#### Disclosure Report Cover Sheet

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- H COUNTY

Please note that this cover sheet cannot be use							
assistant treasurer, or custodian of books informat	tion; or deposito,	y information.	You n	nust am			
(CRO-2100)	to make those ki	inds of committee	e cha	intes.	Û	F CE	
I. Name of Committee or Fund		VED				6. Date	
Schatzman for Sheriff	·					AUG	28, 2002
2. Address					·	7.ID Nu	mber
3880 Vest Mill Road Suit	:e 9					·	
3. City		4. State	5. Zi	ip		8. Phone	
Winston-Salem		NC	27	7103	3	36-79	94-0988
9. Type of Report				10. Perio	d Covere		11. Amendment
2002 SECOND QUARTER	٤			Start End	4-21-		X Yes No
12. Type of Committee or Fund (Check one)		-					• • •
X Candidate Campaign	=	Joint Fundraise			=	oster Fi	
PAC Referendum Other Fund:	·	Soft Money Ac	count	t	🔄 Bui	lding Fu	ind
13. Treasurer Name							
Wes Brooks 760-1120							
14. Assistant Treasurer Name(s)					-		
·····							
15. Custodian of Books Name		·····					
Wes Brooks 760-1120							· ·
16. Bank/Depository/Credit Account Informati							
a. Name	b. Purpose			e. C	ode	d. Perio	d Begin Balance
Southern Community Bank	Campaig	n receipt disburs	s 8 eme	ents	<u>SCB</u>	s 8	427.33
		_				S	
						s	
						s	
						s	<u></u>
					<u>.</u>		
<u> </u>						\$	
CERTIFICATION							
I certify that the Committee is in compliance with	all provisions of	Article 22A, inc	cludir	ng that n	o funds :	are com	mingled with
funds for a federal or out-of-state PAC. I further s	say that this repo	ort is complete, ti	ue ar	ad corre	ot.		
part				5	1281	<u>، د</u>	
Signature of Appointed Treasurer or	r Candidate				<u> </u>	Date	
k							

CRO-1000

NC State Board of Elections

February 2002

Amended report is 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 on hand balance did not change.

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 2. ID Number Schatzman for Sheriff 3. Assistant Treasurer Name(s) INFORMATION Nº NEW 4. Bank/Depository/Credit Account Information a. Name b. Purpose c. Code d. Period Begin Balance S S ... S S S S S \$ S s S S \$

CRO-1010

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### Detailed Summary

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1. Name of Committee or Fund	2. Type of F	leport	3. ID Numb	per
Schatzman for Sheriff	2002	2NA QTR	-	
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		_+ + + + + + + + + + + + + + + + + + +	54301.72	
5) Cash on Hand at Start of Present Reporting Period	··· - ··· -	\$ 8427.33		
RECEIPTS				
6) Contributions from Individuals	(CRO-1210)	\$5891.25	\$16,391.25	-
7) Contributions from Political Party Committees	(CRO-1220)		s	
8) Contributions from Other Political Committees	(CRO-1230)	\$ /00,00	\$ 100.00	
9) Loan Proceeds	(CRO-1410)	S	\$	
10) Refunds & Reimbursements to Committee	(CRO-1240)	S	S	
11) Other Receipt Sources	(CRO-1250)	Service and the service of the servi		
11a) Interest on Bank Accounts	(CRO-1250)	s /0-23	\$ 1966	
11b) Contributions from Not-for-Profit Organizations	(CRO-1250)	S	\$	
11c) Outside Sources of Income	(CRO-1250)	S	s	
12) TOTAL RECEIPTS (Add lines 6, 7, 8, 9, 10, 11a, 11b, and 11c)		\$ 6001.48	\$16510-196	
EXPENDITURES				
13) Disbursements	(CRO-1310)			
13a) Operating Expenditures	(CRO-1310)	\$ 3881.80	\$ 7765.62	
13b) Contributions to Candidates/Political Committees	(CRO-1310)	S	S	
13c) Coordinated Party Expenditures	(CRO-1310)	S	\$	
14) Loan Repayments	(CRO-1420)	\$	\$ 2500.00	
15) Refunds from Committee	(CRO-1320)	\$	\$	
16) In-Kind Contributions	(CRO-1510)	\$ 246.25	\$ 246.25	
17) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, and 16)		\$412.8.05	\$ 16 511.87	
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)		\$10.300.76		
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	ALC: N	
21) Debts and Obligations owed BY the Committee	(CRO-1610)	s 0		
22) Debts and Obligations owed TO the Committee	(CRO-1620)	\$ 0		
23) Parent Entity's Administrative Support	(CRO-1710)	s o		

1. Name of Committee or Fund 2. ID Number Schatzman for Sheriff a. Full Name, Mailing Address & Phone e. Form of f. Date d. Account g. Inh. Prior L Amount (mm/dd/yyyy) (include city, state, & zip) Kind Number/Code Payment Report DAVID E BREAMER 2805 OHTWA Cty Club Kd 4/22/02 \$ 250.00 CK Contributor SCB Winston-Salem, NCZ7106 \$ 777,8110 S b. Job Title/Profession \$ OWNER c. Employer's Name/Specific Field . If Amendment, choose change type: k. Election Cycle Sum to Date Caldwell Freight 250.00 Add Delete s a, Full Name, Mailing Address & Phone d. Account e. Form of f. Date g. Inb. Prior i. Amount (include eity, state, & zip) Number/Code Payment (mm/dd/yyyy) Kind Report ĈK 1 2 \_\_\_\_ Contributo SCB 10 2 S b. Job Title/Profession \$ c. Employer's Name/Specific Field . If Amendment, choose change type: k. Election Cycle Sum to Date Add Delete a. Full Name, Mailing Address & Phone e. Form of d. Account f. Date g. In- h. Prior i. Amount (include city, state, & zip) Number/Code Payment (mm/dd/yyyy) Kind Report KENNETH P CAPELSON 3108 BUENE Vista Rd Winston-Salen, AIC 27106 \$ 150.00 4/22/02 CK SCB Contribu S 722-6880 S b. Job Title/Profession \$ 4. c. Employer's Name/Specific Field j. If Amendment, choose change type: L Election Cycle Sum to Date RETINEN 150.00 Add Delete s z. Full Name, Mailing Address & Phone d. Account e. Form of f. Date g. In- h. Prior i. Amount (include city, state, & zip) // (mm/dd/yyyy) Number/Code Payment Kind Report 1 €. DAGO CK Contributor 5-4-1 -! SCB 4  $\{ i_{i}, j_{i} \} \in \{ i_{i} \}$ S പ് b. Job Title/Profession c. Employer's Name/Specific Field . If Amendment, choose change type: k. Election Cycle Sum to Date Add Delete s r: Full Name, Mailing Address & Phone e. Form of f. Date d. Account g. Inh. Prior i. Amount (include city, state, & zip) Number/Code Payment (mm/dd/yyyy) Kind Report 1. 5 12 41 CK Contributo 1.1 SCBs 1  $\overline{\mathbf{N}}$ S b. Job Title/Profession Π c. Employer's Name/Specific Field . If Amendment, choose change type: k. Election Cycle Sum to Date Delete Add S 4. Total only this Page \$400.00 5. Total of ALL CRO-1210 Pages

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(This line must be on line 6 of Detailed Summary Page CRO-1100)

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NC State Board of Elections

(only show on last page)

February 2002

Page \_\_\_\_ of \_\_\_

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1.	Name of Committee or Fund				2. ID	Number	
s	chatzman for Sheriff		·····	· · · · · · · · ·			
F	a. Full Name, Mailing Address & Phone	d. Account	e. Form of	f. Date		h Deles	
	(include city, state, & zip)	Number/Code	Payment	(mm/dd/yyyy)	g. In- Kind	h. Prior Report	i. Amount
	PENE PETTY		1		<u> </u>	<u> </u>	
ē	1920 CHATEAN PLOCE DE		CK	4/25/02	·		\$ 250.00
Contributor	172 (1112) - 16]	SCB				[]	\$
Į	LIS NC 27/03					<u> </u>	-
Ŭ	784-6268						\$
17	b. Job Title/Profession					<u></u>	s
	C. Employer's Name/Specific Field	j. lf Amendment, ch	oore change to			<u> </u>	-
	LEISUNE TIME ANUSEMENT	Add	Delete	pe		50,00	Sum to Date
	a. Full Name, Mailing Address & Phone	d. Account	e. Form of	f. Date		h. Prior	i. Amount
	(include city, state, & zip) 🦟	Number/Code	Payment	(mm/dd/yyyy)	۳ <b>۲</b>	Report	- Anyun
	DENNIS CHEEK		СК	4/20/02			\$ 160.00
Contributor	166 Linbrook Dr.	SCB		•			•
ē	Winston -SalemNC	500	CK	specter		X	\$ /00.00
Ē	27/06 768-4949			•			-
3	b. Job Title/Profession						\$
	nACIHINIST:					<b>[</b> ]	\$
1	c. Employer's Name/Specific Field	j. If Amendment, ch	oose change ty	De:	k. Elect	ion Cycle !	Sum to Date
	R.J. MEtweld	Add	i _ Delete			00,00	
	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	
	CRA LAT		<u> </u>				S
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Contributór	•	SCB				$\overline{\Sigma}$	\$
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17						,	C ·
з, С	b. Job Title/Profession					<u></u>	\$
3. C	b. Job Title/Profession		-		T T		\$ \$
3, C	b. Job Title/Profession	j. If Amendment, che	pose change typ	De:	k. Elect		
3.0	b. Job Title/Profession 	Add	oose change typ Delete	pe:	k. Elect		\$
3.0	b. Job Title/Profession c. Employer's Name/Specific Field a. Full Name, Mailing Address & Phone	Add d. Account	Delete e. Form of	f. Date	S g. In-	ion Cycle.	\$
3. C	b. Job Title/Profession c. Employer's Name/Specific Field a. Full Name, Mailing Address & Phone (include city, state, & zip)	Add	Delete	f. Date (mm/dd/yyyy)	\$	ion Cycle.	S Sum to Date
3.	b. Job Title/Profession c. Employer's Name/Specific Field a. Full Name, Mailing Address & Phone (include city, state, & zip) MARCA ME BRIAE	Add d. Account	Delete e. Form of Payment	f. Date	S g. In-	ion Cycles h. Prior Report	Sum to Date
3.	b. Job Title/Profession c. Employer's Name/Specific Field a. Full Name, Mailing Address & Phone (include city, state, & zip) MFRen Mr. BRIAE 642 Roverbend Dr	Add d. Account	Delete e. Form of	f. Date (mm/dd/yyyy) 4/30/42	g. In- Kind	h. Prior Report	Sum to Date L Amount
3.	b. Job Title/Profession c. Employer's Name/Specific Field a. Full Name, Mailing Address & Phone (include city, state, & zip) MAZEN ME DRIAF 642 Riverbend Dr Advance, NC 27006	Add d. Account Number/Code	Delete e. Form of Payment	f. Date (mm/dd/yyyy)	g. In- Kind	h. Prior Report	Sum to Date
Contributor 3. Cc	b. Job Title/Profession c. Employer's Name/Specific Field a. Full Name, Mailing Address & Phone (include city, state, & zip) MFRen Mr. BRIAE 642 Roverbend Dr	Add d. Account Number/Code	Delete e. Form of Payment	f. Date (mm/dd/yyyy) 4/30/42	g. In- Kind	h. Prior Report	Sum to Date L Amount
3.	b. Job Title/Profession . Employer's Name/Specific Field a. Full Name, Mailing Address & Phone (include city, state, & zip) MARCA MC BEN d Dr Advance, NC 27006 998 - 8930 b. Job Title/Profession	Add d. Account Number/Code	Delete e. Form of Payment	f. Date (mm/dd/yyyy) 4/30/42	g. In- Kind	h. Prior Report	Sum to Date L Amount S 50, 2° S /06,0° S
. Contributor 3.	b. Job Title/Profession A C. Employer's Name/Specific Field a. Full Name, Mailing Address & Phone (include city, state, & zip) MARCA MC BEN DA G42 River ben d Dr Advare, NC 27006 998 - 8930 b. Job Title/Profession RETIRED	Add d. Account Number/Code	Delete e. Form of Payment CK	f. Date (mm/dd/yyyy) 4/30/62	S s. Ia- Kind 	h. Prior Report	S L Amount S 50.00 S /00.00 S
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CRO-1210

NC State Board of Elections

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February 2002

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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	e. Form of	f. Date	g. In-	h. Prior	i. Amount
		Number/Code	Payment	(mm/dd/yyyy)	Kind	Report	
۶,	4903 Dewars Circle		CK	4/selor			5 300.00
Centributor		SCB			۲	<u> </u>	\$
ntr	Wilmington, NC 28409						<b>J</b>
							\$
	LASULANCE Commission						\$
	c. Employer's Name/Specific Field	j. If Amendment, cho	ose change ty	De:	k. Eleci	tion Cycle	Sum to Date
	STATE OF N.C.	Add	Delete			00.00	
	2. 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	
2	JOHN N BAUIS		CK	4/20/02			\$ 500,00
Contributor	1521 Barrington Wey	SCB		- •			\$
n tr	WI-S, NC27106				<u> </u>	·]	3
	760-2778						\$
	b. Job Title/Profession					. L	s
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#### **Contributions from INDIVIDUALS** 1. Name of Committee or Fund

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Page 5 of 10

2. ID Number

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NC State Board of Elections

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NC State Board of Elections

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NC State Board of Elections

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1.	Name of Committee or Fund				2. ID	Number	
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NC State Board of Elections

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# Contributions from OTHER POLITICAL COMMITTEES

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	Schatzman for Sheriff				
3.1	Type of Receipt Source (Please use separate CRC Interest	2-1250 forms for each type of Re	ceipt Source.)		
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1.	Name of Committee or Fund				2. ID Number	<u> </u>		
	Schatzman for Sheriff							
	3. Type of Disbursement (Please use separate CRO-1310 forms for each type of Disbursements.)							
μ2	Operating Expenses Contributions to a. Full Name, Mailing Address & Phone	Candidates/Political Cor	nmittees	Coordinated	Party Expenditures			
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# Loan Proceeds

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CRO-1410

# Loan Repayments

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1	Name of Committee or Fund			rage 01			
-		ID Number					
┢	Schatzman for Sheriff	chatzman for Sheriff					
	a. Full Name, Mailing Address & Phone	b. Original Loan Date c. Repayment Da		te g. Account Number/Code			
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	(include city, state, and zip)	(mm/dd/yyyy)	c. Repayment Date	e g. Account Number/Code			
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		6.16.1	-	i. Repayment Amount			
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NC State Board of Elections

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# **Outstanding Loans**

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1.	1. Name of Committee or Fund 2. ID Number							
	Schatzman for Sheriff							
F	. Full Name, Mailing Address & Phone b Stort Date (middless )							
	(include city, state, and zip)		) c. End Date (mm/dd/yyyy)	d. Interest Rate	Sould			
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ndei		e. Job Title/Profession	f. Employer's Name/Specific	r Field				
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CRO-1430

NC State Board of Elections

#### **In-Kind Contributions**

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1.	1. Name of Committee or Fund 2. ID Number						
Γ	Schatzman for	Sheriff			2. 1D (	Number	
F	a. Full Name, Mailing Address	& Phone					
Ĩ	(include city, state, and zip)			c. Description	d. Date	e. Fair Market	
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	(include city, state, and zip)			- Description	d. Date (mm/dd/vvvv)	e. Fair Market Amount	
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CRO-1510