

COPY

48-Hour Notice

Page 1 of 1

Amendment	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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To be Used by Committees to Report Contributions of \$1,000 or more			
1. Committee Information			
a. Full Name		c. ID Number	
Sandra Mikush Candidate for Forsyth County School Board Committee		JOY8HO	
b. Mailing Address (include City, State and Zip Code)		d. Report Date	
P.O. Box 15053 Winston-Salem, NC 27113		10/25/2006	
		e. Phone Number	
		(336) 761-0260	
2. Contribution Information		2. Contribution Information	
a. Full Name, Mailing Address & Phone (include city, state, and zip)		<input type="checkbox"/> Add <input type="checkbox"/> Remove	a. Full Name, Mailing Address & Phone (include city, state, and zip)
Carol Jennison 5101 Stafford Cres Richmond, VA 23226 804.285.7728			
b. Type of Contributor		b. Type of Contributor	
<input checked="" type="checkbox"/> Individual (if checked, must specify b2 and b3) <input type="checkbox"/> Political Party <input type="checkbox"/> Other Political Committee (if checked, must specify b1) <input type="checkbox"/> Not-for-Profit (if checked, must specify b4) <input type="checkbox"/> Other Source: _____		<input type="checkbox"/> Individual (if checked, must specify b2 and b3) <input type="checkbox"/> Political Party <input type="checkbox"/> Other Political Committee (if checked, must specify b1) <input type="checkbox"/> Not-for-Profit (if checked, must specify b4) <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
Homemaker			
b3. Employer's Name/Specific Field	c. Form of Payment	b3. Employer's Name/Specific Field	c. Form of Payment
Homemaker			
d. Date (mm/dd/yyyy)	f. Amount	d. Date (mm/dd/yyyy)	f. Amount
10/23/2006	\$ 1,000.00		\$
e. Account Code	g. Election Cycle Sum to Date	e. Account Code	g. Election Cycle Sum to Date
WA	\$ 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)		\$ 1000.00	
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.			
<u>RoseLynne C Bowdoin</u> Printed Name of Signer		<u>Rose Lynn Bowdoin</u> Signature of Appointed Treasurer	
		<u>10/25/2006</u> Date	

CRO-2220

NC State Board of Elections

March 2003

OCT 25 PM 2:50

FORSYTH COUNTY