Disclosure Report Cover Sheet	Farmon		Ann.
Please note that this cover sheet cannot be us assistant treasurer, or custodian of books inform (CRO-2100	sed to amend committee information ation, or depository information. You to make those kinds of committee of	u must amend the	ittee address; treasurer, Statement of Organization
. Name of Committee or Fund			6. Date
Sahatana fan Shaaiss	RECEIVED	<i>J</i> 1 1	AUG 28, 2002
Schatzman for Sheriff Address			
Address			7.ID Number
3880 Vest Mill Road Suite	9	·	
. City	4. State 5	. Zip	8. Phone
Winston-Salem	NC	27103 33	6/794-0988
. Type of Report		10. Period Cover	
2002 IST QUARTER		Start /-/- End 4-2-	-GZ X Yes
2. Type of Committee or Fund (Check one)			
X Candidate Campaign Party PAC Referendum Other Fund:	☐ Joint Fundraiser☐ Soft Money Acco		Booster Fund" uilding Fund
13. Treasurer Name			
Wes Brooks 336/760-1120	.		
4. Assistant Treasurer Name(s)	<i>,</i>		
	-		
		•••	
5. Custodian of Books Name			
Wes Brooks 336/760-1120			
	A!		
 Bank/Depository/Credit Account Informa Name 	b. Purpose	c. Code	d. Period Begin Balance
	Campaign	Sea	
Southern Community Bank	receipts & disbur	sements	S 434.72
			\$
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	· · · · · · · · · · · · · · · · · · ·		s
	<u> </u>		
S			S
CERTIFICATION			
I certify that the Committee is in compliance wit funds for a federal or out-of-state PAC. I furthe	-	•	s are commingled with
and for a reason of our-or-state FAC. I fulfac	to our man and report to complete, that	Julia voltovi.	•
	•		
M	<u></u>	_ 8/	exter
Signature of Appointed Treasurer	or Candidate		Date

CRO-1000

NC State Board of Elections

February 2002

Amended report is being filed to correct Form CRO-1100. The beginning cash on hand balance, receipts and expenditures for the "Total this Election Cycle"were incorrect. The ending cash balance did not change.

Additional Disclosure Report Cover Sheet Information

If there is not enough room on the Disclosur	re Report Cover Sheet form (CRO-1000) to	include all	assistant treasurers or
1. Name of Committee or Fund	nclude any additions and attach it to the Co		
a. Ivanie of Committee of Pulls		2. ID N	nwoet.
Schatzman for Sheriff			
3. Assistant Treasurer Name(s)			
			
	· · · · · · · · · · · · · · · · · · ·		
			180-7-1
			·
4. Bank/Depository/Credit Account Informati	ion		
a. Name	b. Purpose	c. Code	d. Period Begin Balance
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Detailed Summary

1. Name of Committee or Fund	2. Type of R	Report	3. ID Numb	er
Schatzman for Sheriff	2002 /	ST OTZ		
Start of Election Cycle: January 1, 20 02		Total this Period	Total this Election Cycle	For Office Use Only
4) Cash on Hand at Start of Election Cycle		والمستون والمستوال	\$ 4301.72	
5) Cash on Hand at Start of Present Reporting Period		S 4301.72		
RECEIPTS				
6) Contributions from Individuals	(CRO-1210)	\$ 10,500.00	5/0,500.00	
7) Contributions from Political Party Committees	(CRO-1220)		S	
8) Contributions from Other Political Committees	(CRO-1230)	s	s	
9) Loan Proceeds	(CRO-1410)	s	S = 0.3	
10) Refunds & Reimbursements to Committee	(CRO-1240)	s	s	
11) Other Receipt Sources	(CRO-1250)			
11a) Interest on Bank Accounts	(CRO-1250)	s 9.43	5 9.43	
11b) Contributions from Not-for-Profit Organizations	(CRO-1250)	s	S	
11c) Outside Sources of Income	(CRO-1250)	s	s	
12) TOTAL RECEIPTS (Add lines 6, 7, 8, 9, 10, 11a, 11b, and 11c)		\$10,509.43	\$10,509,43	
<u>EXPENDITURES</u>				
13) Disbursements	(CRO-1310)			
13a) Operating Expenditures	(CRO-1310)	S 3885.80	\$ 3883.02	,•
13b) Contributions to Candidates/Political Committees	(CRO-1310)	s	\$	· · · · · · · · · · · · · · · · · · ·
13c) Coordinated Party Expenditures	(CRO-1310)	s	\$	• .
14) Loan Repayments	(CRO-1420)	\$ 2500,00	\$ 2500.00	
15) Refunds from Committee	(CRO-1320)	s	\$ ·	
16) In-Kind Contributions	(CRO-1510)	s	S	
17) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, and 16)		s <i>6383.8</i> 2	S6383.84	
18) Cash on Hand at End of Reporting Period (For this Period, add lines 5 and 12 together, then subtract line 17) (For this Election Cycle, add lines 4 and 12 together, then subtract line 17)		s 8427.33	\$ 8427.33	
Additional Information				
19) Non-Monetary Gifts Given to Committees	(CRO-1330)	s 0		
20) Outstanding Loans (including ones from other campaigns)	(CRO-1430)	s o		
21) Debts and Obligations owed BY the Committee	(CRO-1610)	S 0		-
22) Debts and Obligations owed TO the Committee	(CRO-1620)	s 0		
23) Parent Entity's Administrative Support	(CRO-1710)	s 0		

1. Name	of Committee or Fund				2. ID	Number	
6	tzman for Sheriff						
	Name, Mailing Address & Phone lude city, state, & zip)	d. Account Number/Code	e. Form of Payment	f. Date (mm/dd/yyyy)	g. In- Kind	h. Prior Report	i. Amount
- Pau	I D Smith, Sr	SCB	СĶ	1/3/02			\$ /000.00
	130x 11062						S .
	Title/Profession	. •		••			S
0. 300	siness owner						S
c. Emp	oloyer's Name/Specific Field	j. If Amendment, cho	ose change typ	pe:	k. Elect	ion Cycle S	ium to Date
	ysical Elder Care Inc	∐ Add	Delete		5/0	000,00	2
	Name, Mailing Address & Phone ude city, state, & zip)	d. Account Number/Code	e. Form of Payment	f. Date (mm/dd/yyyy)	g. in- Kind	h. Prior Report	i. Amount
	hn B Brady	SCB	CK	1/2/02			\$ 150.00
	31 Paddington Ln						\$
	nston -Satom, NC 2710 6	: !	•				5
	tired		`	•			S .
	oloyer's Name/Specific Field	j. If Amendment, cho	ose change typ	oe:	k. Elect	ion Cycle S	um to Date
		Add	Delete		S /3	0.00	
	Name, Mailing Address & Phone	d. Account	e. Form of	f. Date	g. In-	h. Prior	i. Amount
l	lude city, state, & zip)	Number/Code	Payment	(mm/dd/yyyy)	Kind	Report	\$ 250.00
233	y Joe Walken SKN Liberty St	SCB .	CK	1/2/02			. 22 5.00
	nston-Sqlem, NC 27105			. 			•
ಗ b. Job	Title/Profession						
	al estate ployer's Name/Specific Field	j. If Amendment, cho	ose change tur		L. V Flord		Sum to Date
<u> </u>	lker Real Estate	Add	Delete	Je:		Sa . 60	en to Date
	Name, Mailing Address & Phone	d. Account	e. Form of	f. Date		h. Prior	i. Amount
	lude city, state, & zip)	Number/Code	Payment	(mm/dd/yyyy)	Kind	Report	
	e E. Walken	SCB	CK	1/3/62			\$ 250,00
	138 N. L. benty St 105 to n - Skilem, NC 27105	managar san sanggang sanggang					\$
<u>ان</u>	725 - 8251 Title/Profession		na muse a sa sa	(\$
Re	eal estate		·	<u> </u>	<u> </u>		S
	ployer's Name/Specific Field Blker Real Estate	j. If Amendment, cho		oė:	k. Elect	con Cycle S	oum to Date
	Name, Mailing Address & Phone	Add d. Account	Delete	f. Date	g. In-		i. Amount
	lude city, state, & zip)	Number/Code	Payment	(mm/dd/yyyy)	Kind	Report	I. Amount
'ەل ق	hn Scott Cramer	SCB	CK	1/2/02			\$ 250.00
Contributor (2)	(2108 B)			!			\$
ri b. Job	Title/Profession					_ LL _	3
R€	etired			:	للا	·	\$
e. Em	ployer's Name/Specific Field	j. If Amendment, cho		pe:	k. Elec	tion Cycle	Sum to Date
1	T - 1 - 43.2 - 70	Add	Delete		13 2		m /
	l only this Page		 				\$ /900.00
	il of ALL CRO-1210 Pages must be on line 6 of Detailed Summary Page CRO-	(only show on last pay 1100)	ge)				\$

1.	Name of Committee or Fund				2. ID	Number	· .
s	chatzman for Sheriff					***	
Г	a. Full Name, Mailing Address & Phone	d. Account	e. Form of	f. Date	g. In-	h. Prior	i. Amount
1	(include city, state, & zip)	Number/Code	Payment	(mm/dd/yyyy)	Kind	Report	
1	Carlton Harker	SCB	CV	1/14/02			5_300.00
į	142 11 11 1	3CB	CK	.,			
Contributor	140 Hearthside Dr			3/26/02	٦		5 200,00
Ę	Winston-Schem, NC 27104			J ,		·	
ڻ	13:01. 3:01.5.10.00						\$
mi.	b. Job Title/Profession	·			-		
1	Retired				ئے	ئا	S
	c. Employer's Name/Specific Field	j. If Amendment, che	ose change typ	pe:	k. Elect	ion Cycle	Sum to Date
		<u>Add</u>	Delete		S 5	00.00	
1	a. Full Name, Mailing Address & Phone	d. Account	e. Form of	f. Date	g. in-	h. Prior	i. Amount
	(include city, state, & zip)	Number/Code	Payment	(mm/dd/yyyy)	Kind	Report	
	William Roberts, 111	SCB	CV	deeles			\$ 200.00
Contributor		305	CK	1/15/02		ш.	
į	3116 Burkeshore Rd						\$
盲	Winston-Salem NC 271N	***************************************	,		• =	· · · ·	
	Winston-Salem, NC 27106			:			S
ų.	b. Job Title/Profession		•	•	,		
	Retired				<u> </u>	٠١	. S
•	c. Employer's Name/Specific Field	j. lf Ameadment, cho		e:			Sum to Date
		∟i Add	<u> </u>	;	5 20	0.00	
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	(include city, state, & zip)	Number/Code	Payment	(mm/dd/yyyy)	Kind	Report	
	William Reynolds	SCB	CK	1/23/02	. [550.00
ē,	140 N. Stratford		CV.				
Contribuțor		i	·				S
Ę	Winston-Salem 27104			· · • · ·			_ +, +-
បី	40, 12101-2010M 71104	j			. 🗀 :		\$,
۳.	b. Job Title/Profession						S
Fi	Retired	i If A mandment, abo	···			C-rate	S ,.
3		j. If Amendment, cho	T .	oe:	k Elect		Sum to Date
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ei -	Retired c. Employer's Name/Specific Field a. Full Name, Mailing Address & Phone	Add d. Account	Delete e. Form of	f. Date	\$ _ <u>\$</u>	b. Prior	
ř	Retired c. Employer's Name/Specific Field	Add d. Account Number/Code	Delete	f. Date (mm/dd/yyyy)	کے g. In- Kind	h. Prior Report	i. Amount
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	Retired c. Employer's Name/Specific Field a. Full Name, Mailing Address & Phone (include city, state, & zip) Thomas Tesh	Add d. Account Number/Code	e. Form of Payment	f. Date	کے g. In- Kind	h. Prior Report	i. Amount
	Retired c. Employer's Name/Specific Field a. Full Name, Mailing Address & Phone (include city, state, & zip) Thomas Tesh 3565 Tesh Road	Add d. Account Number/Code	e. Form of Payment	f. Date (mm/dd/yyyy)	کے g. In- Kind	h. Prior Report	i. Amount
ontributor. 3.	Retired c. Employer's Name/Specific Field a. Full Name, Mailing Address & Phone (include city, state, & zip) Thomas Tesh 3565 Tesh Road	Add d. Account Number/Code	e. Form of Payment	f. Date (mm/dd/yyyy)	g. In- Kind	h. Prior Report	i. Amount \$ 500.00
Contributor	Retired c. Employer's Name/Specific Field a. Full Name, Mailing Address & Phone (Include city, state, & zip) Thomas Tesh 3565 Tesh Road Germanton, NC 27019	Add d. Account Number/Code	e. Form of Payment	f. Date (mm/dd/yyyy)	کے g. In- Kind	h. Prior Report	i. Amount
Contributor	Retired c. Employer's Name/Specific Field a. Full Name, Mailing Address & Phone (Include city, state, & zip) Thomas Tesh 3565 Tesh Road Germanton, NC 27019 b. Job Title/Profession	Add d. Account Number/Code	e. Form of Payment	f. Date (mm/dd/yyyy)	g. In- Kind	h. Prior Report	i. Amount \$ 500.00
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1. 1	Name of Committee or Fund				2. ID	Number	
	chatzman for Sheriff						
	a. Full Name, Mailing Address & Phone (include city, state, & zip)	d. Account Number/Code	e. Form of Payment	f. Date (mm/dd/yyyy)	g. In- Kind	h. Prior Report	i. Amount
ā	Lean F. Locklear 3971 Scaton Ed	SCB	CK	1/9/02			\$ 2000.00
Contributor	Winster Salam, NC 27104	- · ·	1 1	<u>.</u> ,			\$
	760-2503	l	<u>, </u>				\$
	b. Job Title/Profession Retired			:			\$
1	c. Employer's Name/Specific Field	j. If Amendment, ch	oose change typ	De:	k. Elect	ion Cycle	Sum to Date
Ц		∐ Add	Delete		\$	7 4 6 , OC	
	a. Full Name, Mailing Address & Phone (include city, state, & zip)	d. Account Number/Code	e. Form of Payment	f. Date (mm/dd/yyyy)	g. In- Kind	h. Prior Report	i. Amount
ţō	Charles A. Bunce, Ir. 173 Westhaven Circle	SCB	CK	1/14/02			\$ 500.00
Contributor	Winston-Salem, NC 27/04	-		•			\$
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1. Name of Committee or Fund 2. ID Number									
SCHATZMAN FOR SHERKE									
3.	3. Type of Receipt Source (Please use separate CRO-1250 forms for each type of Receipt Source.)								
X	Interest Contributions from Not-for-Profit Organizations Outside Sources of Income								
ſ	a. Full Name, Mailing Address & Phone	b. Account	c. Form of	d. Date	e. Amount				
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1.	1. Name of Committee or Fund 2. ID Number							
S	chatzman for Sherii	f						
	Type of Disbursement (Please	e use separate (CRO-1330 forms for each	type of Disbursem	ents.)			
	Operating Expenses Co	intributions to (Candidates/Political Com	mittees		Party Expenditures		
	a. Full Name, Mailing Address & Phone (include city, state, and zip)	•	d. Purpose	e. Account Number/Code	f. Form of Payment	g. Date (mm/dd/yyyy)	h. Amount	
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1. [1. Name of Committee or Fund 2. ID Numb							
Ŀ	Schatzman for Sheriff							
	a. Full Name, Mailing Address & Phone (include city, state, and zip)	b. Start Date (mm/dd/yyyy)	c. End Date (mm/dd/yyyy)	d. Interest Rate	i. Account Number/Code			
		e. Job Title/Profession	f. Employer's Name/Specif	%				
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Loan Repayments

١.	1. Name of Committee or Fund 2. ID Number							
Schatzman for Sheriff								
Г	a. Full Name, Mailing Address & Phone	b. Original Loan Date	c. Repayment Date	g. Account Number/Code				
3. Lender	(include city, state, and zip)	(mm/dd/yyyy)	(mm/dd/yyyy)					
	WILLIAM SCHATZMAN	d. Original Loan Amount	e. Remaining Balance o	h. Form of Payment				
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nde		d. Original Loan Amount	e. Remaining Balance of	h. Form of Payment				
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	(include city, state, and zip)	(mm/dd/yyyy)	(mm/dd/yyyy)	g. Account Number/Code				
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3. Lender	-	d. Original Loan Amount	e. Remaining Balance of Loan	h. Form of Payment				
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<u>e</u>		d. Original Loan Amount	e. Remaining Balance of	h. Form of Payment				
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Outstanding Loans

1. Name of Committee or Fund 2. ID Num						ber	
	Schatzman for Sheriff						
	a. Full Name, Mailing Address & Phone (include city, state, and zip)	b. Start Date (mm/dd/yyyy)	c.	End Date (mm/dd/yyyy)	d. Interest	h. Original Loan	
	(include city, state, and zip)		╀		Rate %	Amount	
į		e. Job Title/Profession	1.7	Employer's Name/Specific	Field	s	
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1. Name of Committee or Fund 2. 1D Number								
Schatzman for Sheriff								
	a. Full Name, Mailing Address &	k Phone	c. Description d. D			e. Fair Market		
	(include city, state, and zip)				(mm/dd/yyyy)	Amount		
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