

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

I. Committee Information

a. Full Name

MAJINTOSH FOR CITY COUNCIL COMMITTEE

c. ID Number

538-F62-M98-C-001

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

3945 SPAINLAKE CT,
CLEMMONS, NC 27012

d. Date Filed

7-11-22

e. Phone Number

336-785-6512

2. Report Year

2022

3. Period Start Date (mm/dd/yy)

1-1-22

4. Period End Date (mm/dd/yy)

6-30-22

5. Treasurer Full Name

RICHARD DOUGLAS LEMMERMAN

6. Type of Committee (Check One)

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

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

- | | | |
|--|---|---|
| Municipal | State/County | Referendum |
| <input type="checkbox"/> Organizational | <input type="checkbox"/> Organizational | <input type="checkbox"/> Organizational |
| <input type="checkbox"/> Thirty-five day | <input type="checkbox"/> Quarterly | <input type="checkbox"/> Pre-referendum |
| <input type="checkbox"/> Pre-primary | <input type="checkbox"/> First | <input type="checkbox"/> Final |
| <input type="checkbox"/> Pre-election | <input type="checkbox"/> Second | <input type="checkbox"/> Supplemental Final |
| <input type="checkbox"/> Pre-runoff | <input type="checkbox"/> Third | <input type="checkbox"/> Annual |
| <input type="checkbox"/> Semi-annual | <input type="checkbox"/> Fourth | <input type="checkbox"/> Special |
| <input checked="" type="checkbox"/> Mid Year | <input type="checkbox"/> Semi-annual | |
| <input type="checkbox"/> Year End | <input type="checkbox"/> Mid Year | |
| <input type="checkbox"/> Final | <input type="checkbox"/> Year End | |
| <input type="checkbox"/> Special | <input type="checkbox"/> Final | |
| | <input type="checkbox"/> Special | |

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

- ☐ Booster Fund
☐ Building Fund

☐ Other:

8. Number of Fundraisers this Report

0

10. Special Report Name

11. Account Information

a. Financial Institution Full Name

PIEDMONT FEDERAL SAVINGS BANK

b. Purpose

CHECKING

c. Account Code

MCCC1

d. Period Begin Balance

\$ 4346.43

11. Account Information

a. Financial Institution Full Name

b. Purpose

c. Account Code

d. Period Begin Balance

\$

CERTIFICATION

I certify that the Committee or Fund is in compliance with all applicable provisions of Article 22A, 22B & 22D-22M of Chapter 163 of the NC General Statutes and that no funds are commingled with prohibited or other non-disclosed funds. I further certify that this report is complete, true and correct and that I have been trained by the NC State Board of Elections.

R. DOUGLAS LEMMERMAN

Printed Name of Signer

R. Douglas Lemmerman

Signature of Appointed Treasurer

7-11-22

Date

FOR OFFICE USE ONLY

Date Received:

Employee:

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

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

Amendment

☐ Yes ☒ No

1. Committee Full Name (and Fund if applicable) MACINTOSH FOR CITY COUNCIL COMMITTEE		2. Type of Report MID-YEAR		3. ID Number 538-F62-M98- L-001	
Start of Election Cycle: January 1, 2022		Total this Reporting Period		Total this Election Cycle	
4) Cash on Hand at Start		\$ 4345.43		\$ 4345.43	
RECEIPTS					
5) Aggregated Contributions from Individuals (CRO-1205)		\$		\$	
6) Contributions from Individuals (CRO-1210)		\$		\$	
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)		\$ 0		\$ 0	
EXPENDITURES					
13) Disbursements					
13a) Operating Expenditures (CRO-1310)		\$		\$	
13b) Contributions to Candidates/Political Committees (CRO-1310)		\$ 1300.00		\$ 1300.00	
13c) Coordinated Party Expenditures (CRO-1310)		\$		\$	
14) Aggregated Non-Media Expenditures (CRO-1315)		\$		\$	
15) Loan Repayments (CRO-1420)		\$		\$	
16) Refunds/Reimbursements from the Committee (CRO-1320)		\$		\$	
17) In-Kind Contributions (CRO-1510)		\$		\$	
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)		\$ 1300.00		\$ 1300.00	
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)		\$ 3045.43		\$ 3045.43	
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)		\$		\$	

CRO-1100

NC State Board of Elections

August 2008

Disbursements

Pg 1 of 1

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-F62-M98-L-001	
3. Type of Disbursement <i>(Please use separate CRO-1310 forms for each type of Disbursement.)</i>							
<input type="checkbox"/> Operating Expenses <input checked="" 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	
YOUNG DEMOCRATS OF FORSYTH COUNTY 723 COLISEUM DR, NW, SUITE 102 WINSTON-SALEM, NC 27106 415-596-1489				c. Level Registered (Specify)		e. Election Sum to Date	
				<input type="checkbox"/> Federal <input checked="" type="checkbox"/> County:			
				<input type="checkbox"/> State <input type="checkbox"/> Municipality:			
f. Account Code		g. Form of Payment		h. Purpose Code		i. Date (mm/dd/yyyy)	
MCC-1		CHECK		G		4-6-22	
						j. Amount	
						\$ 100.00	
						k. Required Remarks	
						Donation	
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 723 COLISEUM DR WINSTON-SALEM, NC 27106 336-546-7711				c. Level Registered (Specify)		e. Election Sum to Date	
				<input type="checkbox"/> Federal <input checked="" type="checkbox"/> County:			
				<input type="checkbox"/> State <input type="checkbox"/> Municipality:			
f. Account Code		g. Form of Payment		h. Purpose Code		i. Date (mm/dd/yyyy)	
MCC-1		CHECK		G		4-17-22	
						j. Amount	
						\$ 1200.00	
						k. Required Remarks	
						Donation	
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 checked="" 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						\$ 1300.00	
6. Total of ALL CRO-1310 Pages						\$ 1300.00	
(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)							