

**48-Hour Notice**

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

<b>1. Committee Information</b>	
a. Full Name <b>BLANKS FOR SHERIFF</b>	c. ID Number <b>XBY949</b>
b. Mailing Address (include City, State and Zip Code) <b>2641 STRATFORD DRIVE GREENSBORO, NC 27408</b>	d. Report Date <b>10-30-06</b>
	e. Phone Number

<b>2. Contribution Information</b>	<b>2. Contribution Information</b>
a. Full Name, Mailing Address & Phone (include city, state, and zip) <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove <b>GUILFORD CO. DEMOCRATIC PARTY P O BOX 9069 GREENSBORO, NC 27429</b>	a. Full Name, Mailing Address & Phone (include city, state, and zip) <input type="checkbox"/> Add <input type="checkbox"/> Remove

b. Type of Contributor <input type="checkbox"/> Individual (if checked, must specify b2 and b3) <input checked="" 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: _____	b. Type of Contributor <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: _____
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b1. Type of Committee <input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: <b>GUILFORD</b> <input type="checkbox"/> State <input type="checkbox"/> Municipality: _____	b1. Type of Committee <input type="checkbox"/> Federal <input type="checkbox"/> County: _____ <input type="checkbox"/> State <input type="checkbox"/> Municipality: _____
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b2. Job Title/Profession	b4. Federal ID Number	b2. Job Title/Profession	b4. Federal ID Number
b3. Employer's Name/Specific Field	c. Form of Payment <b>CHECK</b>	b3. Employer's Name/Specific Field	c. Form of Payment
d. Date (mm/dd/yyyy) <b>10-30-06</b>	f. Amount <b>\$ 4,500.00</b>	d. Date (mm/dd/yyyy)	f. Amount <b>\$</b>
e. Account Code <b>1</b>	g. Election Cycle Sum to Date <b>\$ 51,248.28</b>	e. Account Code	g. Election Cycle Sum to Date <b>\$</b>

<b>3. Total Contributions THIS Page</b> (sum all the '2f' entries on this page)	<b>\$ 55,748.28</b>
<b>4. Total Contributions ALL Pages</b> (if multi-page, only list on page 1)	<b>\$</b>

**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 under \$1,000 will be reported on the next scheduled filing report.

Jack Zimmerman Printed Name of Signer      Jack Zimmerman Signature of Appointed Treasurer      10-30-06 Date

**RECEIVED**  
**OCT 30 2006**  
**GUILFORD COUNTY**  
**BOARD of ELECTIONS**

48-Hour Notice

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
BLANKS FOR SHERIFF	XBY949
b. Mailing Address (include City, State and Zip Code)	d. Report Date
2641 STRATFORD DRIVE GREENSBORO, NC 27408	10-27-06
	e. Phone Number

2. Contribution Information

a. Full Name, Mailing Address & Phone (include city, state, and zip)	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
GUILFORD COUNTY DEMOCRATIC PARTY P O BOX 9069 GREENSBORO, NC 27429	

2. Contribution Information

a. Full Name, Mailing Address & Phone (include city, state, and zip)	<input type="checkbox"/> Add <input type="checkbox"/> Remove

b. Type of Contributor

Individual (if checked, must specify b2 and b3)

Political Party

Other Political Committee (if checked, must specify b1)

Not-for-Profit (if checked, must specify b4)

Other Source: \_\_\_\_\_

b. Type of Contributor

Individual (if checked, must specify b2 and b3)

Political Party

Other Political Committee (if checked, must specify b1)

Not-for-Profit (if checked, must specify b4)

Other Source: \_\_\_\_\_

b1. Type of Committee

Federal  County: GUILFORD

State  Municipality: \_\_\_\_\_

b1. Type of Committee

Federal  County: \_\_\_\_\_

State  Municipality: \_\_\_\_\_

b2. Job Title/Profession	b4. Federal ID Number

b2. Job Title/Profession	b4. Federal ID Number

b3. Employer's Name/Specific Field	c. Form of Payment
	CHECK

b3. Employer's Name/Specific Field	c. Form of Payment

d. Date (mm/dd/yyyy)	f. Amount
10-26-06	\$ 8,000

d. Date (mm/dd/yyyy)	f. Amount
	\$

e. Account Code	g. Election Cycle Sum to Date
1	\$ 43,248.28

e. Account Code	g. Election Cycle Sum to Date
	\$

3. Total Contributions THIS Page (sum all the '2f' entries on this page)	\$ 51,248.28
4. Total Contributions ALL Pages (if multi-page, only list on page 1)	\$

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 under \$1,000 will be reported on the next scheduled filing report.

Jack Zimmerman  
Printed Name of Signer

*Jack Zimmerman*  
Signature of Appointed Treasurer

10-27-06  
Date

RECEIVED

OCT 27 2006

GUILFORD COUNTY  
BOARD OF ELECTIONS