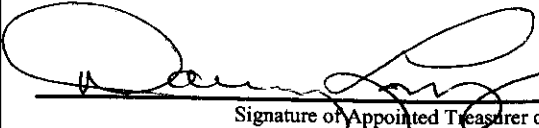


48-Hour Notice

APR 30 2002

Page 1 of 1

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

1. Committee Name						7. Date	
DANNY LONG FOR SHERIFF						4/30/02	
2. Committee Address						8. ID Number	
PO Box 1580							
3. City		4. State		5. Zip		6. Phone	
Burgaw		NC		28425		259-3729	
9. Amendment							
						<input type="checkbox"/> Yes	
						<input checked="" type="checkbox"/> No	
10. Treasurer Name							
Susan Heath Rivenbark							
11. Contributions Received (Submit multiple forms if additional space is required.)							
a. Full Name, Mailing Address & Phone (include city, state, and zip)				b. Specify Type of Contributor:		c. If Not-for-Profit, list Fed ID #:	
Tammy L. Freeman PO Box 1021 Burgaw, N.C. 28425				<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Political Party <input type="checkbox"/> Other Political Committee <input type="checkbox"/> Not-for-Profit <input type="checkbox"/> Other Source:			
				d. If Other Committee, specify Type of Committee:			
				<input type="checkbox"/> Federal <input type="checkbox"/> State <input type="checkbox"/> County:			
e. If Ind, list Job Title/Profession:				f. If Ind, list Employer's Name/Specific Field:			
Business Owner				Construction			
g. Election Cycle Sum to Date		h. In-Kind		i. Account Number/Code		j. Form of Payment	
\$ 1500 ²²		<input type="checkbox"/>		DL		Check	
k. Date (mm/dd/yyyy)		l. Amount					
04/30/02		\$ 1500 ²²					
a. Full Name, Mailing Address & Phone (include city, state, and zip)				b. Specify Type of Contributor:		c. If Not-for-Profit, list Fed ID #:	
Michael + Cindy Freeman 9311 Old River Rd. Burgaw, NC 28425				<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Political Party <input type="checkbox"/> Other Political Committee <input type="checkbox"/> Not-for-Profit <input type="checkbox"/> Other Source:			
				d. If Other Committee, specify Type of Committee:			
				<input type="checkbox"/> Federal <input type="checkbox"/> State <input type="checkbox"/> County:			
e. If Ind, list Job Title/Profession:				f. If Ind, list Employer's Name/Specific Field:			
Bus Owner				Construction			
g. Election Cycle Sum to Date		h. In-Kind		i. Account Number/Code		j. Form of Payment	
\$ 1500 ²²		<input type="checkbox"/>		DL		Check	
k. Date (mm/dd/yyyy)		l. Amount					
04/30/02		\$ 1,000 ²²					
a. Full Name, Mailing Address & Phone (include city, state, and zip)				b. Specify Type of Contributor:		c. If Not-for-Profit, list Fed ID #:	
				<input type="checkbox"/> Individual <input type="checkbox"/> Political Party <input type="checkbox"/> Other Political Committee <input type="checkbox"/> Not-for-Profit <input type="checkbox"/> Other Source:			
				d. If Other Committee, specify Type of Committee:			
				<input type="checkbox"/> Federal <input type="checkbox"/> State <input type="checkbox"/> County:			
e. If Ind, list Job Title/Profession:				f. If Ind, list Employer's Name/Specific Field:			
g. Election Cycle Sum to Date		h. In-Kind		i. Account Number/Code		j. Form of Payment	
\$		<input type="checkbox"/>					
k. Date (mm/dd/yyyy)		l. Amount					
		\$					
12. Total Contributions ALL Pages (if multi-page, only list on page 1)				\$		13. Total Contributions THIS Page (sum all the 111 entries on this page)	
						\$ 2500 ²²	
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.							
 Signature of Appointed Treasurer or Candidate (if multi-page, only sign on page 1)						4/30/02 Date	