Amendment

Disclosure Report Cover

Use this form for general report and committee information, must be signed and supplitted along with other detailed forms.

Do not use this form to update information.

1. Committee Inf	ormation				The second secon				
a. Full Name	2013.11	14 P	c. ID Number						
MACINTOSA	538-F62198-6-001								
a. Full Name A HCINTOSH FOR CITY COUNCIL COMMITTEE b. Mailing Address (include City, State and Zip Code) RECEIVED							d. Date Filed		
3945 SPRINGLANE CT. 6-14-13									
CLEMMONS		e. Phone Number							
							336-785-6512		
2. Report Year 3	. Period Start	Date (mm/dd/	yy) 4. Period 1	End Date (r	nm/dd/yy)		er Full Name		
2013	06/13/	13		• • • • •	RD POULLAS MERPLN, JR				
6. Type of Comm	96/12/13	Section 1995			conty one		ort from one category)		
Candidate Campa			Municipal		ite/County	type of repo	Referendum		
PAC		* B	Organization		Organizat	ional	Organizational		
			Thirty-five da	!-	Quarterly		Pre-referendum		
☐ Independent Expenditure ☐ Joint Fundraiser☐ Legal Expense Fund			Pre-primary	′ ∣r−	Quarterly		Final		
- Legal Expense re	Pre-election	} =	Seco		Supplemental Final				
7. Type of Fund	(if applicable,	check one)	Pre-runoff	Third			Annual		
Booster Fund	Semi-annual		Four		Special				
Building Fund			Mid Yea	r	Semi-anni	ual	 		
			Year En	· I_	Mid	Year	10. Special Report Name		
Other:			Final		Year	End			
8. Number of Fu	ndraisers this	Report	Special		Final				
0					Special				
11. Account Info	rmation		201600000000000000000000000000000000000	11. Accou	nt Inforn	nation			
a. Financial Institutio				a. Financial					
WELLS FAI		WELLS FARGO							
b. Purpose		c. Account Cod	le	b. Purpose		c. Account Code			
EXPENSES				TO QUALIFY FOR			MCCC2		
		d. Period Begin	n Balance	PREE CHECKELS			d. Period Begin Balance		
\$ 0							\$ 0		
CERTIFICATIO	N			<u> </u>					
of the NC General report is complete	Statutes and the true and correct	at no funds are at and that I hav	commingled with	prohibited	or other no	n-disclosed fu	3 & 22D-22M of Chapter 163 ands. I further certify that this		
R DOUGLAS LE MARRAN R DEZENVERNE 6-13-13 Printed Name of Signer Gignature of Appointed Treasurer Date									
FOR OFFICE US			<u> </u>	· ···-FP					
	1 1	ulle a		O. 1	Ω . Ω .	Del	ivery Method		
Date Received: Employee: Mormal Mail									
Date Postmarked: Employee: Registered Mail Hand Delivered							Hand Delivered		
Date Scanned:			Emplo	yee:	·		Electronically Filed		
Date Data Entered:			Emplo	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.									

2. Type of	netary information Report	
		3. ID Number
		538-F62M98-6-001
	Total this Reporting Period	Total this Election Cycle
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		t territoria
(CRO-1205)	\$	\$
(CRO-1210)	\$ 500.00	\$ 500-00
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(CRO-1230)	\$	\$
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Contr	ibutions fro	n Individuals		Pg		1	Amendment Yes No	
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The Control of the Co	ne, Mailing Address d	& Phone		b. Job Title/Profession		d, Comments		
(include	city, state, & zip)		April 1985	NEXOHBORADO R COORDINA		V		
	ENCE KELLY			c. Employer's Name/Spe				
	S-SUNSET 1	HABITAT FOR	_					
WINSTOK-SALEM, NC 27103-2840						e. Election Sum to Date		
					,	\$ 250.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-k	and Description	j. Date (mm/dd/yy	yy)	k. Amount	
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	_	S LENAERBA	N, A (c. Employer's Name/Spe	cific Field			
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4. Tota	iodivilia esg				The Land Constitution	\$ 5	00.00	

Amendment