

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 CAROLYN COLEMAN RE-ELECTION COMMITTEE	c. ID Number N1Y856
b. Mailing Address (include City, State and Zip Code) C/O JAMESENA D. WATKINS, TREASURER 1009 BROAD AVENUE GREENSBORO, NC 27406-2103	d. Report Date 11/02/2006
	e. Phone Number (336) 274-9992

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)	<input type="checkbox"/> Add <input type="checkbox"/> Remove
Drive Committee 25 LOUISIANA AVE, NW WASHINGTON, DC 20001-2198			

b. Type of Contributor	b. Type of Contributor
<input type="checkbox"/> Individual (if checked, must specify b2 and b3) <input type="checkbox"/> Political Party <input checked="" 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 checked="" type="checkbox"/> Federal <input 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
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
Oct 31, 2006	\$ 1,000.00		\$
e. Account Code	g. Election Cycle Sum to Date	e. Account Code	g. Election Cycle Sum to Date
336	\$ 1,000.00		\$

3. Total Contributions THIS Page (sum all the '2f' entries on this page)	\$
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 received, not over \$1,000, will be reported on the next scheduled filing report.

Carolyn Q. Coleman Carolyn Q. Coleman 11/2/06
 Printed Name of Signer Signature of Appointed Treasurer Date

RECEIVED
 NOV 02 2006
 GUILFORD COUNTY
 BOARD of ELECTIONS

48-Hour Notice

Page ___ of ___

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CAROLYN COLEMAN RE-ELECTION COMMITTEE	N1Y856
b. Mailing Address (include City, State and Zip Code)	d. Report Date
C/O JAMESENA D. WATKINS, TREASURER 1009 BROAD AVENUE GREENSBORO, NC 27406-2103	11/02/2006
	e. Phone Number
	(336) 274-9992

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)	<input type="checkbox"/> Add <input type="checkbox"/> Remove
Gladys Shipman 2820 Dulaire Street Greensboro, N.C. 27407			

b. Type of Contributor	b. Type of Contributor
<input checked="" type="checkbox"/> Individual (if checked, must specify b2 and b3)	<input type="checkbox"/> Individual (if checked, must specify b2 and b3)
<input type="checkbox"/> Political Party	<input type="checkbox"/> Political Party
<input type="checkbox"/> Other Political Committee (if checked, must specify b1)	<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"/> Not-for-Profit (if checked, must specify b4)
<input type="checkbox"/> Other Source:	<input type="checkbox"/> Other Source:

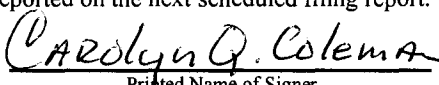
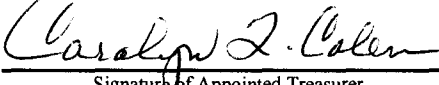
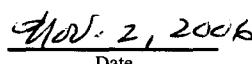
b1. Type of Committee	b1. Type of Committee
<input type="checkbox"/> Federal <input type="checkbox"/> County: _____	<input type="checkbox"/> Federal <input type="checkbox"/> County: _____
<input checked="" type="checkbox"/> State <input type="checkbox"/> Municipality: _____	<input type="checkbox"/> State <input type="checkbox"/> Municipality: _____

b2. Job Title/Profession	b4. Federal ID Number	b2. Job Title/Profession	b4. Federal ID Number
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Printed Name of Signer Signature of Appointed Treasurer Date

CRQ-2220
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 BOARD of ELECTIONS