48-Hour Notice					C	OP	YPag	e of		
To be Used by Committees to Report Contributions of over \$1,000										
1. Committee Name							7. Date			
Shatzman for Sheriff							10/30/02			
2. Committee Address							8. 1D Number			
3880 Vest M.11	Ra									
3. City 4. State 5. Zip 6. Phone								ment		
Winston-Salem	/	<u>ve 2.</u>	2012	<u>, 336</u>	<u>, 79</u> 4	4 0988	Yes Y No			
Wes B	rool	<u>45 3</u>	36	760.1	150					
11. Contributions Received (Subr	nit multip	le forms if additi	onal spe	ace is require	ed.)					
a. Full Name, Mailing Address & Phone		b. Specify Type of	Contrib	utor:			·	c. If Not-for-		
(include city, state, and zip)		Individual								
J Nathan Tabor		Not-for-Profit Other Source:								
555/ LOOG WHILE D		d. If Other Comm	- If Other Committee, specify Type of Committee:							
5556 Long Walk Dr Kernersville, NC 2 336.993-0929		Federal State County:								
nerversville, NC 2	172.84	e. If Ind, list Job Title/Profession: f. If Ind, list Employer's Name/Specific Field:								
236.993-0727		business a	bysiness owner Reval Soy TO CO							
g. Election Cycle Sum to Date	h. In-Kind	i. Account Number	er/Code	j. Form of Pay		k. Date (mm/dd/		L'Amount		
5 / 000.00		500	i i i	check		10129/02		\$ 1000,00		
a. Full Name, Mailing Address & Phone		b. Specify Type of						c. If Not-for-		
(include city, state, and zip)	- <u></u>	Individual		Political Party		Other Political (Committee			
		Not-for-Profi	Not-for-Profit Other Source: ID #:							
		d. If Other Comm	d. If Other Committee, specify Type of Committee:							
	Federal	State					_]			
	e. If Ind, list Job 7	Title/Prof	lession:	f. If Ind	, list Employer's	Name/Spe	ccific Field:			
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g. Election Cycle Sum to Date	h. In-Kino	I L Account Numbe	:r/Code	j. Form of Pay	ment	k. Date (mm/dd/	-	L Amount		
S		1					<u> </u>	\$		
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(include city, state, and zip)								,		
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	Federal	State					<u> </u>			
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S		- <u>+</u> ,	17 Tet		Hana T	I Dogo		<u> S</u>		
12. Total Contributions ALL Pag (if multi-page, only list on page 1)	,es	\$		al Contribu				\$		
CERTIFICATION										

I certify that the Committee is in compliance with all provisions of Article 22A, including that no funds are commingled with funds for a federal or out-of-state PAC. I further say that this report is complete, true, correct, and the contributions were received no more than 48 hours prior to this notice being filed. All contributions received, not over \$1,000, will be reported on the next scheduled filing report.

WF1 Breek Signature of Appointed Treasurer or Candidate

roloclor

Date

48-Hour Notice								E 4	- se	of
To b	e Used	by	Committees to	Report	Contributions	s of ove	er \$1,000			
								7. Date		
SHATZMAN FOR SHERIFF								11/4/02		
2. Committee Address							8. ID Nu			
		_			- <u></u>		· · · · · · · · · · · · · · · · · · ·	0.10.10	ino	:r
3880 VEST N	<u>IILL</u>	<u>R0</u>	AD SUITE	# 9						*
3. City 4. State 5. Zip 6. Phone								9. Amen		ent
								Yes		
WINSTON-SAL 10. Treasurer Name	EM J	NC	27103		33(<u>6.79</u>	4.0988	Ld No		
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WES BROOKS 1	313 4	IS.	HLEYBROOD	K LAN	E WINST(N-S	ALEM, NC	<u>-</u> 33	6.	760.1120
11. Contributions Received (Subi	mit mult	ipl	e forms if addi	tional sr	once is requir	od)		C	_	
2. Full Name, Mailing Address & Phone		Ĩ	b. Specify Type of	of Contrib	utor:	eu.)				
(include city, state, and zip)			individual		Political Party		Other Political (Committe	c. If Not-for- Profit, list Fed	
			Not-for-Pro	fit 🗍	Other Source:		V	-Villinies,	9C	ID #:
Scott A. Livengood	[d. If Other Committee, specify Type of Committee:								
3504 Stonegate Ct.	[Federal State County:								
Winston-Salem, NC 27104			e. If Ind, list Job Title/Profession: f. If Ind, list Employer's Name/Specific Field:							
336.733.3701		_	CEO			K	RISPY KRE			
g. Election Cycle Sum to Date	h. In-Ki		i. Account Numb	er/Code	j. Form of Pay	ment	k. Date (mm/dd/	уууу)	I. A	mount
\$ 1,000,00			SCB		CHECK		10/29/03	2	<u> s1</u>	.000.00
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(include city, state, and zip)			Individual Political Party Other Political					Committe	e	Profit, list Fed
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S	a. 10-10.		L Account (vano	er/Coue	j. Form of Pay	ment	k. Date (mm/dd/	<u> (<u>ג</u>עני</u>	1. A S	mount
12. Total Contributions ALL Page	ل <u>ــــــــــــــــــــــــــــــــــــ</u>		-	13. Tot	al Contribut	ione T	LIS Dage			
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LP Dace

Signature of Appointed Treasurer or Candidate (if multi-page, only sign on page 1)

100 Date