

COPY

Statement of Organization - Candidate Committee

Amendment

☒ Yes☐ No

Use this form to create a new or update an existing candidate committee.

This form must be accompanied by forms CRO-3100 and CRO-3500 (when amending, only re-submit if applicable).

1. Committee Information

a. Full Name

MACINTOSH FOR CITY COUNCIL COMMITTEE RECEIVED

c. ID Number

538-F62498-C-001

b. Mailing Address (Include City, State and Zip Code)

3945 SPRINGLAKE CT
CLEMMONS, NC 27012

d. Date Organized

6-12-13

e. Phone Number

336-785-6512

2. Candidate Information

☐ Candidate's Primary Committee

a. Full Name

JEFFREY WILLIAM MACINTOSH

e. Candidate ID Number

f. Party Affiliation

DEMOCRAT

(Indicate Non-partisan if applicable)

b. Mailing Address (Include City, State, and Zip Code)

129 WOODBRIDGE RD
WINSTON-SALEM, NC 27106

g. Office Sought

WINSTON-SALEM CITY COUNCIL

c. Phone Number

336
768-9444

d. Email Address

JMACINTOSH@GMAIL.COM

h. Next Election Year

2013

i. Jurisdiction

WINSTON-SALEM,
NORTHWEST WARD☐ Email copy of notices

3. Treasurer Information

a. Full Name

RICHARD DOUGLAS LEARMERMAN, JR

b. Mailing Address (Include City, State, and Zip Code)

3945 SPRINGLAKE CT
CLEMMONS, NC 27012

c. Phone Number

336
785-6512

d. Email Address

RDOUGLEARMERMAN@HOTMAIL.COM

4. Custodian of Books Information

a. Full Name

RICHARD DOUGLAS LEARMERMAN, JR

b. Mailing Address (Include City, State, and Zip Code)

SAME

c. Phone Number

SAME

d. Email Address

SAME

I prefer to receive notices by email ☒ Yes ☐ No☒ Email copy of notices

5. Assistant Treasurer Information

☐ Add☐ Remove

a. Full Name

b. Mailing Address (include City, State, and Zip Code)

c. Phone Number

d. Email Address

6. Account Information (incl. CRO-3500)

☒ Add☐ Remove

a. Financial Institution Full Name

WELLS FARGO

b. Purpose

EXPENSES

c. Account Code

MCC1

MCC2

d. Type

CHECKING

SAVINGS

☐ Email copy of notices

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.

R DOUGLAS LEARMERMAN

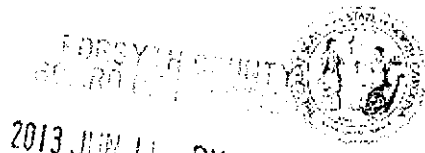
Printed Name of Signer

R. D. Lerman

Signature of Appointed Treasurer

6-13-13

Date



North Carolina
State Board of Elections
41 N Harrington Street
Raleigh, NC 27603

Kim Westbrook Strach
Executive Director

Mailing Address
PO Box 27255
Raleigh, NC 27611-7255
(919) 733-7173
Fax: (919) 715-8047

Certification of Treasurer

This Certification is used by Candidate Committees to appoint a treasurer to the committee. This form is required and must accompany the Candidate's Statement of Organization

FILED BY:

Candidate Name: JEFFREY WILLIAM MALINTOSH
Treasurer Name: RICHARD DOUGLAS LEMMERMAN
Treasurer Address: 3945 SPRING LAKE CT
(include city, state, & zip) CLEMENS, NC 27012

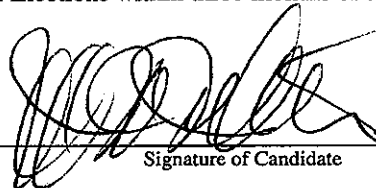
Treasurer Phone: 336-765-6512

I certify that the above information is correct, and I, as candidate, appoint said treasurer to personally fulfill the duties and responsibilities imposed upon the appointed treasurer and subject to the penalties and sanctions in *Subchapter VIII. Regulation of Election Campaigns* of Chapter 163 of the North Carolina General Statutes.

I understand that if the above Treasurer changes, it will be necessary to certify a new treasurer and amend the existing Statement of Organization within 10 days of the vacancy. I further understand that the above Treasurer is required to receive training by the State Board of Elections within three months of this appointment according to Article 163.278.9(k).

6-13-13

Date Signed


Signature of Candidate

Note: This Certification is to be filed at the Election Board where the committee's campaign reports are filed.

2013 JUN 14 PM 2:23
RECEIVED
North Carolina
State Board of Elections
506 N Harrington Street
Raleigh, NC 27603

Kimberly Westbrook-Strach
Deputy Director – Campaign Reporting

Mailing Address
PO Box 27255
Raleigh, NC 27611-7255
(919) 733-7173
Fax: (919) 715-8047

Candidate Designation of Committee Funds

This form is used by candidate committees only and allows the candidate to designate in the event of their death, how the committee's funds are to be disbursed using the eight allowable methods outlined in 163-278.16B(a).

Candidate Name: JEFFREY WILLIAM MACINTOSH
Committee Name: MACINTOSH FOR CITY COUNCIL COMMITTEE
Treasurer Name: R. DOUGLAS LEMMERMAN
If Candidate is own treasurer, designate an agent to carry out designations: _____
Committee ID #: 538-F621193-C-001
Level Registered: [State] [County] If county, specify: _____

I, JEFFREY WILLIAM MACINTOSH, hereby direct that in the event of my death or incapacity all
(Name of Candidate)
funds remaining in my Campaign Committee account(s) (after payment of permitted outstanding debts or reasonable expenses for winding up the Committee or closing office) be paid in the following manner as permitted by N.C. Gen. Stat. 163-278.16B(a).

Name of Entity (Select from §163-278.16B(a))	Plan for Disbursement (eg. Amount or %)
1. <u>NC DEMOCRATIC PARTY</u>	<u>100%</u>
2. _____	_____
3. _____	_____

By signing this form, I certify that the foregoing entities are eligible beneficiaries under N.C. Gen. Statute 163-278.16B(a). A copy of this form should be maintained with the Committee records.

Signature of Candidate: _____

Date: 6-13-13

Note: This Designation is to be filed with the Election Board where the committee's campaign reports are filed.