK		8/4/13	\$ 150.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
JOHN MERSCHEL 851 W. 4 th ST UNIT 8 WINSTON-SALEM, NC 27101 336-722-6092			RETIRED			
			c. Employer's Name/Specific Field			
					e. Election Sum to Date	
					\$ 319.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	MCCCI	CHECK	POSTAGE	8/8/13	\$ 69.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
CHRISTINE D. RITCHIE 501 BOXTHORNE CT. WINSTON-SALEM, NC 27106 336-414-3511			REALTOR			
			c. Employer's Name/Specific Field			
			LEONARD, RYDEN, RYR, / REALTORS			
					e. Election Sum to Date	
					\$ 200.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	MCCCI	CHECK		8/8/13	\$ 200.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total on this page					\$ 66.00 419.00	
5. Total of all contributions					\$	

Contributions from Individuals

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

MACINTOSH FOR CITY COUNCIL COMMITTEE					538-F62M98-C-007	
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
CHARLES HICKS 2655 FOREST DR. WINSTON-SALEM, NC 27104 336-306-9055			OWNER			
			c. Employer's Name/Specific Field			
			ICON BUILDERS/ CONSTRUCTION		e. Election Sum to Date	
					\$ 100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	MCCC1	CHECK		8/6/13	\$ 100.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
SHAWN BOWMAN-HICKS 2655 FOREST DR. WINSTON-SALEM, NC 27104 336-306-9055			HOMEMAKER			
			c. Employer's Name/Specific Field			
			-		e. Election Sum to Date	
					\$ 100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	MCCC1	CHECK		8/6/13	\$ 100.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
DAVID S. POYTHRESS, II 922 WESTEND BLVD. WINSTON-SALEM, NC 27101 336-723-3645			PRESIDENT			
			c. Employer's Name/Specific Field			
			DAVID POYTHRESS DESIGNS, LTD/ CONSTRUCTION		e. Election Sum to Date	
					\$ 125.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	MCCC1	CHECK		8/6/13	\$ 125.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 325.00	
5. Total of ALL CRO 1205 Pages					\$	

Contributions from Individuals

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

MACINTOSH FOR CITY COUNCIL COMMITTEE 538-F62M98-C-001

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	d. Comments
NANCY STEELMAN POYTHRESS 922 WEST END BLVD WINSTON-SALEM, NC 27101 336-723-3645	OWNER	
	c. Employer's Name/Specific Field	
	POYTHRESS DESIGNS	
		e. Election Sum to Date
		\$ 125.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	MCCC1	CHECK		8/6/13	\$ 125.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	d. Comments
PATRICIA W. TOOLE 1836 VIRGINIA RD. WINSTON-SALEM, NC 27104 336 724-5276	RETIRED	
	c. Employer's Name/Specific Field	
		e. Election Sum to Date
		\$ 100.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	MCCC1	CHECK		8/8/13	\$ 100.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	d. Comments
JOANNE POTARO 1251 STADLER RIDGE RD. WINSTON-SALEM, NC 27106 336-978-2940	REALTOR	
	c. Employer's Name/Specific Field	
		e. Election Sum to Date
		\$ 75.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	MCCC1	CHECK		8/9/13	\$ 75.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

4. Total only this Page	\$ 300.00
5. Total of ALL CRO 1205s	\$

Contributions from Individuals

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

MACINTOSH FOR CITY COUNCIL COMMITTEE					538-F62M48-C-001
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession		d. Comments	
JOHN MARSHALL 618 W 2 ND ST WINSTON-SALEM, NC 27101 336-817-45-81		TASTING ROOM MANAGER			
		c. Employer's Name/Specific Field			
		RAYLEN VINEYARDS		e. Election Sum to Date	
				\$ 222.64	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	MCCC	IN KIND	WINE	8/10/13	\$ 222.64
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession		d. Comments	
CURTIS G. LEONARD 3679 MAPLE GLEN LN. WINSTON-SALEM, NC 27106 336-779-9212		PARTNER			
		c. Employer's Name/Specific Field			
		LEONARD, RYDEN, BURR/ REALTORS		e. Election Sum to Date	
				\$ 100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	MCCC2	CHECK		8/11/13	\$ 100.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession		d. Comments	
KENNETH S. MAXWELL 4260 SADDLEWOOD FOREST DR. WINSTON-SALEM, NC 27106 336-922-5089		PHYSICIAN			
		c. Employer's Name/Specific Field			
		PIEDMONT EAR, NOSE + THROAT/PHYSICIANS		e. Election Sum to Date	
				\$ 125.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	MCCC1	CHECK		8/15/13	\$ 125.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$
4. Total on this page					\$ 447.64
5. Total of ALL CRO-1205 forms					\$

Contributions from Individuals

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

MACINTOSH FOR CITY COUNCIL COMMITTEE 538-F62M98-C-001

<p>a. Full Name, Mailing Address & Phone (include city, state, & zip)</p> <p>TRACEY S. MAXWELL 4260 SADDLEWOOD FOREST DR. WINSTON-SALEM, NC 27106 336-922-5089</p>	<p>b. Job Title/Profession</p> <p>OWNER</p> <p>c. Employer's Name/Specific Field</p> <p>VIDEO PRODUCER</p>	<p>d. Comments</p> <p>e. Election Sum to Date</p> <p>\$ 125.00</p>
---	--	--

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	MCLLJ	CHECK		8/15/13	\$ 125.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

<p>a. Full Name, Mailing Address & Phone (include city, state, & zip)</p> <p>WILLIAM G. BENTON 71 PARK BLVD. WINSTON-SALEM, NC 27127 336-724-1000</p>	<p>b. Job Title/Profession</p> <p>CFO</p> <p>c. Employer's Name/Specific Field</p> <p>SALEM SENIOR HOUSING, INC.</p>	<p>d. Comments</p> <p>e. Election Sum to Date</p> <p>\$ 250.00</p>
--	--	--

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	MCLLJ	CHECK		250.00 8/14/13	\$ 250.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

<p>a. Full Name, Mailing Address & Phone (include city, state, & zip)</p> <p>RALPH HANES WOMBLE 635 N. TRADE ST. WINSTON-SALEM, NC 27101 336-416-8946</p>	<p>b. Job Title/Profession</p> <p>CHAIRMAN</p> <p>c. Employer's Name/Specific Field</p> <p>WINSTON-SALEM BUSINESS, INC.</p>	<p>d. Comments</p> <p>e. Election Sum to Date</p> <p>\$ 1000.00</p>
--	---	---

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	MCLLJ	CHECK		8/15/13	\$
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

	\$ 1375.00
	\$

Contributions from Individuals

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

MACINTOSH FOR CITY COUNCIL COMMITTEE					538-F62M98-C-001	
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
EDWARD J. HOSMER 100 CREEKSTONE CT WINSTON-SALEM, NC 27104 734-776-6521			RETIRED			
			c. Employer's Name/Specific Field		e. Election Sum to Date	
					\$ 100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	MCLL1	CHECK		8/16/13	\$ 100.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
GEORGE STRELOW 3133 BRIARCLIFF RD WINSTON-SALEM, NC 27106 336-722-2317			OWNER			
			c. Employer's Name/Specific Field		e. Election Sum to Date	
			SEAPRODUCTS, INC. I SEA FOOD		\$ 179.90	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	*	IN KIND	FOOD FOR FUND RAISER	8/15/13	\$ 179.90	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
ROBERT S. DIXON 104 N. BRANTHAM RD DILES BURG, PA 17019 717-766-3316			SALES TEAM LEADER			
			c. Employer's Name/Specific Field		e. Election Sum to Date	
			OCEAN SPRAY CRANBERRIES, INC.		\$ 75.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	MCLL1	CHECK		8/16/13	\$ 75.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
					\$ 354.90	
					\$	

Contributions from Individuals

Pg 9 of 13

Amendment
 Yes No

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

MACINTOSH FOR CITY COUNCIL COMMITTEE						538-F62M98-C-001
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession HOMEMAKER		d. Comments	
LEE A. LEFEVER-DIXON 104 N. GRANTHAM RD DILLSBURG, PA 17019 717-766-3316			c. Employer's Name/Specific Field -		e. Election Sum to Date \$ 75.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	MCCCL	CHECK		9/16/13	\$ 75.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession HOMEMAKER		d. Comments	
CARLYLE B. MARTIN 1019 W 5 TH ST WINSTON-SALEM, NC 27101 336-727-1020			c. Employer's Name/Specific Field -		e. Election Sum to Date \$ 150.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	MCCCL	CHECK		8/22/13	\$ 150.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession RETIRED		d. Comments	
JOHN MERSCHEL 951 W 4 TH ST UNIT 8 WINSTON-SALEM, NC 27101 336-722-6092			c. Employer's Name/Specific Field -		e. Election Sum to Date \$ 415.08	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>			PAINTING	9/13/13	\$ 96.08	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
					\$ 321.08	
					\$	

Contributions from Individuals

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

MALINTOSH FOR CITY COUNCIL COMMITTEE 538-F62M98-0-001

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	d. Comments
ANTHONY KENT MASICH 704 CHIPPENHAM CT. WINSTON-SALEM, NC 27104 336-765-7884	OWNER	
	c. Employer's Name/Specific Field	
	A. KENT MASICH APPRAISALS, INC.	
		e. Election Sum to Date
		\$ 100.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	MCCC1	CHECK		8/20/13	\$ 100.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	d. Comments
SARAH H. FEARN 4325 GREENBRIER FARM RD. WINSTON-SALEM, NC 27106 336-922-4312	PRESIDENT	
	c. Employer's Name/Specific Field	
	ABT, INC. / WHOLESALE BATTERIES	
		e. Election Sum to Date
		\$ 100.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	MCCC1	CHECK		8/20/13	\$ 100.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	d. Comments
KENNETH FEARN 4325 GREENBRIER FARM RD. WINSTON-SALEM, NC 27106 336-922-4312	OWNER	
	c. Employer's Name/Specific Field	
	ABT, INC / WHOLESALE BATTERIES	
		e. Election Sum to Date
		\$ 100.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	MCCC1	CHECK		8/20/13	\$ 100.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

4. Total on this Page	\$ 700.00
5. Total of All CRO-1205s	\$

Contributions from Individuals

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

MALINTOSH FOR CITY COUNCIL COMMITTEE 538-F62498-L-001

2. Full Name, Mailing Address & Phone <small>(include city, state, & zip)</small> ELIZABETH P. KEPPLER 3248 ANDERSON DR. WILMINGTON-SALEM, NC 27127 336-771-4436	b. Job Title/Profession LIBRARIAN c. Employer's Name/Specific Field FORSYTH COUNTY LIBRARY	d. Comments e. Election Sum to Date \$ 100.00
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f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	MCCCL1	CHECK		8/21/13	\$ 100.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

2. Full Name, Mailing Address & Phone <small>(include city, state, & zip)</small> BRIAN E. HEELAN 508 BOXTHORNE CT. WINSTON-SALEM, NC 27106 336-760-4324	b. Job Title/Profession PRESIDENT c. Employer's Name/Specific Field SALEM GROUP/ WHOLESALE COMPUTERS	d. Comments e. Election Sum to Date \$ 100.00
--	--	---

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	MCCCL1	CHECK		8/21/13	\$ 100.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

2. Full Name, Mailing Address & Phone <small>(include city, state, & zip)</small> TINA F. HEELAN 508 BOXTHORNE CT WINSTON-SALEM, NC 27106 336-760-4324	b. Job Title/Profession HOOMEMAKER c. Employer's Name/Specific Field (blank)	d. Comments e. Election Sum to Date \$ 100.00
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f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	MCCCL1	CHECK		8/21/13	\$ 100.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

	\$ 300.00
	\$

Contributions from Individuals

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

MACINTOSH FOR CITY COUNCIL COMMITTEE 535-F62M98-C-001

<p>a. Full Name, Mailing Address & Phone (include city, state, & zip)</p> <p>JOHN J. FOSINA 1 EMERSON PT. NEW ROCHELLE, NY 10801 917-282-8489</p>	<p>b. Job Title/Profession</p> <p>CEO</p>	<p>c. Employer's Name/Specific Field</p> <p>YORK CAPITAL MANAGEMENT FINANCIAL MANAGERS</p>
		<p>e. Election Sum to Date</p> <p>\$ 1000.00</p>

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	MCCU2	CHECK		8/19/13	\$ 1000.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

<p>a. Full Name, Mailing Address & Phone (include city, state, & zip)</p> <p>F. KEVIN MAUNEY 3401 BUENA VISTA RD WINSTON-SALEM, NC 27106 336 761-5134</p>	<p>b. Job Title/Profession</p> <p>ATTORNEY</p>	<p>c. Employer's Name/Specific Field</p> <p>SELF F. KEVIN MAUNEY, ATTY AT LAW</p>
		<p>e. Election Sum to Date</p> <p>\$ 100.00</p>

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	MCCCI	CHECK		8/19/13	\$ 100.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

<p>a. Full Name, Mailing Address & Phone (include city, state, & zip)</p> <p>VICTORIA M. HERTWIG 2205 UPPER RDUER RD MACOM, GA 31211 478-746-9471</p>	<p>b. Job Title/Profession</p> <p>OWNER</p>	<p>c. Employer's Name/Specific Field</p> <p>VICTORIA HERTWIG, CATERING</p>
		<p>e. Election Sum to Date</p> <p>\$ 100.00</p>

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	MCCC3	CHECK		8/20/13	\$ 100.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$

	\$ 1200.00
	\$

Contributions from Individuals

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

MACINTOSH FOR CITY COUNCIL COMMITTEE					538-F62M98-C-201
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession		d. Comments	
RANDALL S. TUTTLE 1900 VIRGINIA RD. WINSTON-SALEM, NC 27104 336-723-0842		PARTNER TRADE STREET CAPITAL/ INVESTMENTS			
		c. Employer's Name/Specific Field		e. Election Sum to Date	
				\$ 125.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	MCCC1	CHECK		8/19/13	\$ 125.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession		d. Comments	
CLAIRE T. TUTTLE 1900 VIRGINIA RD. WINSTON-SALEM, NC 27104 336-723-0842		OWNER HOMEOWNER			
		c. Employer's Name/Specific Field		e. Election Sum to Date	
				\$ 125.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	MCCC1	CHECK		8/19/13	\$ 125.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession		d. Comments	
SUSAN MACINTOSH 12A WOODBRIAR RD WINSTON-SALEM, NC 27106 336-407-5861		PRESIDENT INSPIRE SPACES/ DESIGN		SPOUSE OF CANDIDATE	
		c. Employer's Name/Specific Field		e. Election Sum to Date	
				\$ 531.87	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	-	IN KIND	POSTAGE, FOOD FOR MEETINGS	8/11/13	\$ 325.58
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$
					\$ 260.00 575.58
					\$ 6742.62 7068.20

In-Kind Contributions

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-F62M98-L-001	
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	c. Comments
JOHN MERSCHEL 851 W. 4 th ST, UNIT 8 WINSTON-SALEM, NC 27101 336-722-6092		<input checked="" 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	
			d. Election Sum to Date \$ 319.00
e. Description		f. Date (mm/dd/yyyy)	g. Fair Market Amount
POSTAGE		8/8/13	\$ 69.00
			\$
			\$
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	c. Comments
JOHN MARSHALL 618 W. 2 nd ST WINSTON-SALEM, NC 27101 336-817-4581		<input checked="" 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	
			d. Election Sum to Date \$ 222.64
e. Description		f. Date (mm/dd/yyyy)	g. Fair Market Amount
WINE		8/10/13	\$ 222.64
			\$
			\$
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	c. Comments
GEORGE STREBLON 9133 BRIARCLIFF RD WINSTON-SALEM, NC 27106 336-722-2317		<input checked="" 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	
			d. Election Sum to Date \$ 179.90
e. Description		f. Date (mm/dd/yyyy)	g. Fair Market Amount
FOOD		8/15/13	\$ 179.90
			\$
			\$
4. Total only this Page		\$ 471.54	
5. Total of ALL CRO-1510 Pages (This line must be on line 17 of Detailed Summary Page CRO-1100)		\$	

In-Kind Contributions

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-F62M98-C-001
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	c. Comments
LAURA LYONS SHELTON CIRCLE WINSTON-SALEM, NC 27106 336-765-0114	<input checked="" 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	
		d. Election Sum to Date \$ 15.00
e. Description	f. Date (mm/dd/yyyy)	g. Fair Market Amount
FOOD FOR FUNDRAISER	8/11/13	\$ 15.00
		\$
		\$
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	c. Comments
SUSAN MACINTOSH 129 WOODBRIAR RD WINSTON-SALEM NC 27106 336-407-5861	<input checked="" 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	SPOUSE OF CANDIDATE
		d. Election Sum to Date \$ 531.87
e. Description	f. Date (mm/dd/yyyy)	g. Fair Market Amount
FOOD FOR MEETINGS; POSTAGE; CAMPBELL	8/21/13	\$ 325.58
BUTTONS		\$
		\$
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	c. Comments
JOHN MERSCHER 851 W 4 th ST UNIT 8 WINSTON-SALEM, NC 27101 336-722-6092	<input checked="" 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	
		d. Election Sum to Date \$ 415.08
e. Description	f. Date (mm/dd/yyyy)	g. Fair Market Amount
PRINTING - SEA SPEEDY	8/13/13	\$ 96.08
		\$
		\$
4. Total only this Page		\$ 436.66
5. Total of ALL CRO-1510 Pages (This line must be on line 17 of Detailed Summary Page CRO-1100)		\$ 908.20

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		
MACINTOSH FOR CITY COUNCIL COMMITTEE			538-F62M98-C-001		
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
SUSAN MACINTOSH 129 WOODBRJAR RD WINSTON-SALEM, NC 27106 336-407-5861			<input checked="" type="checkbox"/> Candidate <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Party		8/11/13
			e. Level Registered		i. Original Receipt Amount
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$ 325.58
			f. Purpose Code		j. Election Sum to Date
			P		\$ 531.87
b. Job Title/Profession		c. Employer's Name/Specific Field		g. Comments	
PRESIDENT		INSPIRES PACES/DESIGN		SPOUSE OF CANDIDATE	
k. Account Code					
MCCC2					
l. Form of Payment		m. Required Remarks		n. Date (mm/dd/yyyy)	
CHECK		POSTAGE, FOOD FOR MEETINGS		8/11/13	
o. Amount					
\$ 325.58					
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			\$ 325.58		
5. Total of ALL CRO-1320 Pages (This line must be on line 16 of Detailed Summary Page CRO-1100)			\$ 325.58		
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)					

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	
MACINTOSH FOR CITY COUNCIL COMMITTEE						538-P62M98-6-001	
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	
WINSTON-SALEM PARKS AND RECREATION PO BOX 2511 WINSTON-SALEM, NC 27102							
				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:		\$160.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
MCCC1	CHECK	0	8/3/13	\$160.00	RENTAL - SALEM SQUARE		
				\$			
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	
Sim Speedy 1011 Bunker St WINSTON-SALEM, NC 27101							
				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:		\$509.52	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
MCCC1	CHECK	B	8/8/13	\$509.52	LETTER HEAD		
				\$			
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	
CUSTOM ADVERTISING 4836 COUNTRY CLUB RD WINSTON-SALEM, NC 27104 336-760-3500							
				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:		\$1691.99	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
MCCC1	CHECK	0	8/8/13	\$1691.99	YARD SIGNS		
				\$			
5. Total only this Page						\$ 2361.51	
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)							

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	
MACINTOSH FOR CITY COUNCIL COMMITTEE						538-F62M98-C-001	
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	
CUSTOM ADVERTISING 4836 COUNTRY CLUB RD. WINSTON-SALEM, NC 27104 336-760-3500							
				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:		\$ 2012.24	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
MCCC1	CHECK	B	8/21/13	\$ 320.25			
				\$			
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	
WEST END ASSOCIATION P.O. BOX 21054 WINSTON-SALEM, NC 27120-1054							
				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:		\$ 100.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
MCCC1	CHECK	A	8/21/13	\$ 100.00	PRINTED INSERT IN NEWSLETTER		
				\$			
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	
POST MARK, INC. 390 CASSELL ST WINSTON-SALEM, NC. 27107-4132 336-722-2886							
				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:		\$ 1229.90	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
MCCC1	CHECK	B	8/21/13	\$ 1229.90			
				\$			
5. Total only this Page						\$ 1649.90	
6. Total of ALL CRO-1310 Pages						\$	
<i>(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)</i>							
<i>(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)</i>							
<i>(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)</i>							
7. Purpose Codes (List detailed expenditure code in (h.) above)							
A* - Media		B* - Printing		C* - Fundraising		D - To Another Candidate	
E - Salaries		F* - Equipment		G - Political Party		H* - Holding Public Office Expenses	
I - Postage		J - Penalties		K* - Office Expenses		Q* - Donation to Legal Expense Fund	
O* Other							
* Codes require detailed explanation in required remarks field (k)							

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	
MALINTOSH FOR CITY COUNCIL COMMITTEE						538-F62498-L-001	
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	
POST MARK, INC. 390 CASSELL ST. WINSTON-SALEM, NC 27107 336-722-2886							
				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:		\$ 2510.44	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
MCCA	CHECK	B, I	8/21/13	\$ 1280.54	MAILING FLYERS		
				\$			
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	
FORSYTH DEMOCRATIC PARTY 1128 BURKE ST WINSTON-SALEM, NC 27101 336-724-5941							
				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		
MCCA	CHECK	0	8/22/13	\$ 5.00	WARD MAP		
				\$			
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						\$ 2515.44	
6. Total of ALL CRO-1310 Pages <i>(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)</i> <i>(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)</i> <i>(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)</i>						\$ 6526.85	
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)							