

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

2013 OCT 28 11:11:15

1. Committee Information			
a. Full Name MACINTOSH FOR CITY COUNCIL COMMITTEE		c. ID Number 538-F62A98-L-001	
b. Mailing Address (include City, State and Zip Code) 3945 SPRINGLAKE CT CLEMMONS, NC 27012		d. Date Filed	
		e. Phone Number 336-785-6512	
2. Report Year 2013	3. Period Start Date (mm/dd/yy) 8/28/13	4. Period End Date (mm/dd/yy) 10/21/13	5. Treasurer Full Name RICHARD DOUGLAS LEMMERMAN, JR
6. Type of Committee (Check One) <input checked="" type="checkbox"/> Candidate Campaign <input type="checkbox"/> PAC <input type="checkbox"/> Independent Expenditure <input type="checkbox"/> Legal Expense Fund		9. Type of Report (check only one type of report from one category) Municipal <input type="checkbox"/> Organizational <input type="checkbox"/> Thirty-five day <input type="checkbox"/> Pre-primary <input checked="" type="checkbox"/> Pre-election <input type="checkbox"/> Pre-runoff Semi-annual <input type="checkbox"/> Mid Year <input type="checkbox"/> Year End <input type="checkbox"/> Final <input type="checkbox"/> Special	
7. Type of Fund (if applicable, check one) <input type="checkbox"/> Booster Fund <input type="checkbox"/> Building Fund <input type="checkbox"/> Other:		State/County <input type="checkbox"/> Organizational Quarterly <input type="checkbox"/> First <input type="checkbox"/> Second <input type="checkbox"/> Third <input type="checkbox"/> Fourth Semi-annual <input type="checkbox"/> Mid Year <input type="checkbox"/> Year End <input type="checkbox"/> Final <input type="checkbox"/> Special	
8. Number of Fundraisers this Report 2		10. Special Report Name	
11. Account Information		11. Account Information	
a. Financial Institution Full Name WELLS FARGO		a. Financial Institution Full Name WELLS FARGO	
b. Purpose EXPENSES	c. Account Code MCCC1	b. Purpose FREE CHECKING	c. Account Code MCCC2
	d. Period Begin Balance \$ 3909.28		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 Printed Name of Signer		K. Lemmerman Signature of Appointed Treasurer	
		10/28/13 Date	
FOR OFFICE USE ONLY			
Date Received:	10/28/2013	Employee:	Judy Spear
Date Postmarked:		Employee:	
Date Scanned:		Employee:	
Date Data Entered:		Employee:	
Delivery Method <input type="checkbox"/> Normal Mail <input type="checkbox"/> Registered Mail <input checked="" type="checkbox"/> Hand Delivered <input type="checkbox"/> Electronically Filed <input type="checkbox"/> Signer has not received mandatory training			
Please Note: This form cannot be used to amend committee information such as the committee address, treasurer, assistant treasurer, custodian of books information, or account information. You must amend the Statement of Organization (CRO-2100A-E) to make committee changes.			

Detailed Summary

Amendment

 Yes No

Use this form to summarize all disclosure reporting forms and to total monetary information

1. Committee Full Name (and Fund if applicable)	2. Type of Report	3. ID Number
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)	\$ 10,212.32	\$ 20,953.81
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)	\$ 15,427.32	\$ 28,388.81
EXPENDITURES		
13) Disbursements		
13a) Operating Expenditures (CRO-1310)	\$ 6,864.21	\$ 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)	\$ 562.47	\$ 1,843.96
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)	\$ 7,739.00	\$ 16,791.21
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)	\$ 11,597.60	\$ 11,597.60
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)	\$ 312.32	\$ 312.32

Aggregated Contributions from Individuals

Amendment	
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> 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
MALINTOSH FOR CITY COUNCIL COMMITTEE					538-F624986-001
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	CHECK		8/29/13	\$ 12.50
<input type="checkbox"/> Add <input type="checkbox"/> Remove	MCCC1	CHECK		8/29/13	\$ 12.50
<input type="checkbox"/> Add <input type="checkbox"/> Remove	MCCC1	CHECK		8/29/13	\$ 12.50
<input type="checkbox"/> Add <input type="checkbox"/> Remove	MCCC2	CHECK		8/29/13	\$ 12.50
<input type="checkbox"/> Add <input type="checkbox"/> Remove	MCCC1	CHECK		9/6/13	\$ 50.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	MCCC1	CHECK		9/6/13	\$ 50.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	MCCC1	CHECK		8/31/13	\$ 12.50
<input type="checkbox"/> Add <input type="checkbox"/> Remove	MCCC1	CHECK		8/31/13	\$ 12.50
<input type="checkbox"/> Add <input type="checkbox"/> Remove	MCCC1	CHECK		9/3/13	\$ 15.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	MCCC1	CHECK		9/1/13	\$ 12.50
<input type="checkbox"/> Add <input type="checkbox"/> Remove	MCCC1	CHECK		9/1/13	\$ 12.50
<input type="checkbox"/> Add <input type="checkbox"/> Remove	MCCC1	CHECK		9/12/13	\$ 50.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	MCCC1	CHECK		9/11/13	\$ 12.50
<input type="checkbox"/> Add <input type="checkbox"/> Remove	MCCC1	CHECK		9/11/13	\$ 12.50
<input type="checkbox"/> Add <input type="checkbox"/> Remove	MCCC1	CHECK		9/10/13	\$ 25.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	MCCC1	CHECK		9/10/13	\$ 25.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	MCCC1	CHECK		9/18/13	\$ 25.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	MCCC1	CHECK		9/18/13	\$ 25.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	MCCC1	CHECK		9/30/13	\$ 50.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	MCCC1	CHECK		9/30/13	\$ 50.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	MCCC1	CHECK		10/3/13	\$ 50.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	MCCC1	CHECK		10/3/13	\$ 50.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	MCCC1	CASH		10/11/13	\$ 5.00
4. Total only this Page					\$ 595
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	
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> 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
MACINTOSH FOR CITY COUNCIL COMMITTEE					538-F62M98-C-201
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	MCLL1	CHECK		10/8/13	\$ 50.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	MCLL1	CHECK		10/8/13	\$ 50.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	MCLL1	CHECK		10/7/13	\$ 37.50
<input type="checkbox"/> Add <input type="checkbox"/> Remove	MCLL1	CHECK		10/7/13	\$ 37.50
<input type="checkbox"/> Add <input type="checkbox"/> Remove	MCLL1	CHECK		10/6/13	\$ 50.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	MCLL1	CHECK		10/6/13	\$ 50.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	MCLL1	CHECK		10/12/13	\$ 50.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	MCLL1	CHECK		10/12/13	\$ 50.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	MCLL2	CASH		10/15/13	\$ 25.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	MCLL2	CHECK		10/17/13	\$ 25.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	MCLL1	CHECK		10/17/13	\$ 25.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	MCLL2	CASH		10/17/13	\$ 10.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	MCLL2	CASH		10/17/13	\$ 10.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	MCLL1	CHECK		10/16/13	\$ 25.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	MCLL1	CHECK		10/16/13	\$ 25.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	MCLL1	CHECK		10/17/13	\$ 50.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	MCLL1	CHECK		10/18/13	\$ 25.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	MCLL1	CHECK		10/18/13	\$ 25.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove					\$
<input type="checkbox"/> Add <input type="checkbox"/> Remove					\$
<input type="checkbox"/> Add <input type="checkbox"/> Remove					\$
<input type="checkbox"/> Add <input type="checkbox"/> Remove					\$
<input type="checkbox"/> Add <input type="checkbox"/> Remove					\$
4. Total only this Page					\$ 620.00
5. Total of ALL CRO-1205 Pages <small>(This line must be on line 5 of Detailed Summary Page CRO-1100)</small>					\$ 1215.00

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

2. Committee Full Name (and EIN, if applicable)					ID Number	
MACINTOSH FOR CITY COUNCIL COMMITTEE					538-F62M98-C-001	
3. Contributor Information						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession	d. Comments		
SAM C. OGBURN, JR 1056 BURKE ST. WINSTON-SALEM, NC 27101 336-995-5511			REACTOR			
			c. Employer's Name/Specific Field			
			OGBURN PROPERTIES	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		8/28/13	\$ 100.00	
<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		
ROBERT E. MERRITT 1244 ARBOR RD #224 WINSTON-SALEM, NC 27104 336-724-4563			RETIRED			
			c. Employer's Name/Specific Field			
				e. Election Sum to Date		
				\$ 250.00		
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		8/29/13	\$ 250.00	
<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		
CAMA C. MERRITT 1244 ARBOR RD. #224 WINSTON-SALEM, NC 27104 336-724-4563			RETIRED			
			c. Employer's Name/Specific Field			
				e. Election Sum to Date		
				\$ 250.00		
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		8/29/13	\$ 250.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total of this Page					\$ 600.00	
5. Total of ALL CRO-1210 Pages					\$	

Contributions from Individuals

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

1. Committee Full Name (including committee ID number)		ID Number			
MACINTOSH FOR CITY COUNCIL COMMITTEE		528-F62M98-C-001			
2. Contributor Information					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession		d. Comments	
THOMAS H. FOWLER 9090 RIVER PATH LEWISVILLE, NC 27023 336-414-0434		OWNER			
		c. Employer's Name/Specific Field			
		THOMAS FOWLER, BUILDING CONTRACTOR, 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"/>	MCCCD	CHECK		9/1/13	\$ 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	
KELLY MITTER 428 S. SUNSET DR. WINSTON-SALEM, NC 27103 336-703-5305		NEIGHBORHOOD REHABILITATION COORDINATOR			
		c. Employer's Name/Specific Field			
		HABITAT FOR HUMIDITY			
				e. Election Sum to Date	
				\$ 9.47	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	MCCCD	IN KIND	FACEBOOK ADS	9/13/13	\$ 9.47
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$
4. Contributor Information					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession		d. Comments	
JEFFREY MACINTOSH 129 WOODBRIAR RD WINSTON-SALEM, NC 27106 336-407-5861		REALTOR			
		c. Employer's Name/Specific Field			
		LEONARD, RYDEN, BURR			
				e. Election Sum to Date	
				\$ 50.24	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	AF	IN KIND	FACEBOOK ADS	9/11/13	\$ 50.24
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$
4. Total on this Page					\$ 159.71
5. 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

1. Committee Full Name and Registration ID Number					
MACINTOSH FOR CITY COUNCIL COMMITTEE					538-F62M98C-001
2. Contributor Information					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession	d. Comments		
TOM FALAN 80 BOULDER BROOK RD WILTON, CT 06897 203-613-3349		DIRECTOR, BUSINESS DEVELOPMENT			
		c. Employer's Name/Specific Field			
		REED EXHIBITIONS			
				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		8/30/2013	\$ 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		
ELIZABETH NOAH REYNOLDS PO BOX 25367 WINSTON-SALEM, NC 27114 336-971-1600		OWNER			
		c. Employer's Name/Specific Field			
		REAL ESTATE INVESTMENT MANAGEMENT			
				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"/>	MCCC1	CHECK		9/12/13	\$ 500.00
<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		
Susan MACINTOSH 129 WOODBRAR RD WINSTON-SALEM, NC 27106 336-407-5861		OWNER	SPOUSE OF CANDIDATE		
		c. Employer's Name/Specific Field			
		INSPIRED SALES, INC.			
				e. Election Sum to Date	\$ 165.12
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	MEETING MEALS	9/24/13	\$ 165.12
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$
4. Total on this Page					\$ 765.12
5. 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.

Contributor Information					ID Number
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	
BARRY L. BONENO 1408 HANNAFORD RD. WINSTON-SALEM, NC 27103 336-765-8102			OWNER		
			c. Employer's Name/Specific Field		
			HOUSE OF PLANTS/ RETAIL		
			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		9/24/13	\$ 100.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$
Contributor Information					
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession	d. Comments	
JACK H. CAMPBELL, JR. 1208 BROOKSTOWN AVE. WINSTON-SALEM, NC 27101 336-631-9732			RETIRED		
			c. Employer's Name/Specific Field		
			e. Election Sum to Date		\$ 175.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	MCLL1	CHECKS(2)		9/27/13	\$ 175.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$
Contributor Information					
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession	d. Comments	
SUSAN S. CAMPBELL 1208 BROOKSTOWN AVE. WINSTON-SALEM, NC 27101 336-631-9732			RETIRED		
			c. Employer's Name/Specific Field		
			e. Election Sum to Date		\$ 175.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	MCLL1	CHECKS(2)		9/27/13	\$ 175.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$
4. Total of this Page					\$ 450.00
5. 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

1. Committee Full Name (and Fund if applicable)		2. ID Number			
MACINTOSH FOR CITY COUNCIL COMMITTEE		538-F62M98-C-001			
3. Contributor Information					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession	d. Comments		
DAVID E. SHAW 2635 BELWICK DR. WINSTON-SALEM, NC 27106 336-692-5200		REALTOR			
		c. Employer's Name/Specific Field			
		LEONARD, RYDEN, BARR/ 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"/>	MCCC1	CHECK		10/3/13	\$ 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		
JOSE A. ISASI 3989 HUDDINGTON CT WINSTON-SALEM, NC 27106 336-714-2892		OWNER			
		c. Employer's Name/Specific Field			
		QUE PASA COMMUNICATIONS			
		e. Election Sum to Date			
		\$ 2000.00			
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		10/8/13	\$ 2000.00
<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		
FLORRA ISASI 3989 HUDDINGTON CT. WINSTON-SALEM, NC 27106 336-714-2892		HOMEMAKER			
		c. Employer's Name/Specific Field			
		e. Election Sum to Date			
		\$ 2000.00			
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		10/8/13	\$ 2000.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$
4. Total only this Page					\$ 4100.00
5. 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.

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. Job Title/Profession	d. Comments		
ROBERT E MERRITT 1244 ARBOR RD # 224 WINSTON-SALEM, 27104 336-724-4563			RETIRED			
			c. Employer's Name/Specific Field			
			e. Election Sum to Date			
			\$ 250.00			
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	MCCCJ	CHECK		10/9/13	\$ 250.00	
<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		
CAMA C. MERRITT 1244 ARBOR RD #224 WINSTON-SALEM, 27104 336-724-4563			RETIRED			
			c. Employer's Name/Specific Field			
			e. Election Sum to Date			
			\$ 250.00			
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	MCCCJ	CHECK		10/9/13	\$ 250.00	
<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		
ALLISON B. BARRON 1030 WENDOVER CIR. WINSTON-SALEM, NC 27104 336-724-5022			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"/>	MCCCJ	CHECK		10/8/13	\$ 100.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 600.00	
5. Total of ALL CRO-1210 Pages					\$	

Contributions from Individuals

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

1. Committee Full Name (with human approprate)						2. ID Number
MACINTOSH FOR CITY COUNCIL COMMITTEE						538-F62M98-c-001
3. Contributor Information						
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			EDUCATIONAL CONSULTANT			
			c. Employer's Name/Specific Field			
			SELF		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"/>	MCLL2	CHECK		10/4/13	\$ 200.00	
<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	
DAVID A. ROSENBLATT 94 BEECHWOOD DR LEWISVILLE, NC 27023 336-744-5999			SALES			
			c. Employer's Name/Specific Field			
			SALEM COMPUTER GROUP		Election Sum to Date	
					\$ 250.00	
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		10/11/13	\$ 250.00	
<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	
CHRISTOPHER SHEAFFER 134 CASCADE AVE WINSTON-SALEM, NC 27127 336-748-2267			PSYCHOLOGIST			
			c. Employer's Name/Specific Field			
			SELF		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"/>	MCLL1	CHECK		10/18/13	\$ 200.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 650.00	
5. Total of ALL CRO-1210 Pages					\$	

Contributions from Individuals

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

Contributor Information						ID Number
a. Full Name, Mailing Address & Phone (include city, state, & zip)						b. Job Title/Profession PHYSICIAN
KENNETH S. MAXWELL 4260 SADDLEWOOD FOREST DR. WINSTON-SALEM, NC 27106 336-922-5089						
c. Employer's Name/Specific Field PIEDMONT EAR, NOSE & THROAT						
						d. Comments
						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"/>	MCCC1	CHECK		10/16/13	\$ 150.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
Contributor Information						ID Number
a. Full Name, Mailing Address & Phone (include city, state, & zip)						b. Job Title/Profession HOMEMAKER
TRALEY MAXWELL 4260 SADDLEWOOD FOREST DR. WINSTON-SALEM, NC 27106 336-922-5089						
c. Employer's Name/Specific Field						
						d. Comments
						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"/>	MCLLA	CHECK		10/14/13	\$ 150.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
Contributor Information						ID Number
a. Full Name, Mailing Address & Phone (include city, state, & zip)						b. Job Title/Profession P.R.
CARROLL LEBBETT 705 S. MARSHALL ST APT B WINSTON-SALEM, NC 27101 336-831-5788						
c. Employer's Name/Specific Field SELF						
						d. Comments
						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"/>	MCLLA	CHECK		10/17/13	\$ 150.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total on this Page						\$ 450.00
5. Total of ALL CRO-1210 Pages						\$

Contributions from Individuals

Pg 9 of 12

Amendment	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
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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 ID Number						2. ID Number
MACINTOSH FOR CITY COUNCIL COMMITTEE						538-F62198-C-001
3. Contribution Information						
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession	d. Comments	
ALICIA HARDIN 309 CASCADE AVE WINSTON-SALEM, NC 27127 336-777-8767				OWNER/DESIGNER		
				c. Employer's Name/Specific Field		
				WORK PLACE STRATEGIES		
				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"/>	MCCCQ	CHECK		10/16/13	\$ 150.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
3. Contribution Information						
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession	d. Comments	
PETER MARSH 309 CASCADE AVE WINSTON-SALEM, NC 27127 336-918-3195				OWNER/DESIGNER		
				c. Employer's Name/Specific Field		
				WORK PLACE STRATEGIES		
				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"/>	MCCCJ	CHECK		10/16/13	\$ 150.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
3. Contribution Information						
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession	d. Comments	
FLORA M BASI 3989 HODDINGTON CT, WINSTON-SALEM, NC 27106 336-714-2992				HOMEMAKER		
				c. Employer's Name/Specific Field		
				e. Election Sum to Date		\$ 3000.00
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		10/17/13	\$ 1000.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total on this Page						\$ 1300.00
5. Total of ALL CRO-1210 Pages						\$

Contributions from Individuals

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 District, if applicable)		2. ID Number			
MALINTOSH FOR CITY COUNCIL COMMITTEE		538-F62198-C-001			
3. Contributor Information					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession	d. Comments		
HARRY LAWRENCE CALAHAN, JR 1228 GLADE ST WINSTON-SALEM, NC 27101 336-725-1371		UP WALTER, ROBB, CALAHAN, 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"/>	MCCCA	CHECK		10/16/13	\$ 100.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$
4. Contributor Information				Add <input type="checkbox"/> Remove <input type="checkbox"/>	
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession	d. Comments		
BARBARA M. CALAHAN 1228 GLADE ST. WINSTON-SALEM, NC 27101 336-725-1371		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"/>	MCCCA	CHECK		10/10/13	\$ 100.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$
5. Contributor Information				Add <input type="checkbox"/> Remove <input type="checkbox"/>	
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession	d. Comments		
LINDA BARROU 3910 CAMBRILLE FARM RD WINSTON-SALEM, NC 27106 336-922-4192		RETIRED			
		c. Employer's Name/Specific Field	e. Election Sum to Date \$ 100.00 250.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	MCCCA	CHECK		10/16/13	\$ 100.00 250.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$
4. Total only this Page					\$ 300.00 450.00
5. Total of ALL CRO-1210 Pages					\$

Contributions from Individuals

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

Contributor Information				ID Number	
MACINTOSH FOR CITY COUNCIL COMMITTEE				538-F62498-2-001	
Contributor Information a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession RETIRED	d. Comments		
MARTHA S. WOOD PO BOX 11553 WINSTON-SALEM, NC 27116 336-923-2065		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		10/16/13	\$ 100.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$
Contributor Information				<input type="checkbox"/> Add <input type="checkbox"/> Remove	
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession RETIRED	d. Comments		
WILLIAM H. FREEMAN 701 ROSLYN RD WINSTON-SALEM, NC 27104 336-722-9179		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		10/19/13	\$ 100.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$
Contributor Information				<input type="checkbox"/> Add <input type="checkbox"/> Remove	
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Job Title/Profession OWNER	d. Comments		
SAM C. OGBURN PO BOX 20189 WINSTON-SALEM, NC 27120 336-995-5511		c. Employer's Name/Specific Field SAM OGBURN, REALTY	e. Election Sum to Date \$ 300.00		
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		10/18/13	\$ 200.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$
4. Total only this Page				\$ 400.00	
5. Total of ALL CRO-1210 Pages				\$	

Contributions from Individuals

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

1. Contributor Information						ID Number
MALINTOSH FOR CITY COUNCIL COMMITTEE						538-F62M98-C-001
2. Contributor Information						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession	d. Comments		
WILLIAM B. BENTON 71 PARK BLVD. WINSTON-SALEM, NC 27127 336-724-1000			CEO			
			c. Employer's Name/Specific Field	e. Election Sum to Date		
			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	
<input type="checkbox"/>	MCCC1	CHECK		10/17/13	\$ 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		
DAVID M. MEMORY 102 ECHO GLEN DR, #E1 WINSTON-SALEM, NC 27106 336-724-1000			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		10/17/13	\$ 100.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Contributor Information						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession	d. Comments		
JEFFREY MALINTOSH 129 WOODBRIAR RD. WINSTON-SALEM, NC 27106 336-407-5861			REALTOR	CANDIDATE		
			c. Employer's Name/Specific Field	e. Election Sum to Date		
			LEONARD, RYDEM BARR, REALTORS	\$ 137.73		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	MCCC1	IN KIND	FACEBOOK ADS	10/4/13	\$ 87.49	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 200.00 337.73	
5. Total of ALL CRO-1210 Pages					\$ 10,212.32	
					\$ 10,124.83	

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	
MACINTOSH FOR CITY COUNCIL COMMITTEE				538-F62498-C-201	
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
NC, REALTORS PAC 4511 WEYBRIDGE LANE GREENSBORO, NC 27407 800-443-9958			<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:		e. Election Sum to Date
					\$ 4000.00
f. Account Code	g. Form of Payment	h. In-Kind Description	i. Date (mm/dd/yyyy)		j. Amount
MCCU	CHECK		10/3/13		\$ 4000.00
					\$
					\$
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Type of 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					\$ 4000.00
5. Total of ALL CRO-1230 Pages (This line must be on line 8 of Detailed Summary Page CRO-1100)					\$ 4000.00

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-F62M98-6-001	
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	
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:		\$ 2336.81 0	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
MCCC1	CHECK	B	8/29/13	\$ 324.57	Tee Shirts, Paper Plates, Banners		
				\$			
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 4876 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:		\$ 3465.69 1453.45	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
MCCC1	CHECK	B	8/30/13	\$ 1128.88	Fund Raiser		
				\$			
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	
THE CHRONICLE P.O. BOX 1636 WINSTON-SALEM, NC 27102-1636 336-722-8624							
				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:		\$ 243.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
MCCC1	CHECK	A	9-4-13	\$ 243.00	NEWSPAPER ADVERTISEMENT		
				\$			
5. Total only this Page						\$ 1696.45	
6. Total of ALL CRO-1310 Pages						\$	
<small>(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)</small>							
<small>(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)</small>							
<small>(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)</small>							
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						536-F62M98-C-001	
3. Type of Disbursement <i>(Please use separate CRO-1310 forms for each type of Disbursement.)</i>							
<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 <i>(include city, state, & zip)</i>				b. Coordinated Committee Name		d. Comments	
CAMEL CITY DISPATCH 131-C NORTH POPLAR ST. WINSTON-SALEM, NC 27101 336-283-9755				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	
						\$ 500.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
MCLCA	CHECK	A	9/4/13	\$ 500.00	ON-LINE ADVERTISEMENT		
				\$			
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone <i>(include city, state, & zip)</i>				b. Coordinated Committee Name		d. Comments	
WINSTON-SALEM JOURNAL 418 MARSHALL ST WINSTON-SALEM, NC 27101 336-727-7492				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	
						\$ 1000.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
MCLCA	CHECK	A	9/6/13	\$ 1000.00	NEWSPAPER AD		
				\$			
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone <i>(include city, state, & zip)</i>				b. Coordinated Committee Name		d. Comments	
WINSTON-SALEM JOURNAL 418 MARSHALL ST. WINSTON-SALEM, NC 27101 336-727-7492				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	
						\$ 1579.50	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
MCLCA	CHECK	A	9/6/13	\$ 579.50	NEWSPAPER AD		
				\$			
5. Total only this Page						\$ 2079.50	
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 <i>(List detailed expenditure code in (h.) above)</i>							
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	
FORSYTH COUNTY 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		
MCLL1	CHECK	0	9/6/13	\$ 15.00	BUTTON PARTS		
				\$			
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	
FREEDOM CREATIVE SOLUTIONS P.O. Box 1464 WALKERTOWN, NC 27051-1464 336-595-6300							
				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:		\$ 92.87	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
MCLL1	CHECK	B	9/6/13	\$ 92.87	BUSINESS CARDS		
				\$			
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:		\$ 470.95	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
MCLL1	CHECK	B	9/13/13	\$ 470.95	CARD MATTERS		
				\$			
5. Total only this Page						\$ 578.82	
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	
MHCINTOSH 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	
CHRISTINE RUCKER 4169 SCOTT RD EAST BEND, NC 27018 336-816-0907							
				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:		\$ 200.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
M1CC1	CHECK	0	9/24/13	\$ 200.00	PHOTOGRAPHS		
				\$			
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						\$ 200.00	
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
MALINTOSH 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:		
				\$ 1632.36		
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
MCCC4	CHECK	0	10/4/13	\$ 178.91	TEE SHARES	
				\$		
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						\$ 178.91
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

Amendment
 Yes 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	
MALINTOSH FOR CITY COUNCIL COMMITTEE						538-FL7498-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:		\$ 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		\$ 1011.46	YRBD STUNS		
				\$			
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	
FREEDOM CREATIVE SOLUTIONS P.O. Box 1464 WALKERTOWN, NC 27051 336-595-6300							
				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		
MCCC1	CHECK	B	10/10/13	\$ 122.76	BUSINESS CARDS		
				\$			
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	
BETTE HASTINGS 2837 WESLEYAN LAKE WINSTON-SALEM, NC 27106 336-724-6939							
				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:		\$ 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						\$ 1334.72	
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

Amendment
 Yes 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-F62M98-C-001
3. Type of Disbursement (Please use separate CRO-1310 forms for each type of Disbursement)						
<input 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	
SIR SPEEDY 1011 BURKE ST. WINSTON-SALEM, NC 27101 336-722-4109						
			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:		\$ 307.44	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
MCCC1	CHECK	B	10/16/13	\$ 307.44	Letterhead	
				\$		
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	
POSTMARK, 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:		\$ 959.82	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
MCCC4	CHECK	B	10/17/13	\$ 488.87	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	
			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					\$ 796.31	
6. Total of ALL CRO-1310 Pages					\$ 6864.21	
(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)					776.53	
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

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-004		
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	
KELLY MATTER 428 S. SUNSET DR. WINSTON-SALEM, NC 27103 336-703-5305		<input checked="" 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:		\$ 9.47	
		f. Purpose Code		j. Election Sum to Date	
		L		\$ 9.47	
b. Job Title/Profession		c. Employer's Name/Specific Field		g. Comments	
REGISTRATION COORDINATOR		HABITAT FOR HUMANITY		MCCCA	
l. Form of Payment	m. Required Remarks		n. Date (mm/dd/yyyy)	o. Amount	
CHECK			9/13/13	\$ 9.47	
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 WOODBRIAR 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			
		e. Level Registered		i. Original Receipt Amount	
		<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$ 165.12	
		f. Purpose Code		j. Election Sum to Date	
		L		\$ 165.12	
b. Job Title/Profession		c. Employer's Name/Specific Field		g. Comments	
OWNER		INSPIRE SALES		SPOUSE OF CANDIDATE	
				MCCCA	
l. Form of Payment	m. Required Remarks		n. Date (mm/dd/yyyy)	o. Amount	
CHECK			9/24/13	\$ 165.12	
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	
JEFFREY MACINTOSH 129 WOODBRIAR 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		9/11/13	
		e. Level Registered		i. Original Receipt Amount	
		<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$ 50.24 97.49	
		f. Purpose Code		j. Election Sum to Date	
		L		\$ 137.73	
b. Job Title/Profession		c. Employer's Name/Specific Field		g. Comments	
REALTOR		LEONARD, RYDEK, BURR		CANDIDATE	
				MCCCA	
l. Form of Payment	m. Required Remarks		n. Date (mm/dd/yyyy)	o. Amount	
CHECK			9/24/13 10/4/13	\$ 137.73	
4. Total only this Page				\$ 312.32	
5. Total of ALL CRO-1320 Pages (This line must be on line 16 of Detailed Summary Page CRO-1100)				\$ 312.32	
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)					

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
JOHN MERSHELL 851 W. 4 th ST, UNIT B 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
		\$ 562.47
e. Description	f. Date (mm/dd/yyyy)	g. Fair Market Amount
FOOD+BEVERAGES FOR PRIMARY PARTY	9/10/13	\$ 562.47
		\$
		\$
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
	<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	
		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	c. Comments
	<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	
		d. Election Sum to Date
		\$
e. Description	f. Date (mm/dd/yyyy)	g. Fair Market Amount
		\$
		\$
		\$
4. Total only this Page		\$ 562.47
5. Total of ALL CRO-1510 Pages <small>(This line must be on line 17 of Detailed Summary Page CRO-1100)</small>		\$ 562.47

Contributions to be Reimbursed

Pg 1 of 1

Amendment
 Yes No

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).

1. Committee Full Name		2. ID Number	
MACINTOSH FOR LIFT+COULCIL COMMITTEE		538-F62M98-C-001	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> 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 <input type="checkbox"/> Add <input type="checkbox"/> 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 <input type="checkbox"/> Add <input type="checkbox"/> 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 COMMITTEE MEETINGS	9/24/13	N	\$ 165.12
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> 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			\$ 312.32
<small>(This line goes in line 28 of Detailed Summary Page CRO-1100)</small>			