

48-Hour Notice

To be Used by Committees to Report Contributions of over \$1,000

1. Committee Name Shatzman for Sheriff						7. Date 10/30/02	
2. Committee Address 3880 Vest Mill Rd Ste 9						8. ID Number	
3. City Winston-Salem		4. State NC		5. Zip 27103		6. Phone 336 794 0988	
9. Amendment						<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
10. Treasurer Name Wes Brooks 336 760.1120							

11. Contributions Received (Submit multiple forms if additional space is required.)

a. Full Name, Mailing Address & Phone (include city, state, and zip) J Nathan Tabor 5556 Long Walk Dr Kernersville, NC 27284 336.993-0929			b. Specify Type of Contributor: <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Political Party <input type="checkbox"/> Other Political Committee <input type="checkbox"/> Not-for-Profit <input type="checkbox"/> Other Source: _____			c. If Not-for-Profit, list Fed ID #:	
d. If Other Committee, specify Type of Committee: <input type="checkbox"/> Federal <input type="checkbox"/> State <input type="checkbox"/> County: _____			e. If Ind, list Job Title/Profession: business owner			f. If Ind, list Employer's Name/Specific Field: Reval Soy	
g. Election Cycle Sum to Date \$ 1,000.00		h. In-Kind <input type="checkbox"/>	i. Account Number/Code 558	j. Form of Payment check	k. Date (mm/dd/yyyy) 10/29/02	l. Amount \$ 1,000.00	

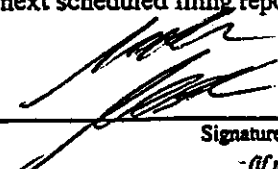
a. Full Name, Mailing Address & Phone (include city, state, and zip)			b. Specify Type of Contributor: <input type="checkbox"/> Individual <input type="checkbox"/> Political Party <input type="checkbox"/> Other Political Committee <input type="checkbox"/> Not-for-Profit <input type="checkbox"/> Other Source: _____			c. If Not-for-Profit, list Fed ID #:	
d. If Other Committee, specify Type of Committee: <input type="checkbox"/> Federal <input type="checkbox"/> State <input type="checkbox"/> County: _____			e. If Ind, list Job Title/Profession:			f. If Ind, list Employer's Name/Specific Field:	
g. Election Cycle Sum to Date \$		h. In-Kind <input type="checkbox"/>	i. Account Number/Code	j. Form of Payment	k. Date (mm/dd/yyyy)	l. Amount \$	

a. Full Name, Mailing Address & Phone (include city, state, and zip)			b. Specify Type of Contributor: <input type="checkbox"/> Individual <input type="checkbox"/> Political Party <input type="checkbox"/> Other Political Committee <input type="checkbox"/> Not-for-Profit <input type="checkbox"/> Other Source: _____			c. If Not-for-Profit, list Fed ID #:	
d. If Other Committee, specify Type of Committee: <input type="checkbox"/> Federal <input type="checkbox"/> State <input type="checkbox"/> County: _____			e. If Ind, list Job Title/Profession:			f. If Ind, list Employer's Name/Specific Field:	
g. Election Cycle Sum to Date \$		h. In-Kind <input type="checkbox"/>	i. Account Number/Code	j. Form of Payment	k. Date (mm/dd/yyyy)	l. Amount \$	

12. Total Contributions ALL Pages (if multi-page, only list on page 1)		\$	13. Total Contributions THIS Page (sum all the 111 entries on this page)		\$
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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.


Wes Brooks
10/30/02

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

To be Used by Committees to Report Contributions of over \$1,000

1. Committee Name SHATZMAN FOR SHERIFF						7. Date 11/4/02	
2. Committee Address 3880 VEST MILL ROAD SUITE # 9						8. ID Number	
3. City WINSTON-SALEM, NC 27103		4. State		5. Zip		6. Phone 336.794.0988	
10. Treasurer Name WES BROOKS 1313 ASHLEYBROOK LANE WINSTON-SALEM, NC						9. Amendment <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
						336-760.1120	

11. Contributions Received (Submit multiple forms if additional space is required.)

a. Full Name, Mailing Address & Phone (include city, state, and zip) Scott A. Livengood 3504 Stonegate Ct. Winston-Salem, NC 27104 336.733.3701			b. Specify Type of Contributor: <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Political Party <input type="checkbox"/> Other Political Committee <input type="checkbox"/> Not-for-Profit <input type="checkbox"/> Other Source: _____			c. If Not-for-Profit, list Fed ID #:	
			d. If Other Committee, specify Type of Committee: <input type="checkbox"/> Federal <input type="checkbox"/> State <input type="checkbox"/> County: _____				
			e. If Ind, list Job Title/Profession: CEO		f. If Ind, list Employer's Name/Specific Field: KRISPY KREME		
g. Election Cycle Sum to Date \$ 1,000.00		h. In-Kind <input type="checkbox"/>	i. Account Number/Code SCB [REDACTED]	j. Form of Payment CHECK	k. Date (mm/dd/yyyy) 10/29/02	l. Amount \$1,000.00	


a. Full Name, Mailing Address & Phone (include city, state, and zip)			b. Specify Type of Contributor: <input type="checkbox"/> Individual <input type="checkbox"/> Political Party <input type="checkbox"/> Other Political Committee <input type="checkbox"/> Not-for-Profit <input type="checkbox"/> Other Source: _____			c. If Not-for-Profit, list Fed ID #:	
			d. If Other Committee, specify Type of Committee: <input type="checkbox"/> Federal <input type="checkbox"/> State <input type="checkbox"/> County: _____				
			e. If Ind, list Job Title/Profession:		f. If Ind, list Employer's Name/Specific Field:		
g. Election Cycle Sum to Date \$		h. In-Kind <input type="checkbox"/>	i. Account Number/Code	j. Form of Payment	k. Date (mm/dd/yyyy)	l. Amount \$	

a. Full Name, Mailing Address & Phone (include city, state, and zip)			b. Specify Type of Contributor: <input type="checkbox"/> Individual <input type="checkbox"/> Political Party <input type="checkbox"/> Other Political Committee <input type="checkbox"/> Not-for-Profit <input type="checkbox"/> Other Source: _____			c. If Not-for-Profit, list Fed ID #:	
			d. If Other Committee, specify Type of Committee: <input type="checkbox"/> Federal <input type="checkbox"/> State <input type="checkbox"/> County: _____				
			e. If Ind, list Job Title/Profession:		f. If Ind, list Employer's Name/Specific Field:		
g. Election Cycle Sum to Date \$		h. In-Kind <input type="checkbox"/>	i. Account Number/Code	j. Form of Payment	k. Date (mm/dd/yyyy)	l. Amount \$	

12. Total Contributions ALL Pages (if multi-page, only list on page 1)		\$		13. Total Contributions THIS Page (sum all the 111 entries on this page)		\$	
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 **Wes Brooks**
 Signature of Appointed Treasurer or Candidate
 (if multi-page, only sign on page 1)

11/4/02
 Date