ŝ

î



Disclosure Report Cover Sheet	FOR	SYTH				
Please note that this cover sheet cannot be us	sed to amend com	mittee inform	ation such	as the comm	ittee add	TRES: TRADELIFAR
assistant treasurer, or custodian of books inform	ation; or deposito	ry information	lo Yau-mu	ist amend the	Stateme	nt of Organizati
(CRO-2100)) to make those k	inds of comm	ittee chang	ges.		in or organizati
I. Name of Committee or Fund		a ng tang agr	* ^	<u>.</u>	6. Date	
Schatzman for Sheriff	4 4 5		<u> </u>			
2. Address					7/2	21/03
2. Address			<u> </u>		7.ID Nu	ımber
% Wes Brooks 1313 Ashte	vbrook La	no				
3. City		4. State	5. Zip		8. Phon	e
Winston-Salem		NO	0.71	0.0		
9. Type of Report	_	NC	271		<u>6-760</u>)-1120
		····		. Period Coveri		11. Amendment Yes
2003 MID YEAR SENI-,	ANN UAC		Er		43	No
12. Type of Committee or Fund (Check one) X Candidate Campaign Party		* * *			30/03	
X Candidate Campaign Party PAC Referendum		Joint Fundra Soft Money			ooster F	
Other Fund:		Solt Money /	Account	<u> </u>	ilding Fi	und
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 Informat						
a. Name	b. Purpose		······	c. Code	Ta p	
	Campaigr		te &	c. Code	a. Period	Begin Balance
Southern Community Bank	6.	disbur	semeñ	ts SCB	\$ 92	806.86
					\$	
	<u> </u>				ļ	
		··· ·	· ·		\$	
					s	
	· · · · · · · · · · · · · · · · · · ·				3	
					\$	
	· · · · ·				\$	
CERTIFICATION						Tel
certify that the Committee is in compliance with	all provisions of	Article 22A i	ncluding fl	uat no funde e	178 00000	ninolad with
unds for a federal or out-of-state PAC. I further	say that this repor	t is complete.	true and c	orrect.	ne comm	annaisea mitti
	-	- ,	•			
1.Mer					/	
Signature of Appointed Treasurer or	Caadidata			7/2.	1/03	
	Candidate				Date	

NC State Board of Elections

February 2002

	n the Disclosure F	Report Cover Sheet	rmation form (CRO-1000)	to include a	Il assistant treasurers
accounts use	e this form to incl	ude any additions a	and attach it to the (Cover Sheet	form.
The second commuter of Page			·····	2. ID	Number
Schatzman for She	riff				
. Assistant Treasurer Name(s)					
				<u> </u>	. <u></u>
* NEW ADDRES	<u>v ;</u> 7	SHOWE 7	#		
* NEW ADDRES SEE DISC					
SEA DIDO		REPERT	COVER	SHEE7	
•					
	······································				
••••••••••••••••••••••••••••••••••••••					
. Bank/Depository/Credit Accou				·	
	10. P	Purpose		1	
				c. Code	d. Period Begin Balan
			<u> </u>	c. Code	d. Period Begin Balan S
				c. Code	S
				c. Code	
					S
					s s
					s s
	· · · · · · · · · · · · · · · · · · ·				s s s s
					s s s
					s s s s
					s s s s
			· · · · · · · · · · · · · · · · · · ·		s s s s
	-				s s s s s s s
					s s s s s s s
· · · ·					S S S S S S S S
· .					s s s s s s s
· · · · · · · · · · · · · · · · · · ·					S S S S S S S S
· .					S S S S S S S S S S S S S S S S S S S
					\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$
					S S S S S S S S S S

CRO-1010

ē

. .

.



Detailed Summary

í

ŝ

1. Name of Committee or Fund	2. Type of I	Report	3. ID Numi	per
Schatzman for Sheriff	SENI-	ANNUAL		· · · · · · · · · · · · · · · · · · ·
Start of Election Cycle: January 1, 20 <u>03</u>		Total this Period	Total this Election Cycle	For Office
4) Cash on Hand at Start of Election Cycle			\$ 9806.86	Use Only
5) Cash on Hand at Start of Present Reporting Period		\$ 9806. 56		
RECEIPTS				
6) Contributions from Individuals	(CRO-1210)	\$ 99.00	\$ 99.00	<u></u>
7) Contributions from Political Party Committees	(CRO-1220)		\$ G	
8) Contributions from Other Political Committees	(CRO-1230)	s o	s o	
9) Loan Proceeds	(CRO-1410)	s o	s'o	
10) Refunds & Reimbursements to Committee	(CRO-1240)	s o	5 a	
11) Other Receipt Sources	(CRO-1250)		And a second sec	
112) Interest on Bank Accounts	(CRO-1250)	\$ 2,05	\$ 2.05	
11b) Contributions from Not-for-Profit Organizations	(CRO-1250)		\$ 0	
11c) Outside Sources of Income	(CRO-1250)	s o	\$ G	<u> </u>
12) TOTAL RECEIPTS (Add lines 6, 7, 8, 9, 10, 11a, 11b, and 11c)		\$ 101.05	\$ 101.05	
EXPENDITURES		an a		
13) Disbursements	(CRO-1310)	and a second		
13a) Operating Expenditures	(CRO-1310)	\$ 1838.48	5 183848	
13b) Contributions to Candidates/Political Committees		\$ 250. **		
13c) Coordinated Party Expenditures	(CRO-1310)		s a	
14) Loan Repayments	(CRO-1420)	s o	s o	
15) Refunds from Committee	(CRO-1320)	\$ 0	s a	
16) In-Kind Contributions	(CRO-1510)	\$ σ	s o	
17) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, and 16)		\$ 2088.48	\$20.88.48	<u> </u>
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 7819:43	5 7819 47	
Additional Information				
19) Non-Monetary Gifts Given to Committees	(CRO-1330)	\$ 0		
20) Outstanding Loans (including ones from other campaigns)	(CRO-1430)			<u> </u>
21) Debts and Obligations owed BY the Committee	(CRO-1610)			
22) Debts and Obligations owed TO the Committee	(CRO-1620)			
23) Parent Entity's Administrative Support	1	s a	·2-0-9-2-63.12-66-1	

	ontributions from INDIVIDU	ALS	CO) Dv	7	Pag	e_/ of_/
_	Name of Committee or Fund				2. ID	Number	
S	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 99.00
101	Aggregated individual contribution		СК	1/5/03	-		5 99.00
Contributor	conclibution	SCB					5
5 1	b. Job Title/Profession						
	c. Employer's Name/Specific Field	j. if Amendment, ch	oose change to	/De:	i	tion Cycle S	
		Add	Delete		S	don Cycle 5	um to Date
	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
Iter	Aggregated individual contribution		CK	<u> </u>		<u> </u>	
Contributor	contribution	SCB			_	\$	1
3. Cl	b. Job Title/Profession				 	<u> </u>	
	c. Employer's Name/Specific Field				•	\$	
		j. If Amendment, ch		pe:		ion Cycle St	im to Date
	a. Full Name, Mailing Address & Phone	Add	Delete e. Form of	f. Date	\$		
	(include city, state, & zip)	Number/Code	Payment	(mm/dd/yyyy)	g. In- Kind	h. Prior Report	i. Amount
ā	Aggregated individual		СК			\$	
Contributor	contribution	SCB	U.L.			<u> </u>	
	b. Job Title/Profession					S	
ł	c. Employer's Name/Specific Field	i If A mondaria to		<u></u>		\$	
Ī		j. If Amendment, cho Add	Delete	pe:	k. Elect	ion Cycle Su	m to Date
T	a. Full Name, Mailing Address & Phone	d. Account	e. Form of	f. Date	3 g. In-	h. Prior	1.4
	(include city, state, & zip)	Number/Code	Payment	(mm/dd/yyyy)	g. In- Kind	Report	i. Amount
ibutor	Aggregated individual		CK			\$	
Contri	contribution	SCB				\$	
	b. Job Title/Profession					S	
[:. Employer's Name/Specific Field	j. If Amendment, cho	ose change typ	e:	k. Electi	ou Cycle Su	m to Date
4	Total Manager State	Add	Delete		\$		
$\left \right $	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
۶ ·	Aggregated individual		CK			S S	
Contributor	contribution	SCB				s	
• -	. Job Title/Profession	-				<u> </u>	
[. Employer's Name/Specific Field	j. If Amendment, cho	ose change typ	e: 1	k Flecti	S	m to Data
			Delete	·····	<u>K. Electi</u> S	on Cycle Su	ii to Date
	Total only this Page			<u>_</u>		S	99.00
his	otal of ALL CRO-1210 Pages line must be on line 6 of Detailed Summary Page CRO	(only show on last pag D-1100)	e)			\$	99.00
RC	0-1210	NC State Board of Elect					

• •

• •

NC State Board of Elections

February 2002

Contributions from OTHER POLITICAL COMMITTEES

· - #

-

Page ____ of ____

1.	Name of Committee or Fund				2. ID	Number	
					1		
Γ	a. Full Name, Mailing Address & Phone	b. Account	c. Form of	d.	Date	e. In-	f. Amount
	(include city, state, and zip)	Number/Code	Payment	(mm/c	id/yyyy)	Kind	i. Amount
1		i					6
3. Contributor							-
Ē	(NGHE)					5	S .
ð							5
m i							
	g. Type of Committee					5	
	Federal State County:	h. If Amendment,	choose change	type:	i. Electi	on Cycle Su	im to Date
F	a. Full Name, Mailing Address & Phone	b. Account	Delete	1	S Date		
	(include city, state, and zip)	Number/Code	Payment		d/yyyy)	e. In- Kind	f. Amount
				· · · · · · ·		<u> </u>	· · · · · · · · · · · · · · · · · · ·
3. Contributor							•
1						<u> </u>	5
6	•						
e.						S	
						5	
	g. Type of Committee	h. If Amendment,		ype:	i. Electio	on Cycle Su	m to Date
-	a. Full Name, Mailing Address & Phone	Add	Delete		S		
	(include city, state, and zip)	b. Account Number/Code	c. Form of Payment)ate	e. In-	f. Amount
		- Courter Court	Tayment	(mm/d	шуууу)	Kind	
lor.							
ą						·· \$	
out							
3. Contributor			•			<u> </u>	
						S	
	g. Type of Committee	h. If Amendment, o	choose change t	ype:	i. Electio	n Cycle Su	m to Date
	Federal State County:	Add	_ Delete		\$		
	a. Full Name, Mailing Address & Phone (include city, state, and zip)	b. Account Number/Code	c. Form of	d. D		e. In-	f. Amount
		Mulaber/Code	Payment	(mm/do	Гуууу)	Kind	
tor						\$	
Contributor		8, et -				S	
ontr							
3. C						S	
						\$	
	g. Type of Committee	h. If Amendment, c	hoose change t	vne:	i Electio	n Cycle Sur	n to Data
	Federal State County:	Add	Delete		S	a cycle out	into Date
	a. Full Name, Mailing Address & Phone (include city, state, and zip)	b. Account	c. Form of	d. D		e. In-	f. Amount
		Number/Code	Payment	(mm/dd	/ <u>yyyy</u>)	Kind	
5	N					S :	
ibut		:				¢	
3. Contributor	-					<u> </u>	
Ŭ						<u> </u>	
						\$	
	g. Type of Committee	h. lf Amendment, c	hoose change to	/De. 1	Floret		to Date
	Federal State County:	Add	Delete		s. Election	n Cycle Sun	n to Date
4. 1	Total only this Page				-	 c	0
	Fotal of ALL CRO-1230 Pages	(only show on last p				\$	
Thi	s line must be on line 8 of Detailed Summary Page CRO-1100)	winy show on last pe	-54/			\$	0
	A 793A	C State Board of Fler					

NC State Board of Elections

Other Receipt Sources

. .

á.



Page ____ of ____

1.	Name of Committee or Fund			2. ID Numb	Pr			
	Schatzman for Sheriff							
3. Type of Receipt Source (Please use separate CRO-1250 forms for each type of Receipt Source.)								
Х	Interest Contributions from Not-fr	<u>Jo Torms for each type of N</u> Dr-Ptofit Organizations	eccipt Source.)					
Г	a. Full Name, Mailing Address & Phone	b. Account	c. Form of	Outside Sources	· · · · · · · · · · · · · · · · · · ·			
	(include city, state, and zip)	Number/Code	Payment	d. Date (mm/dd/yyyy)	e. Amount			
3	Southern Community Bank BO Box 26134		Bank	11192 -	\$ 2,05			
Ē		SCB	Credi	t 6/30/03	• 2, -2			
ļ.	Winston-Salem, NC 27104				\$			
ĬŤ	68-8500				~			
ļ	f. If Outside Source of Income, explain:				5			
	an o note bource of thebane, explain.	g. If Amendment, choo		h. If Not-for-Profit,	list Fed ID #:			
┢━	a. Full Name, Mailing Address & Phone	Add	Delete					
	(include city, state, and zip)	b. Account	c. Form of	d. Date	e. Amount			
5		Number/Code	Payment	(mm/dd/yyyy)	<u> </u>			
4. Contributor					\$			
itri					-			
5					5			
4	,				c			
	f. If Outside Source of Income, explain:	g. If Amendment, choos			3			
		- Add	Delete	h. If Not-for-Profit,	list Fed ID #:			
	a. Full Name, Mailing Address & Phone	b. Account	c. Form of					
	(include city, state, and zip)	Number/Code	Payment	d. Date	e. Amount			
ъ			х аушенц	(mm/dd/yyyy)	<u> </u>			
but					\$			
Contributor					S			
ပီ					3			
4					s			
	f. If Outside Source of Income, explain:	g. If Amendment, choos	e change type:	h. If Not-for-Profit, I	ist Fed ID #			
		Add	Delete		STELLD W.			
	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)	Circinoq _M c			
Centributor					S			
Ē					Э			
Ju		[\$			
2								
-	f. If Outside Source of Income, explain:	+	······		5			
ł		g. If Amendment, choose		h. If Not-for-Profit, l	ist Fed ID #:			
	a. Full Name, Mailing Address & Phone	b. Account	Delete					
	(include city, state, and zip)	Number/Code	c. Form of Payment	d. Date	e. Amount			
5			1 ayment	(mm/dd/yyyy)				
4. Contributor					\$			
11 L					c l			
రి					s			
L					s			
ļ	f. If Outside Source of Income, explain:	g. If Amendment, choose	change type:	h. If Not-for-Profit, li	-			
	· · · · · · · · · · · · · · · · · · ·	Add	Delete					
	Total only this Page				\$ 2 05			
	Total of ALL CRO-1250 Related Pages	(only show on last pay		·······	\$ 2.05			
This	s line goes in line 11a of Detailed Summary Page CRO-1100 ;	(Interact)	• ·					
This	s line goes in line 11b of Detailed Summary Page CRO-1100 if	Not-for Broke Contailants	rz }		\$ 2.05			
This	s line goes in line 11c of Detailed Summary Page CRO-1100 if	Outside Sources of Income	ý		2.3			

Disbursements

۰.

.



	Name of Committee or Fund					
					2. ID Number	
Ļ	Schatzman for Sheriff					
	Type of Disbursement (Please use separat Operating Expenses Contributions to	e CRO-1310 forms for ea	ch type of Disburser	nents.)	- t	
14	a. Full Name, Mailing Address & Phone	o Candidates/Political Cor	nmittees	Coordinated	Party Expenditures	
	(include city, state, and zip)	d. Purpose	e. Account	f. Form of	g. Date	h. Amount
	Bill Schatzman 748-3642		Number/Code	Payment	(mm/dd/yyyy)	567.90
3	3450 Kirklees Rd	TRAVEL		► CK	1/21/02	\$ 567.90
4. Payee	Winston-Salem, NC 27104	TEMAGASE-	SCB		•	e
l ≠		1				3
Ł	b. If Contribution to c. If Coordinated Party	, j				\$
i	County Committee, specify: Expense, list office:	i. If Amendment, choo	se change type:		j. Election Cycle S	Sum To Date
⊢	a. Full Name, Mailing Address & Phone	Add	Delete			9 C
	(include city, state, and zip)	d. Purpose	e. Account	f. Form of	-g. Date	h. Amount
	Bill Schatzman 748-36 42	LINCOLN	Number/Code	Payment	(mm/dd/yyyy)	500,00
ខ	3450 Kirklees Rd			СК	3/27/03	\$500.00
4. Payce	Winston-Salem, NC 27104	DINNER	SČB			e .
l ₹	Whiston-Salem, NC 2/104	DINAER				3
	b. If Contribution to c. If Coordinated Party					S
l	County Committee, specify: Expense, list office:	i. If Amendment, choo	se change type:		j. Election Cycle S	um To Date
F	a-Full Name, Mailing Address & Phone	Add	Delete		5 1067	
	(include city, state, and zip)	d. Purpose	e. Account	f. Form of	g. Date	h. Amount
	(Number/Code	Payment	(mm/dd/www)	
8				-CK		\$ * '÷^
Payee			SCB	OR		
4						2
	b. If Contribution to c. If Coordinated Party	1				s í
	County Committee, specify: Expense, list office:	i. If Amendment, choos	e change type:		j. Election Cycle S	um To Date
	• Full New Matthew 6 11	Add	Delete		S	- TO Date
	a. Full Name, Mailing Address & Phone (include city, state, and zip)	d. Purpose	e. Account	f. Form of	g. Date	h. Amount
	Contraction of the second s		Number/Code	Payment	_(mm/dd/yyyy)	770.55
		0		I AYIIICIII		11-1-30
g	Bill Schatzman 748-3642	(CAFERENCE		CK		\$7.70.5
hayee	Bill Schatzman 748-3642 3450 Kirklees Rd	(CONFERENCE	SCB			
4. Payce	Bill Schatzman 748-3642	CONFERENCE	SCB			
4. Payee	Bill Schatzman 748-3642 3450 Kirklees Rd Winston-Salem, NC 27104 b. If Contribution to [c. If Coordinated Party	CONFERENCE	SCB			
4. Payee	Bill Schatzman 748-3642 3450 Kirklees Rd Winston-Salem, NC 27104				6/3=(=3	\$ 7.7°-55 \$ \$
	Bill Schatzman 748-3642 3450 Kirklees Rd Winston-Salem, NC 27104 b. If Contribution to County Committee, specify: Expense, list office:	i. If Amendment, choos			6/Je/eJ	\$ 77° \$ \$ \$ um To Date
	Bill Schatzman 748-3642 3450 Kirklees Rd Winston-Salem, NC 27104 b. If Contribution to County Committee, specify: Expense, list office; a. Full Name, Mailing Address & Phone	i. If Amendment, choos	e change type: Delete e. Account	CK f. Form of	6/3=(=3	\$ 77° \$ \$ \$ um To Date
	Bill Schatzman 748-3642 3450 Kirklees Rd Winston-Salem, NC 27104 b. If Contribution to County Committee, specify: Expense, list office:	i. If Amendment, choos	e change type: Delete	СК	6/3+(+3 j. Election Cycle St \$ /8.38-44	\$ 77° 55 \$ \$ Im To Date
	Bill Schatzman 748-3642 3450 Kirklees Rd Winston-Salem, NC 27104 b. If Contribution to County Committee, specify: Expense, list office; a. Full Name, Mailing Address & Phone	i. If Amendment, choos	e change type: Delete e. Account	CK f. Form of	6/Je/e3 j. Election Cycle So \$ /8 38-48 g. Date (mm/dd/vyvy)	\$ 77° 55 \$ \$ Im To Date
	Bill Schatzman 748-3642 3450 Kirklees Rd Winston-Salem, NC 27104 b. If Contribution to County Committee, specify: Expense, list office; a. Full Name, Mailing Address & Phone	i. If Amendment, choos Add d. Purpose	e change type: Delete e. Account	CK f. Form of Payment	6/3e/e3 j. Election Cycle Si § /8 38 - 48 g. Date (mm/dd/vyyy)	S 770 SF S Im To Date h. Amount S
	Bill Schatzman 748-3642 3450 Kirklees Rd Winston-Salem, NC 27104 b. If Contribution to County Committee, specify: Expense, list office; a. Full Name, Mailing Address & Phone	i. If Amendment, choos Add d. Purpose	e change type: Delete e. Account Number/Code	CK f. Form of Payment	6/3e/e3 j. Election Cycle Si § /8 38 - 48 g. Date (mm/dd/vyyy)	S 770 SF S Im To Date h. Amount
4. Payce	Bill Schatzman 748-3642 3450 Kirklees Rd Winston-Salem, NC 27104 b. If Contribution to County Committee, specify: Expense, list office: a. Full Name, Mailing Address & Phone (include city, state, and zip) b. If Contribution to c. If Coordinated Party	i. If Amendment, choos Add d. Purpose	e change type: Delete e. Account Number/Code	CK f. Form of Payment	6/3+(-3 j. Election Cycle St § /8.38-44 g. Date (mm/dd/yyyy)	S 770 SF S Im To Date h. Amount S
4. Payce	Bill Schatzman 748-2642 3450 Kirklees Rd Winston-Salem, NC 27104 b. If Contribution to County Committee, specify: Expense, list office: a. Full Name, Mailing Address & Phone (include city, state, and zip)	i. If Amendment, choos Add d. Purpose	e change type: Delete e. Account Number/Code SCB	CK f. Form of Payment CK	6/Je/e3 j. Election Cycle So S / 8 38 - 4 8 g. Date (mm/dd/vyyy)	S 770 SF S Im To Date h. Amount S S
4. Payce	Bill Schatzman 748-2642 3450 Kirklees Rd Winston-Salem, NC 27104 b. If Contribution to County Committee, specify: Expense, list office: a. Full Name, Mailing Address & Phone (include city, state, and zip) b. If Contribution to County Committee, specify: Expense, list office:	i. If Amendment, choos Add d. Purpose	e change type: Delete e. Account Number/Code SCB	CK f. Form of Payment CK	6/3+(-3 j. Election Cycle St § /8.38-44 g. Date (mm/dd/yyyy)	S 770 SF S Im To Date h. Amount S S
. Vi 4. Payce	Bill Schatzman 748-2642 3450 Kirklees Rd Winston-Salem, NC 27104 b. If Contribution to County Committee, specify: Expense, list office: a. Full Name, Mailing Address & Phone (include city, state, and zip) b. If Contribution to County Committee, specify: Expense, list office: Total only this Page	i. If Amendment, choos Add d. Purpose i. If Amendment, choos Add	e change type: Delete e. Account Number/Code SCB SCB	CK f. Form of Payment CK	6/3 e/ e3 j. Election Cycle So S /8 38 - 44 g. Date (mm/dd/vyyy)	S 770 SF S am To Date h. Amount S S S am To Date
.9	Bill Schatzman 748-2642 3450 Kirklees Rd Winston-Salem, NC 27104 b. If Contribution to County Committee, specify: a. Full Name, Mailing Address & Phone (include city, state, and zip) b. If Contribution to County Committee, specify: County County Committee, specify: County Committee, specify: County Committee, specify: County County	i. If Amendment, choos Add d. Purpose i. If Amendment, choos Add	e change type: Delete e. Account Number/Code SCB SCB e change type: Delete	CK f. Form of Payment CK	6/3 e/ e3 j. Election Cycle So S /8 38 - 44 g. Date (mm/dd/vyyy)	\$ 77° 5 \$ \$ \$ h. Amount \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$
4. Payee	Bill Schatzman 748-2642 3450 Kirklees Rd Winston-Salem, NC 27104 b. If Contribution to County Committee, specify: Expense, list office: a. Full Name, Mailing Address & Phone (include city, state, and zip) b. If Contribution to County Committee, specify: Expense, list office: Total only this Page Total of ALL CRO-1310 Related Page s line goes in line 13a of Detailed Summary Page CRO	i. If Amendment, choos Add d. Purpose i. If Amendment, choos Add ges (on	e change type: Delete e. Account Number/Code SCB SCB e change type: Delete	CK f. Form of Payment CK	6/3 e/ e3 j. Election Cycle So S /8 38 - 44 g. Date (mm/dd/vyyy)	\$ 77° 5 \$ \$ \$ \$ h. Amount \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$
4. Payee	Bill Schatzman 748-2642 3450 Kirklees Rd Winston-Salem, NC 27104 b. If Contribution to County Committee, specify: a. Full Name, Mailing Address & Phone (include city, state, and zip) b. If Contribution to County Committee, specify: County County Committee, specify: County Committee, specify: County Committee, specify: County County	i. If Amendment, choos Add d. Purpose i. If Amendment, choos Add ges (onl 1100 if Operating Expendent)	e change type: Delete e. Account Number/Code SCB SCB e change type: Delete	CK f. Form of Payment CK	6/3 e/ e3 j. Election Cycle So S /8 38 - 44 g. Date (mm/dd/vyyy)	S 770 SF S am To Date h. Amount S S S am To Date

Disbursements



Page / of /

1.	Name of Committee or	Fund					
	Schatzman fo	r Sheriff				2. ID Number	
3.	Type of Disbursement		e CRO-1310 forms for ea				
	Operating Expenses	X Contributions to	Candidates/Political Cor	ch type of Disbursei		Party Expenditures	
	a. Full Name, Mailing Add	ress & Phone	d. Purpose	e. Account	f. Form of		• • • • • • • • • • • • • • • • • • •
	(include city, state, and z			Number/Code	Payment	g. Date (mm/dd/yyyy)	h. Amount
	Bill Schatzma	n 748-3642				<u>1. (mina da (() () .</u>	
a ve	3450 Kirklees	Rd	REPUBLICAN		СК		\$250.00
4. Payee	Winston-Saler	n. NC 27104	WOREN	SCB			\$
ľ	b. If Contribution to	c. If Coordinated Party					¢
	County Committee, specify	Expense, list affice:	i. If Amendment, choo			<u></u>	\$
			Add	Delete	<u> </u>	j. Election Cycle	
	a. Full Name, Mailing Add	ress & Phone	d. Purpose	e. Account	f. Form of	S 2 0 8 8. 4 g. Date	
ſ	(include city, state, and z	ip)		Number/Code	Payment	(mm/dd/yyyy)	h. Amount
					СК	-	\$
4. Payce				SCB			U C
ļ.							\$
ĺ	b. If Contribution to	c. If Coordinated Party	-				S
ł	County Committee, specify:	Expense, list office:	i. If Amendment, choo	se change type	<u>_</u>		-
			Add	Delete	·····	j. Election Cycle S	oum To Date
ļ	a. Full Name, Mailing Addr	ess & Phone	d. Purpose	e. Account	f. Form of	g. Date	h. Amount
I	(include city, state, and zi	p)		Number/Code	Payment	(mm/dd/yyyy)	a. Anount
ų.					077		\$
4. Payce			•	SCB	СК		•
4				305			\$
	b. If Contribution to	c. If Coordinated Party	4				\$
	County Committee, specify:	Expense, list office:	i. If Amendment, choos	se change type:		j. Election Cycle S	um To Data
			Add	Delete		\$	ant to Date
	a. Full Name, Mailing Addr (include city, state, and zi	ess & Phone	d. Purpose	e. Account	f. Form of	g. Date	h. Amount
	(and any and any	<u> </u>		Number/Code	Payment	(mm/dd/yyyv)	
e					СК		\$
4. Payee				SCB			_
4							S -
	b. If Contribution to	c. If Coordinated Party					\$
	County Committee, specify:	Expense, list office:	i. If Amendment, choos	e change type:		j. Election Cycle S	um To Date
	a. Full Name, Mailing Addre	er & Dhone		Delete		\$	
	(include city, state, and zig))	d. Purpose	e. Account Number/Code	f. Form of	g. Date	h. Amount
				Tramber/Code	Payment	(mm/dd/yyyy)	·····
4. Payee					CK		\$
2				SCB			\$
i 1							
	b. If Contribution to County Committee, specify:	c. If Coordinated Party	1. 16 4				\$
ł	ereny communecy specify:	Depense, ust office:	i. If Amendment, choos	e change type: Delete		j. Election Cycle S	ım To Date
5. 1	Fotal only this Page					<u>s</u>	
	Fotal of ALL CRO-			h. ahou au \$			\$250.00
(Thi	s line goes in line 13a of Deta	iled Summary Page CRO-	1100 if Operating Experi	ly show on last page			
(I ML	s line goes in line 13b of Deta	iled Summary Page (RA.	1100 if Contrib to Candi	A	m) .		5
(1 hi	s line goes in line 13c of Deta.	iled Summary Page CRO-	1100 if Coordinated Part	v Expenditures)	•	. -	23 0.

Loan Proceeds

. •



Page ____ of ____

	Name of Committee or Fund			10 10 11	Page of
ŧ.	Sobet			2. ID Nun	nber
┢	a. Full Name, Mailing Address & Phone	f		1	
	(include city, state, and zip)	b. Start Date (mm/dd/yyyy)	c. End Date (mm/dd/yyyy)	d. Interest	i. Account
Ł	(contract eng); state; and zip)			Rate	Number/Code
5		a Jak Titel (D. C.)		0/	o i i i i i i i i i i i i i i i i i i i
Lender		e. Job Title/Profession	f. Employer's Name/Specif	ic Field	
ڈ ا	(MONTE)	g. Security Pledged	I	_	j. Form of Paymer
i ~		g. Security Tieugeu			
Į)				
		h. If Amendment, choose ch	ange type:		k. Amount
L		· Add	Delete		-ls
	a. Full Name, Mailing Address & Phone	b. Start Date (mm/dd/yyyy)			<u> </u>
	(include city, state, and zip)		ci cina bate (utimumyyyy)		i. Account
				Rate %	Number/Code
,ender		e. Job Title/Profession	f. Employer's Name/Specifi	c Field	4
E.					j. Form of Paymen
-		g. Security Pledged		· · · · · · · · · · · · · · · · · · ·	1
					Ĩ
		h. If Amendment, choose cha			k. Amount
		Add			s
	a. Full Name, Mailing Address & Phone		Delete		2
	(include city, state, and zip)	b. Start Date (mm/dd/yyyy)	c. End Date (mm/dd/yyyy)	d. Interest	i. Account
				Rate	Number/Code
E		e. Job Title/Profession	f. Employer's Name/Specific	%	· ·
Lender					i Ferrar C.D.
-		g. Security Pledged			j. Form of Payment
~ 1					
		·			k. Amount
		h. If Amendment, choose cha			
-	a. Full Name, Mailing Address & Phone	Add	Delete		S
	(include city, state, and zip)	b. Start Date (mm/dd/yyyy)	c. End Date (mm/dd/yyyy)	d. Interest	i. Account
				Rate	Number/Code
5	·	e. Job Title/Profession	E-	%	
Lender			f. Employer's Name/Specific		
-1		g. Security Pledged			j. Form of Payment
۳					
- 1					k. Amount
		h. If Amendment, choose char			
╼┼	a. Full Name, Mailing Address & Phone	Add	Delete		\$
ľ	(include city, state, and zip)	b. Start Date (mm/dd/yyyy) o	. End Date (mm/dd/yyyy)	d. Interest	i. Account
ŀ	(include city; state, and zip)			Rate	<u>Number/Code</u>
5		e. Job Title/Profession		- %	<u></u>
3. Lend		c. Job Therrotession f.	Employer's Name/Specific	Field	
3		g. Security Pledged			j. Form of Payment
~		<u></u>			
				ŀ	k. Amount
		h. If Amendment, choose chan	ige type:		· · · · · · · · · · · · · · · · · · ·
-+	Full Name Mailers and	Add	Delete		\$
ľ	a. Full Name, Mailing Address & Phone (include city, state, and zip)	b. Start Date (mm/dd/yyyy) c	. End Date (mm/dd/vvvv)	d. Interest	i. Account
F	(any, start, and th)			Rate	Number/Code
1		e. Job Title/Profession f.		%	
51		IC. JOD LINCLUDIESSION IF.	Employer's Name/Specific		
nuer					Form of Design
Lender					. Form of Payment
J. Lender		g. Security Pledged			. Form of Payment
J. Lender		g. Security Pledged			
J. Lender		g. Security Pledged	ge type:		c. Amount
	'otal only this Page	g. Security Piedged h. If Amendment, choose chan	ge type: Delete		c Amount
 . 1	otal only this Page	g. Security Piedged h. If Amendment, choose chan Add			c Amount S
 г. г.	otal only this Page otal of ALL CRO-1410 Pages line must be on line 9 of Detailed Summary Page (g. Security Pledged h. If Amendment, choose chan Add (only show on last page)			C. Amount S

CRO-1410

ς.

February 2002

COPY

D	1		1
Page		01	

1.	Name of Committee or Fund				
	Schatzman for Sheriff			2. ID N	umber
┢	a. Full Name, Mailing Address & Phone				
ĺ	(include city, state, and zip)	b. Original Loan Date	c. Repayment	Date	g. Account Number/Code
		(mm/dd/yyyv)	(mm/dd/yy		
ler.					
Lender	ALONE	d. Original Loan Amoun	e. Remaining Ba	lance of	h. Form of Payment
. I.	/ Alon /	<u>Lo</u>			
—		S	s s		
		f. If Amendment, choose change type:			i. Repayment Amount
		Add			\$
	a. Full Name, Mailing Address & Phone		Delete		
	(include city, state, and zip)	 b. Original Loan Date 	c. Repayment		g. Account Number/Code
		(mm/dd/yyyy)	(mm/dd/yvy	(Y)	
3. Lender		d Original I	<u> </u>		
Ę		d. Original Loan Amount	a second se	ance of	h. Form of Payment
1			Loan		
••		S	S	l i	
		f. If Amendment, choose cl	I ange type:	ļi	i. Repayment Amount
		Add	Delete	l:	\$
	a. Full Name, Mailing Address & Phone	b. Original Loan Date			
	(include city, state, and zip)	(mm/dd/yyyy)	c. Repayment		g. Account Number/Code
			<u> </u>	Y)	
Lender		d. Original Loan Amount	e. Remaining Bal		
ا ق		and boar renount		ance of	1. Form of Payment
-		e	Loan		
		3	\$		Repayment Amount
		f. If Amendment, choose ch	ange type:		
		Add	Delete		5
1	a. Full Name, Mailing Address & Phone	b. Original Loan Date	c. Repayment I		Account Name 1 10
ŀ	(include city, state, and zip)	(mm/dd/yyyy)	(mm/dd/yyyy		Account Number/Code
-				<u> </u>	
Lender		d. Original Loan Amount	e. Remaining Bala	ance of h	. Form of Payment
ا ت			Loan		
-		S	S		
Ī			-	i.	Repayment Amount
		f. If Amendment, choose ch	ange type:	1	
	a. Full Name, Mailing Address & Phone	Add	Delete		•
ľ	(include city, state, and zip)	b. Original Loan Date	c. Repayment D	Date g	Account Number/Code
ł	(meldde eny, state, and zip)	(<u>mm/dd/yvvv</u>)	(mm/dd/yyyy		
5					
3. Lender		d. Original Loan Amount	e. Remaining Bala	nce of h	. Form of Payment
12			Loan		
1		S	S		
		f. If Amendment, choose chi		i.	Repayment Amount
			Delete	s	
la	a. Full Name, Mailing Address & Phone	b. Original Loan Date			
L	(include city, state, and zip)	(mm/dd/yyvy)	c. Repayment D		Account Number/Code
_		(ann (0, yyyy)	(mm/dd/yyyy	Ł	
		d. Original Loan Amount	e. Remaining Bala	Pag of L	Form of Payment
3	1		c. Kemaining Bata Loan	uce or n.	rotill of rayment
5	• 4 <u>1</u>	s		·	
			\$	<u>h</u> -	Repayment Amount
		f. If Amendment, choose cha	nge type:		
			Delete	s	
. T	Total only this Page			<u> </u>	
	Total of ALL CRO-1420 Pages			\$	<u> </u>
	ULAL VI ALLI U.KU-14/11 Pages	(only show on last page)			
, . , .	line must be on line 14 of Detailed Summary Page Ch	(only show on last page)		\$.	0

Loan Repayments

ì

. .

CRO-1420

Outstanding Loans

- 2



Page ____ of ____

1	Name of Committee or Fund			2. ID Nun	- .
	Schatzman for Sheriff			2. ID Null	iber
	a. Full Name, Mailing Address & Phone	b. Start Date (mm/dd/yyyy			
	(include city, state, and zip)	o. Start Date (mm/dd/yyyy	/) c. End Date (mm/dd/yyyy)	d. Interest	
				Rate %	<u>Amount</u> S
nde.		e. Job Title/Profession	f. Employer's Name/Specific	Field	S
3. Lender	(NONTE)	g. Security Pledged			i. Loan Balance
<u> </u>		a second			
					S
Ł		j. If Amendment, choose ch Add	Delete		
Г	a. Full Name, Mailing Address & Phone	b. Start Date (mm/dd/yyyy			
	(include city, state, and zip)		(minoduryyyy)	d. Interest Rate	h. Original Loan Amount
5		e. Job Title/Profession		%	Amount
3. Lender		c. 300 The Protession	f. Employer's Name/Specific	Field	· · · · · · · · · · · · · · · · · · ·
Ē		g. Security Pledged			i. Loan Balance
					\$
		j. If Amendment, choose ch	ance type	<u></u>	<u></u>
		Add	Delete	- <u></u>	
	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 eny; state, and zip)			Rate	Amount
5		e. Job Title/Profession	f. Employer's Name/Specific	%	s
Lender				r leiu	i. Loan Balance
2		g. Security Pledged			. Doan Darance
ĺ.					\$
		j. If Amendment, choose cha	inge type:	,	Ľ
	a. Full Name, Mailing Address & Phone	Add	Delete	······································	
	(include city, state, and zip)	b. Start Date (mm/dd/yyyy)	c. End Date (mm/dd/yyyy)	d. Interest	h. Original Loan
				Rate %	Amount
lder		e. Job Title/Profession	f. Employer's Name/Specific	Field	\$
3. Lender		g. Security Pledged			i. Loan Balance
ц.		g denter fragen			
1					S
		j. If Amendment, choose cha Add			
	a. Full Name, Mailing Address & Phone	b. Start Date (mm/dd/yyyy)	c. End Date (mm/dd/yyyy)		
	(include city, state, and zip)	(c. End Date (minodwyyyy)	d. Interest Rate	h. Original Loan Amount
5		e. Job Title/Profession	6	%	S
ender		er obo Thaeit Totession	f. Employer's Name/Specific	field	
3. Lei		g. Security Pledged			i. Loan Balance
					\$
		. If Amendment, choose cha	nge type:		÷
\vdash		Add	Delete		
	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
l †				Rate	Amount
5		e. Job Title/Profession	f. Employer's Name/Specific I	%	s
3. Lender					i. Loan Balance
		z. Security Pledged			
					S
	L	If Amendment, choose char			
4	Fotal only this Page	- Add	Delete		
					s o
5. 1	Fotal of ALL CRO-1430 Pages	only show on last page)			
(This	s line must be on line 20 of Detailed Summary Page CR	0-1100)		18	s o l

February 2002

Ģ

I	a-Kind Contributions	COPY		
In-Kind Contributions Page of 1. Name of Committee or Fund				
Schatzman for Sheriff			2. ID Number	
	a. Full Name, Mailing Address & Phone			
	(include city, state, and zip)	c. Description	d. Date (mm/dd/yyyy	e. Fair Market
5				\$
Contributor	(NONE)			S
Cent				S
	b. Type of Contributor			
	Individual Party Committee	f. If Amendment, choose change type:		<u> </u>
┝	Other Political Committee Other Receipt Source a. Full Name, Mailing Address & Phone	Add Delete	g. Elec	tion Cycle Sum to Date
	(include city, state, and zip)	c. Description	d. Date	e. Fair Market
			(mm/dd/vvvv)	Amount
Contributor				\$
utrib				\$
ပိ	•			\$
	b. Type of Contributor			e c
	Individual Party Committee	f. If Amendment, choose change type:	g Fleet	\$ ion Cycle Sum to Date
_	Other Political Committee Other Receipt Source a. Full Name, Mailing Address & Phone	AddDelete	S S	ion Cycle Sum to Date
	(include city, state, and zip)	c. Description	d. Date	e. Fair Market
Ŀ			(mm/dd/vvvv)	<u>Amount</u> \$
lbuto				
Contributor				\$
3.0				\$
	b. Type of Contributor			\$
	Other Political Committee Other Receipt Source	f. If Amendment, choose change type: Add Delete		on Cycle Sum to Date
	a. Full Name, Mailing Address & Phone (include city, state, and zip)	c. Description	d. Date	e. Fair Market
	(mendae entry state, and zip)		(mm/dd/yvvv)	e. Fair Market Amount
butor				\$
trib				\$
3. Contri				\$
	o. Type of Contributor			~
ĺ	Individual Party Committee	f. If Amendment, choose change type:	R Flack	\$
12	Other Political Committee Other Receipt Source	Add Delete	g. Election	on Cycle Sum to Date
ľ	(include city, state, and zip)	c. Description	d. Date	e. Fair Market
2	Т.,		(mm/dd/vyvv)	Amount S
Contributor				
out				\$
с т				S
b	Type of Contributor	1		s
	Individual Party Committee Other Political Committee Other Receipt Source	f. If Amendment, choose change type: AddDelete		n Cycle Sum to Date
4. Total only this Page 13				
5. Total of ALL CRO-1510 Pages (only show on last name)				s o
(This line must be on line 16 of Detailed Summary Page CRO-1100)				\$ °

.7

6