

# 48-Hour Notice

Amendment  
 Yes  No

Use this form to report all contributions of \$1,000 or more.

Notice must be filed within 48 hours of receipt of contribution. The 48-Hour reporting period begins the day after the last day of the 1<sup>st</sup> Quarter-Plus report period and ends the day of the Primary Election and begins the day after the last day of the 3<sup>rd</sup> Quarter-Plus report period and ends the day of the General Election. All 48 Hour In-Kind Contributions must be recorded on CRO-1510 and attached.

This notice may be faxed in order to meet the 48 hour deadline.

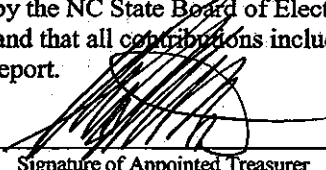
1. Committee Information	
a. Full Name <b>Schatzman For Sheriff</b>	c. ID Number —
b. Mailing Address (include City, State and Zip Code) <b>So Stephen C. Mathis 2521 Bitting Rd. Winston-Salem, NC 27104</b>	d. Report Date <b>11/1/2010</b>
	e. Phone Number <b>336-722-1511</b>

2. Contribution Information		2. Contribution Information	
a. Full Name, Mailing Address & Phone (include city, state, and zip) <b>Vincent Townsend, III 1913 Briar Hill Ct. Kernersville, NC 27284-7626 336-993-7264</b>	<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
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: _____		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: _____	
b1. Type of Committee <input type="checkbox"/> Federal <input type="checkbox"/> County: _____ <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: _____	
b2. Job Title/Profession <b>President</b>	b4. Federal ID Number —	b2. Job Title/Profession	b4. Federal ID Number
b3. Employer's Name/Specific Field <b>Pay-Tel Communications</b>	c. Form of Payment <b>check</b>	b3. Employer's Name/Specific Field	c. Form of Payment
d. Date (mm/dd/yyyy) <b>11/1/2010</b>	f. Amount <b>\$ 1,000.00</b>	d. Date (mm/dd/yyyy)	f. Amount
e. Account Code <b>100</b>	g. Election Sum to Date <b>\$ 2,000.00</b>	e. Account Code	g. Election Sum to Date
3. Total Contributions THIS Page (show all the entries on this page)		\$	
4. Total Contributions ALL Pages (if multiple pages, only list on page 1)		\$	

RECEIVED  
 NOV - 3 AM 9:17  
 2010

**CERTIFICATION**  
 I certify that the Committee or Fund is in compliance with all applicable provisions of Article 22A, 22B, & 22D-22M of Chapter 163 of the NC General Statutes and that no funds are commingled with prohibited or other non-disclosed funds. I further certify that this report is complete, true, correct and that I have been trained by the NC State Board of Elections. The contributions were received no more than 48 hours prior to this notice being filed. I understand that all contributions including those reported on this notice must also be reported on the next scheduled campaign disclosure report.

**Stephen C. Mathis**  
 Printed Name of Signer

  
 Signature of Appointed Treasurer

**11/1/2010**  
 Date