

# Disclosure Report Cover

Amendment

☐ Yes

☒ No

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.

|                                                                                                                                                                                                                                                                                                                                                                               |                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                       |               |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------|---------------|
| <b>1. Committee Information</b>                                                                                                                                                                                                                                                                                                                                               |                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                       |               |
| a. Full Name<br><u>MALINDA FOR CITY COUNCIL COMMITTEE</u>                                                                                                                                                                                                                                                                                                                     |                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | c. ID Number<br><u>538-F62M98-2-001</u>               |               |
| b. Mailing Address (include City, State and Zip Code)<br><u>3945 SPRING LAKE CT</u><br><u>CLEMMONS, NC 27012</u>                                                                                                                                                                                                                                                              |                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | d. Date Filed                                         |               |
|                                                                                                                                                                                                                                                                                                                                                                               |                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | e. Phone Number<br><u>336-785-6512</u>                |               |
| 2. Report Year<br><u>2019</u>                                                                                                                                                                                                                                                                                                                                                 | 3. Period Start Date (mm/dd/yy)<br><u>1-1-19</u> | 4. Period End Date (mm/dd/yy)<br><u>6-30-19</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 5. Treasurer Full Name<br><u>R. DOUGLAS LEMMERMAN</u> |               |
| 6. Type of Committee (Check One)                                                                                                                                                                                                                                                                                                                                              |                                                  | 9. Type of Report (check only one type of report from one category)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                       |               |
| <input type="checkbox"/> Candidate Campaign<br><input type="checkbox"/> PAC<br><input type="checkbox"/> Independent Expenditure<br><input type="checkbox"/> Legal Expense Fund<br><input type="checkbox"/> Party<br><input type="checkbox"/> Referendum<br><input type="checkbox"/> Joint Fundraiser                                                                          |                                                  | Municipal<br><input type="checkbox"/> Organizational<br><input type="checkbox"/> Thirty-five day<br><input type="checkbox"/> Pre-primary<br><input type="checkbox"/> Pre-election<br><input type="checkbox"/> Pre-runoff<br><input checked="" type="checkbox"/> Semi-annual<br><input checked="" type="checkbox"/> Mid Year<br><input type="checkbox"/> Year End<br><input type="checkbox"/> Final<br><input type="checkbox"/> Special<br>State/County<br><input type="checkbox"/> Organizational<br><input type="checkbox"/> Quarterly<br><input type="checkbox"/> First<br><input type="checkbox"/> Second<br><input type="checkbox"/> Third<br><input type="checkbox"/> Fourth<br><input type="checkbox"/> Semi-annual<br><input type="checkbox"/> Mid Year<br><input type="checkbox"/> Year End<br><input type="checkbox"/> Final<br><input type="checkbox"/> Special<br>Referendum<br><input type="checkbox"/> Organizational<br><input type="checkbox"/> Pre-referendum<br><input type="checkbox"/> Final<br><input type="checkbox"/> Supplemental Final<br><input type="checkbox"/> Annual<br><input type="checkbox"/> Special |                                                       |               |
| 7. Type of Fund (if applicable, check one)                                                                                                                                                                                                                                                                                                                                    |                                                  | 10. Special Report Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                       |               |
| <input type="checkbox"/> Booster Fund<br><input type="checkbox"/> Building Fund<br><input type="checkbox"/> Other:                                                                                                                                                                                                                                                            |                                                  | <u>2019 JUL-9 PM 2:25</u><br><u>RECEIVED</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                       |               |
| 8. Number of Fundraisers this Report<br><u>0</u>                                                                                                                                                                                                                                                                                                                              |                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                       |               |
| <b>11. Account Information</b>                                                                                                                                                                                                                                                                                                                                                |                                                  | <b>11. Account Information</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                       |               |
| a. Financial Institution Full Name<br><u>WELLS FARGO</u>                                                                                                                                                                                                                                                                                                                      |                                                  | a. Financial Institution Full Name<br><u>WELLS FARGO</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                       |               |
| b. Purpose<br><u>CHECKING</u>                                                                                                                                                                                                                                                                                                                                                 | c. Account Code<br><u>MCCC1</u>                  | b. Purpose<br><u>FREE CHECKING</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | c. Account Code<br><u>MCCC2</u>                       |               |
|                                                                                                                                                                                                                                                                                                                                                                               | d. Period Begin Balance<br><u>\$ 4047.42</u>     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | d. Period Begin Balance<br><u>\$ 0</u>                |               |
| <b>CERTIFICATION</b>                                                                                                                                                                                                                                                                                                                                                          |                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                       |               |
| 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. |                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                       |               |
| <u>R. DOUGLAS LEMMERMAN</u>                                                                                                                                                                                                                                                                                                                                                   |                                                  | <u>R. Douglas Lemmerman</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                       | <u>7-9-19</u> |
| Printed Name of Signer                                                                                                                                                                                                                                                                                                                                                        |                                                  | Signature of Appointed Treasurer                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                       | Date          |
| <b>FOR OFFICE USE ONLY</b>                                                                                                                                                                                                                                                                                                                                                    |                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                       |               |
| Date Received:                                                                                                                                                                                                                                                                                                                                                                | <u>7/9/19</u>                                    | Employee:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <u>[Signature]</u>                                    |               |
| Date Postmarked:                                                                                                                                                                                                                                                                                                                                                              |                                                  | Employee:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                       |               |
| Date Scanned:                                                                                                                                                                                                                                                                                                                                                                 |                                                  | Employee:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                       |               |
| Date Data Entered:                                                                                                                                                                                                                                                                                                                                                            |                                                  | Employee:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                       |               |
| Delivery Method<br><input type="checkbox"/> Normal Mail<br><input type="checkbox"/> Registered Mail<br><input checked="" type="checkbox"/> Hand Delivered<br><input type="checkbox"/> Electronically Filed<br><input type="checkbox"/> Signer has not received mandatory training                                                                                             |                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                       |               |
| <b>Please Note:</b> This form cannot be used to amend committee information such as the committee address, treasurer, assistant treasurer, custodian of books information, or account information.<br>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

|                                                                              |  |                                    |  |                                  |  |
|------------------------------------------------------------------------------|--|------------------------------------|--|----------------------------------|--|
| <b>1. Committee Full Name (and Fund if applicable)</b>                       |  | <b>2. Type of Report</b>           |  | <b>3. ID Number</b>              |  |
| MALEFUD34 FOR CITY COUNCIL COMMITTEE                                         |  | SEMI-ANNUAL<br>MID-YEAR            |  | 538-F62M98-<br>C-001             |  |
| <b>Start of Election Cycle:</b> January 1, <u>2019</u>                       |  | <b>Total this Reporting Period</b> |  | <b>Total this Election Cycle</b> |  |
| 4) Cash on Hand at Start                                                     |  | \$ 4047.42                         |  | \$ 4047.42                       |  |
| <b>RECEIPTS</b>                                                              |  |                                    |  |                                  |  |
| 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                             |  |
| <b>EXPENDITURES</b>                                                          |  |                                    |  |                                  |  |
| 13) Disbursements                                                            |  |                                    |  |                                  |  |
| 13a) Operating Expenditures (CRO-1310)                                       |  | \$                                 |  | \$                               |  |
| 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)                     |  | \$                                 |  | \$                               |  |
| 17) In-Kind Contributions (CRO-1510)                                         |  | \$                                 |  | \$                               |  |
| 18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)          |  | \$ 0                               |  | \$ 0                             |  |
| 19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18) |  | \$ 4047.42                         |  | \$ 4047.42                       |  |
| <b>ADDITIONAL INFORMATION</b>                                                |  |                                    |  |                                  |  |
| 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)                                  |  | \$                                 |  | \$                               |  |