Disclosure Report Cover Sheet Please note that this cover sheet cannot be used to amend committee information such as the committee address; treasurer, assistant treasurer, or custodian of books information; or depository information. You must amend the Statement of Organization (CRO-2100) to make those kinds of committee changes. 6. Date . Name of Committee or Fund JULY 2, 2002 Schatzman for Sheriff 7.ID Number 2. Address 3880 Vest Mill Road Suite 9 8. Phone 4. State 5. Zip 3. City 336-794-0988 NC 27103 Winston-Salem 10. Period Covered 11. Amendment 9. Type of Report 4-21-02 Start Yes O UARTER 6.30-02 SECOND End 12. Type of Committee or Fund (Check one) "Booster Fund" Joint Fundraiser X Candidate Campaign Party Building Fund Soft Money Account \_\_\_ PAC Referendum Other Fund: 13. Treasurer Name 760-1120 Wes Brooks 14. Assistant Treasurer Name(s) 15. Custodian of Books Name 760-1120 Wes Brooks 16. Bank/Depository/Credit Account Information d. Period Begin Balance c. Code Campaign receipts & disbursements SCB Southern Community Bank CERTIFICATION I certify that the Committee is in compliance with all provisions of Article 22A, including that no funds are commingled with

CRO-1000

NC State Board of Elections

funds for a federal or out-of-state PAC. I further say that this report is complete, true and correct.

Signature of Appointed Treasurer or Candidate

February 2002

Page / of

Additional Disclosure Report Cover Sheet Information If there is not enough room on the Disclosure Report Cover Sheet form (CRO-1000) to include all assistant treasurers or accounts use this form to include any additions and attach it to the Cover Sheet form. 1. Name of Committee or Fund Schatzman for Sheriff 3. Assistant Treasurer Name(s) NEW INFORMATION 4. Bank/Depository/Credit Account Information c. Code d. Period Begin Balance b. Purpose

**Detailed Summary** 

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L			077	4/3-10	يا		\$ 50.00
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## Contributions from INDIVIDUALS

1.1	vame of Committee or Fund				2. ID 1	Yumber	
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	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
Contributor	Aggregated individual contribution	SCB	CK	4/30/02			\$ 25- °° \$ \$
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3. Contributor	Aggregated individual contribution	SCB	CK	4/20/02			\$ <i>_25</i> . = * \$
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7	b. Job Title/Profession						S
	c. Employer's Name/Specific Field	j. If Amendment, cho	ose change typ	pe:	k. Elect	ion Cycle	Sum to Date
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	(include city, state, & zip)	Number/Code	rayment	<u> </u>			\$ 50.00
inter.	Aggregated individual contribution	SCB	CK	4/soler			s
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Contributions from INDIVIDUALS

1. Name of Committee or Fund 2. ID Number							
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	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	
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Contributor						,	s ·
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1. ľ	Name of Committee or Fund				2. ID N	lumber	
	hatzman for Sheriff						
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## Contributions from OTHER POLITICAL COMMITTEES

1. N	ame of Committee or Fund	. ID Ni	ımber				
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1.	a. Full Name, Mailing Address & Phone	b. Account	c. Form of	d. Da	ite	e. In-	f. Amount
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- [	COMMITTE TO ELECT	-5-11			10		100.00
5	KEN RAYMOND	SCA **	CK	4/3	efuc		
in a	2 2ex /7/37	الما ال				<u> </u>	
3. Contributor	COMMITTE TO ELECT KEN PAYMOND  POPOX 17137  WS NC 27116-7127					- 5	:
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	g. Type of Committee	h. If Amendment, c	hoose change ty	pe: i			ım to Date
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**Other Receipt Sources** 

ame of Committee or Fund			2. ID Number	·
chatzman for Sheriff				
	-1250 forms for each type of R	eceipt Source.)		
Interest   Contributions from N	ot-for-Profit Organizations		Outside Sources o	f Income
a. Full Name, Mailing Address & Phone	b. Account	c. Form of	d. Date	e. Amount
(include city, state, and zip)	Number/Code	Payment	(mm/dd/yyyy)	
Southern Community Bank		Bank	4/20/02	s 3.1° s 3.7′ s 3.42
Southern Community Bank O Box 26134 Winston-Salem, NC 27104 68-8500	SCB	Credit	5/31/02	. 27/
Winston-Salem, NC 27104			6/30/-2	5 3, 1
68-8500			, ,	5 3 42
f. If Outside Source of Income, explain:	g. If Amendment, choo		h. If Not-for-Profit, I	ist Fed 1D #:
T. H. Names A. Walling and James D. Weller	Add	Delete	d. Date	
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f. If Outside Source of Income, explain:	g. If Amendment, cho	ose change time	h. If Not-for-Profit,	list Fed ID #:
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Total of ALL CRO-1250 Related Paghis line goes in line 11a of Detailed Summary Page CRO		7-8-7		\$ /6.23

	bursements  ame of Committee or Fi	und				2. ID Number	
	***						
	Schatzman for			cDi-hi	ants l		
Ty	pe of Disbursement	(Please use separate C	RO-1310 forms for each andidates/Political Com-	nittees	Coordinated I	Party Expenditures	
$\succeq$	Operating Expenses  a. Full Name, Mailing Addres		d, Purpose	e. Account	f. Form of	g. Date	h. Amount
ľ	include city, state, and zip)		G, I di pose	Number/Code	Payment	(mm/dd/yyyy)	
ŀ	The Positive Influen		DIZECT _		1 077	4/25/02	\$ 2381.0
ای	PO Box 5964		ANTE	3 3 5	CK	7/2	
4. rayec	WS, NC 27113		-	SCB			\$
<u>+</u>	336-765-8855		,	• • •			•
ŀ		. If Coordinated Party					3
١	County Committee, specify:	Expense, list office:	L If Amendment, choo-			j. Election Cycle S	
Γ			Add	Delete		\$ /3870.	
П	a. Full Name, Mailing Addres		d. Purpose	e. Account Number/Code	f. Form of Payment	g. Date (mm/dd/yyyy)	h. Amount
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Payee	PO Box 5964			SCB			\$
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. 1	336-765-8855 b. If Contribution to	c. If Coordinated Party					S
	County Committee, specify:		i. If Amendment, choo	se change type:		j. Election Cycle	
ļ	County Commences, speedy		Add	Delete		5 14648	. 13
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yee	PO Box 5964			SCB	020		e
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4	336-765-8855	***	4				\$
	b. If Contribution to County Committee, specify:	c. If Coordinated Party	i. If Amendment, choo	se change type:		j. Election Cycle	Sum To Date
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1. Name of Committee or Fund					2. ID Number	
Schatzman for Sheriff						
ľ	a. Full Name, Mailing Address & Phone (include city, state, and zip)	b. Start Date (mm/dd/yyyy)	c. End Date (mm/dd/yyyy)	Rate	i. Account Number/Code	
إ		e. Job Title/Profession	f. Employer's Name/Specif	% ic Field		
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Loan Repayments

	Van Repayments  Vame of Committee or Fund	1.00		2. ID N	umher
1. f				2. ID N	dinoer
	Schatzman for Sheriff				
	a. Full Name, Mailing Address & Phone	b. Original Loan Date	c. Repayment		g. Account Number/Code
1	(include city, state, and zip)	(mm/dd/yyvy)	(mm/dd/yy	yv)	4
ler		d. Original Loan Amount	e. Remaining Ba	lance of	h. Form of Payment
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		f. If Amendment, choose ch	ange type:		i. Repayment Amount
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Outstanding Loans

1. N	lame of Committee or Fund			2. ID Numb	ег		
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	h. Original Loan Amount		
ler		e. Job Title/Profession	f. Employer's Name/Specific		S i. Loan Balance		
3. Lender	RONE g. Security Pledged				i. Loan Daisiice		
'n					S		
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┝╾┥	a. Full Name, Mailing Address & Phone	b. Start Date (mm/dd/yyyy) c. End Date (mm/dd/yyyy) d. Interest h. Or					
	(include city, state, and zip)		••••	Rate %	Amount		
der		e. Job Title/Profession	f. Employer's Name/Specific	: Field	i. Loan Balance		
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	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	h. Original Loan Amount		
	(mondo cor), orang and dip)	e. Job Title/Profession	f. Employer's Name/Specific	%	S		
Lender					i. Loan Balance		
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$\vdash$	Eull Nama Mailing Address & Dhana	a. Full Name, Mailing Address & Phone b. Start Date (mm/dd/yyyy) c. End Date (mm/dd/yyyy) d. Interest h. Original Le					
	(include city, state, and zip)	D. Start Date (mm/dm/yyyy)	C End Date (minuty)	Rate %	Amount		
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## **In-Kind Contributions**

1. N	1. Name of Committee or Fund 2. ID Number							
Schatzman for Sheriff								
	a. Full Name, Mailing Address &	k Phone	c. Description	d. Date	e. Fair Market			
l	(include city, state, and zip)	111	1 - Drugge	(mm/dd/yyyy)	Amount			
ارا	THORAS W 7	K.	1 ace PENCIE	4/50/02	\$ 246.25			
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Ö	661- 9672		1		\$			
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H	a. Full Name, Mailing Address &		c. Description	d. Date	e. Fair Market			
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