

COPY

48-Hour Notice

Page 1 of 1 Amendment ☐ Yes ☒ No

| To be Used by Committees to Report Contributions of \$1,000 or more | | | |
|---|-------------------------------|---|-------------------------------|
| 1. Committee Information | | | |
| a. Full Name | | c. ID Number | |
| Schatzman for Sheriff | | | |
| b. Mailing Address (include City, State and Zip Code) | | d. Report Date | |
| 1313 Ashleybrook Lane Winston Salem, NC 27103 | | 04/25/2006 | |
| | | e. Phone Number | |
| | | (336) 760-4464 | |
| 2. Contribution Information | | 2. Contribution Information | |
| a. Full Name, Mailing Address & Phone (include city, state, and zip) | | a. Full Name, Mailing Address & Phone (include city, state, and zip) | |
| <input type="checkbox"/> Add <input type="checkbox"/> Remove | | <input type="checkbox"/> Add <input type="checkbox"/> Remove | |
| Leslie M Baker Jr 2034 Buena Vista Rd Winston Salem, NC 27104 336-499-7970 | | | |
| b. Type of Contributor | | b. Type of Contributor | |
| <input checked="" type="checkbox"/> Individual (if checked, must specify c2 and c3) <input type="checkbox"/> Political Party <input type="checkbox"/> Other Political Committee (if checked, must specify c1) <input type="checkbox"/> Not-for-Profit (if checked, must specify c4) <input type="checkbox"/> Other Source: | | <input type="checkbox"/> Individual (if checked, must specify c2 and c3) <input type="checkbox"/> Political Party <input type="checkbox"/> Other Political Committee (if checked, must specify c1) <input type="checkbox"/> Not-for-Profit (if checked, must specify c4) <input type="checkbox"/> Other Source: | |
| b1. Type of Committee | | b1. Type of Committee | |
| <input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality: | | <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality: | |
| b2. Job Title/Profession | b4. Federal ID Number | b2. Job Title/Profession | b4. Federal ID Number |
| Retired | | | |
| b3. Employer's Name/Specific Field | c. Form of Payment | b3. Employer's Name/Specific Field | c. Form of Payment |
| | Check | | |
| d. Date (mm/dd/yyyy) | f. Amount | d. Date (mm/dd/yyyy) | f. Amount |
| 04/25/2006 | \$ 1,000.00 | | \$ |
| e. Account Code | g. Election Cycle Sum to Date | e. Account Code | g. Election Cycle Sum to Date |
| 100 | \$ 1,000.00 | | \$ |
| 3. Total Contributions THIS Page (sum all the '2f' entries on this page) | | \$ 1,000.00 | |
| 4. Total Contributions ALL Pages (if multi-page, only list on page 1) | | \$ 1,000.00 | |
| 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. | | | |
| L. J. PRICKS Printed Name of Signer | | 04/25/2006 Signature of Appointed Treasurer Date | |

CRO-2220

NC State Board of Elections

March 2003

2006 APR 25 PM 2:51

FORSYTH COUNTY