

Disclosure Report Cover

Use this form for general report and committee information, must be signed and submitted along with other detailed forms Do not use this form to update information

1. Committee Information								
a. Full Name		-				c. ID Number		
Schatzman for S	heriff							
b. Mailing Address (include City, S	tate and Zip Code)					d. Date Filed		
1313 Ashleybrook						7/24/	,07	******
Winston-Salem, 1	NC 27103					e. Phone Num	ber	
·						(336)		4464
2. Report Year 3. Period Star	rt Date (mm/dd/yy)	4. Period	End Dat	e (mm/dd/yy)	5. Treasur	er Full Name	:	
2007 01/01/			0/200		Wes Br			٧
6. Type of Committee (Check					type of repo	ort from one c	ategory)	
		icipal		State/County	····	Referendum		
Joint Fundraiser PA	1==	Organization		Organizat		Organizati		
7. Type of Fund (if applicable		Thirty-five da	ay [Quarterly		Pre-referer	ıdum	
"Booster Fund"		Pre-primary Pre-election		Seco	Plus	Final Supplemen	stal Pinal	
Building Fund	1==	Pre-runoff			i Plus	Annual	nai rinai	
NC Political Party Financing Fund		Semi-annual		Four		Special		
Presidential Election Year Candid	II.	Mid Yea	. I	Semi-anni		D opeciai		
NC Public Campaign Financing F	und ·	Year En	d	X Mid		10. Special I	Report N	ame
Other:		Final		Year	End			
8. Number of Fundraisers this	Report S	Special	j.	Final		-		
0				Special)	2
11. Account Information			11 4 00	ount Inform	otion		and of	3
a. Financial Institution Full Name	·			ial Institution			13	٥
					- WILLIAM		and the last	
Southern Communi	ty Bank	. *					\$. 871	24
o. Purpose	c. Account Code		b. Purpos	e		c. Account Code		
Campaign expense	B 100						←	n n
	d. Period Begin Bala	nce			ţ	d. Period Begin	Balance	•••
	\$ 4577	09			ſ	\$		02
CHARGE CA MICAL			· · · · · · · · · · · · · · · · · · ·					
CERTIFICATION								
I certify that the Committee is i with funds for a federal or out-	n compnance with	an provisi	ons of Ar	Ticle ZZA, in	icluding that	no funds are	comming	iled
been trained by the NC State B						correct and t	nat i nave	e
been trained by the IVE State B	oard of Elections a	ccording to	Article	103.278.9(K).			ı
WES BROOKI						7/241	2007	ı
Printed Name of Signe	er	Sign	ature of Ap	pointed Treasu	rer ,	, D	ate	[
OR OFFICE USE ONLY								
Date Received: 7-3	24-07	Employe	e: <u>Ju</u>	iby Spe		very Method Normal Mail		
Date Postmarked:		Employe	e:			Registered Ma Fand Delivere		ı
Date Scanned: 7-2	25-07	Employe	e: Ju	edy Sp	eas 🗖 E	Electronically	Filed	
Date Data Entered:	25-07	Employe	e: Ja	dy Spia	7	igner has not nandatory trai		
Please Note: This form can	not be used to ame	nd commit	tee infor	mation such	as the comm	ittee address	treasure	r.
	reasurer, custodian	of books i	informati	on, or accou	nt informati	on.		

Detailed Summary
Use this form to summarize all disclosure reporting forms and to total monetary information

Amendment

Yes Yes

Z No

1. Committee Full Name (and Fund if applicable)	2. Type of	f Report	2. ID Number
Schatzman for Sheriff	2007	Mid year	
Start of Election Cycle: January 1, 2007	••	Total this Reporting Period	Total this Election Cycle
4) Cash on Hand at Start		\$ 4577.0	
RECEIPTS			
5) Aggregated Contributions from Individuals	(CRO-1205)	\$	\$
6) Contributions from Individuals	(CRO-1210)	\$ 8000,00	\$ 8000,00
7) Contributions from Political Party Committees	(CRO-1220)	\$	\$
8) Contributions from Other Political Committees	(CRO-1230)	\$ 500.00	\$ 500.00
9) Loan Proceeds	(CRO-1410)	\$	\$
10) Refunds/Reimbursements To the Committee	(CRO-1240)	\$	\$
11) Other Receipt Sources			
11a) Interest on Bank Accounts	(CRO-1250)	\$ 4.21	\$ 4.21
11b) Contributions from Not-for-Profit Organizations	(CRO-1250)	\$	\$
11c) Outside Sources of Income	(CRO-1250)	\$	\$
12) TOTAL RECEIPTS		\$ 8,504.2	\$ = 1020
(Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, and 11c)	ici ini assa kaksasta mah		1 \$ 8,504.21
EXPENDITURES .			
(3) Disbursements			
	(CRO-1310)	\$ 8841.82	\$ 88 41.82
13b) Contributions to Candidates/Political Committees	(CRO-1310)	\$	\$
13c) Coordinated Party Expenditures	(CRO-1310)	\$	\$
	(CRO-1420)	\$	\$
5) Refunds/Reimbursements From the Committee	(CRO-1320)	\$	\$
6) In-Kind Contributions	(CRO-1510)	\$.	\$
7) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, and 16)		\$ 8841.82	\$ 8841.82
8) Cash on Hand at End			
(Add lines 4 and 12 together, then subtract line 17)		\$ 4239.48	\$ 4239.48
DDITIONAL INFORMATION			
9) Non-Monetary Gifts Given to Other Committees (CRO-1330)	\$	
)) Outstanding Loans (incl. ones from other campaigns)	CRO-1430)	\$	
) Debts and Obligations owed By the Committee	CRO-1610)	\$	
2) Debts and Obligations owed To the Committee (CRO-1620)	\$	
Account Transfers Within the Committee (6	CRO-1720)	\$	
) Administrative Support	CRO-1710)	\$	\$
) Forgiven Loans	CRO-1440)	\$	\$
48-Hour Notice Reports Sum			\$
20.7700			

		from Individ		1	Pg of	2	Amendment Yes No
Use	this form to repo	ort individual contribu	utions over \$50 or	contributions u	nder \$50 if form	CRO	1205 is not used
1		lame (and Fund if a				<u> 2.</u>	ID Number
		for Sheriff					
	ontributor Info Il Name, Mailing Ad				Remove		
	clude city, state, & z			b. Job Title/Pro		d.	Comments
				RETTRE	E •		·
	•	nn Runnion		c. Employer's N	ame/Specific Field		
1	1244 Ar			1		- I	Election Sum to Date
	WS, NC	27 104					
f. Pric	r g. Account Code	h. Form of Payment	i. In-Kind Descri	<u> </u>	1	\$	
	B zecount Cour		1. In-Kind Descri	ption	j. Date (mm/dd/y		k. Amount
	100	Check			01/17/20	~~>	\$ / 000.00
	100	Check					\$
	100	Check					\$
	ntributor Inforn Name, Mailing Add			——————————————————————————————————————	move		
	ivame, Maning Add ude city, state, & zip			b. Job Title/Profe	ession	d. C	omments
Ì			· · · · · · · · · · · · · · · · · · ·	ATTORI	SEN .		
	Donald k	(Tisdale Sr		c. Employer's Na	me/Specific Field	1	
	280 Stan			177.3		<u> </u>	
	WS, NC	27106		ATTOR	/ EX		ection Sum to Date
f. Prior	To Assessed Gods	1. 7	1.		•		1,250.00
	g. Account Code	h. Form of Payment	i. In-Kind Descrip	tion	j. Date (mm/dd/yy		k. Amount
	100	Check		***************************************	01/17/20	e>	\$ 1,250.00
	100	Check					\$
	100	Check					\$.
	tributor Informa ame, Mailing Addre				nove		
	ame, Mannig Addre le city, state, & zip)	ess & Pnone	ŀ	b. Job Title/Profes		d. Co	mments
				ATTORN	IEJ .		
	D Kenneth T			c. Employer's Nam	e/Specific Field		·
	1250 Yorksh		-	ATTORN	E.S	a Fla	ction Sum to Date
	WS, NC 271	06	ľ	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
Prior	g. Account Code	h. Form of Payment	i. In-Kind Descripti	on I:	j. Date (mm/dd/yyy	·	Amount
	100	Check			01/17/2007		
					01/17/201	-+	
	100	Check				_	\$
	100	Check					\$
	l only this Pa					\$.	3 250,00
Tota	l of ALL CRO	D-1210 Pages				\$	8000,00
I'his lin	e must be on line 6 o	f Detailed Summary Pag	ge CRO-1100)			Ψ	0.000,

		from Individu		contributions	Pg 2 of	<u>2</u>	Amendment Yes No 1205 is not used
<u>1. C</u>	ommittee Full N	ame (and Fund if ap	plicable)	· · · · · · · · · · · · · · · · · · ·	inder 450 H Torm		ID Number
S	chatzman	for Sheriff					
	ontributor Infor			Add	Remove		
	ll Name, Mailing Ad			b. Job Title/Pr		d.	Comments
(in	clude city, state, & z	ip)		CEC			
l	Richard Cl	hildress		c. Employer's l	Name/Specific Field	\dashv	
	9160 Hamp			RC RA	CINC	_	
	Lexington,	NC 27295					Election Sum to Date
6 Della	- [- A(G.)	I. 5				\$	2000.00
f. Prio	g. Account Code	h. Form of Payment	i. In-Kind Descr	iption	j. Date (mm/dd/y		k. Amount
<u> </u>	100	Check			01/17/200	<u>フ</u>	\$ 2000.00
	100	Check					\$
	100	Check					\$
	ntributor Inforn Name, Mailing Add				emove		
	ude city, state, & zip			b. Job Title/Pro		d. C	Comments
	77.7 E 1. 18.0	W		ATTER	NEV		
	Christophe			c. Employer's N	ame/Specific Field]	
	3740 Kirkle			ATTERI	461	e. El	lection Sum to Date
	WS, NC 27	104				\$	1000.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Descrip	tion	j. Date (mm/dd/yy	yy)	k. Amount
П	100	Check			01/17/200	7	\$ 1000.00
	100	Check			,		\$
	100	Check				·	\$
	tributor Informa				move		
	ame, Mailing Addre le city, state, & zip)	ess & Phone		b. Job Title/Profe	ssion	d. Co	mments
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			ATTER	NEV		
	Michael Gr			c. Employer's Nai	ne/Specific Field		
	390 Gaithe			ATTORA	KY	a Fla	ection Sum to Date
	WS, NC 27	101	j				
Prior	g. Account Code	h. Form of Payment	i. In-Kind Descripti	ion	i Data (mm/33/	\$	1750.00
	100	Check	zama Descripti		j. Date (mm/dd/yyy		\$ / 750.00
			·		01/11/20	+	
	100	Check				\dashv	\$
	100	Check					\$
	l only this Pa	<u> </u>				\$	4750.00
	l of ALL CRO	O-1210 Pages of Detailed Summary Page	e CRO-1100\			\$	8 000.00

	to report contributions fr		•		Yes You No
	e Full Name (and Fund i				2, ID Number
		A SHEZJEF			,
THE R. P. LEWIS CO., LANSING MICH. LANSING MICH.	or Information		2 () () () () () () () () ()	move	
a. Full Name, M (include city, s	Iailing Address & Phone		b. Type of Comm		d. Comments
(include city,	THE CO. DEDIC	Buch	Candidate Referendum	PAC	
MERI	THE CO. PERC I CLUB OLD BINITO		c. Level Registere		
11567	OLA WINITO	~ 70	Federal State	County: Municipality:	e. Election Sum to Date
KERNE	STOKE WE	21288	Beed ~	Lead Avenue	\$ 500.00
f. Account Code	788 439	h. In-Kind Description		i. Date (mm/dd/yy	<u> </u>
· · · · · · · · · · · · · · · · · · ·	CHECK	II. III-Miiu Descripas	<u>n</u>	· · · · · · · · · · · · · · · · · · ·	
100	CMELA			01/10/200	7 \$ 500.00
					\$
					\$
3. Contributo	and the supplemental of the proposition of the supplemental of the		1-50 200 200 200 200 200 200 200 200 200 2	nove	
· ·	niling Address & Phone		b. Type of Commi		d. Comments
(include city, st	ate, & zip)		Candidate Referendum	☐ PAC	
			c. Level Registered		† ·
			Federal	County:	The dear Communication
·		•	L State	Municipanty.	e. Election Sum to Date
	··· · · · · · · · · · · · · · · · · ·				\$
f. Account Code	g. Form of Payment	h. In-Kind Description	ı	i. Date (mm/dd/yy	yy) j. Amount
		·			\$
					\$
					\$
3. Contributor	eta a comenta de la collection de la companya de la companya de la collection de la collection de la collection	an tation to the bound of the state of the s	Add 🔲 Rem	医骶骨髓 化二甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基	
· ·	ling Address & Phone		b. Type of Commit		d. Comments
(include city, sta	te, & zip;		Candidate Referendum	PAC	
			c. Level Registered		1
			Federal State	County: Municipality:	The sales Come to Data
			L State	Municipancy.	e. Election Sum to Date
4 C- 40	T		<u> </u>		\$
Account Code	g. Form of Payment	h. In-Kind Description	1	i. Date (mm/dd/yyy	
					\$
					\$
·					\$
Total only thi	is Page	kan mendalah kancang pang pang berada. Kanang mendalah dan berada kancang berada kancang berada kenang berada kenang berada kenang berada kenang bera			\$ 500.00
	CRO-1230 Pages				\$ [00.00
(This line must be	on line 8 of Detailed Summar	ry Page CRO-1100)	<u>and the second </u>	a 1945 <u>, kalendaria kan</u> alangan menjadi	3 55.5

						i e and i i a manici si a
Other R	eceipt Sources		P	g of	/	Amendment Yes No
Use this form	n to report income not rep	orted on another form			fit co	
	ee Full Name (and Fund					
	man for Sheri					
3. Type of R	leceipt Source (Please u	se separate CRO-125	0 forms for eac	h type of Receip	t Sõu	irce.)
Interest		butions from Not-for-Profit				ces of Income
Charles - host epitember (1967) algebra	or Information	A the second of the second of the second	Add Re	emove	1,7%(s) 6.564	
	failing Address & Phone		b. Not-for-Profit	Federal ID#	d. (Comments
(include city,			_			
	rn Community I	Bank	c. Outside Source	Evnlanation	-	
PO Box		74 4 /	a ouside boare.	. iskpianauon	1	
	n-Salem, NC 27 765-8500	114			e. F	Election Sum to Date
(330)	705-0500				\$	
f. Account Code	- F	1. T. T. T. T.	<u> </u>	I. =	<u> L</u>	T
1. Account Cone	g. Form of Payment	h. In-Kind Description	1	i. Date (mm/dd/yy		j. Amount
100	Bank credit			01/31/20	67	\$ 1.06
100	Bank credit			02/28/20	(2	\$.90
	or Information		Add 🔲 Rei	nove	e i secol	
	ailing Address & Phone		b. Not-for-Profit I	Federal ID #	d. C	omments
(include city, s	tate, & zip)		·			
Souther	n Community B	on Ir	c. Outside Source	Explanation	-	
PO Box		ank	G OLLING BOLLICE		1	
	-Salem, NC 27	114			e. El	ection Sum to Date
	65-8500				\$	
f. Account Code	g. Form of Payment	h. In-Kind Description		i. Date (mm/dd/yy)		j. Amount
100	Bank credit			03/342	se7	\$.58
100	Bank credit			03/3420	7	\$59
l. Contributor	· Information		Add 🔲 Rem		vitia.	Pari de la
•	ling Address & Phone		b. Not-for-Profit Fe	ederal ID #	d. Co	omments
(include city, sta	ite, & zip)					
		<u> </u>	Outside Serves F			
		1	c. Outside Source E	xpianation		
					e. Ele	ction Sum to Date
`					\$	
Account Code	g. Form of Payment	h. In-Kind Description	T ₂	Data (/44/		A
		n. m. vina Describion		. Date (mm/dd/yyy)		. Amount
100	Bank credit			05/31/200	7	\$.57
100	Bank credit		را	06/29/2007	,	\$ (

5. Total only this Page

6. Total of ALL CRO-1250 Pages

(This line goes in line 11a of Detailed Summary Page CRO-1100 if Interest)

(This line goes in line 11b of Detailed Summary Page CRO-1100 if Not-for-Profit Contribution)

4.21

Disburs						Pg	of _	Amendment Yes	IZI-No
Use this form	n to report expendituand coordinated party	es from the come expenditures	nittee fo	r; operating	g exp	enses, contri	bution	s to candidate/po	litical
1. Committe	e Full Name (and F	und if applicable	e)					2. ID Number	
Scharz	man for She	riff							
	isbursement <u>(Plea</u>	ise use separate	CRO-13	10 forms fo	or ea	ch type of D	isburs	ement.)	**************************************
Operating !		Contributions to Cand	lidates/Pol	itical Commit	tees		oordina	nted Party Expenditur	res
4. Payee Info				Add		Remove			
(include city, st	Mailing Address &	Phone		b. Coordin	nated	Committee Na	me	d. Comments	
	BROOKSTO BROOKSTO	went 11	VN						
200	RRCGKITG	and A	15	c. Level Re		ered (Specify)			
TICAS	27/6/	-		State	aı	☐ County ☐ Munici		e. Election Sum to	Dota
		·					panty.		
	773- 014							\$ 340.	CA
f. Account Code	g. Form of Payment	h. Purpose Code		(mm/dd/yyyy				equired Remarks	11.12.22
100	Check	0	01/1	2/2007	\$ \$.	340.64		LECTIONS DARTY	NIGH
100	Check				\$				
4. Payee Info				Add	Re	emove			
l e	iling Address & Phone			b. Coordina	ated (Committee Nan	ie	d. Comments	
(include city, st	ate, & zip) natzman								
				- T 1 D		1.65 16.3			
	irklees Rd	7404		Federal		ed (Specify) County:			
	n Salem, NC 2	7104		State	•	= -	ality:	e. Election Sum to I	ate
336-794	1-0988								
f. Account Code	g. Form of Payment	lh Burness Code	1	<u> </u>	I	· · · · · · · · · · · · · · · · · · ·		\$ 228.6	
	g. Form of Fayment	h. Purpose Code		mm/dd/yyyy)			k. Rec	quired Remarks	16007
100	Check	0		···		150.00	The.	RTH CRAT	-0174
100	Check	Z	01/25	1/2007	\$	78.00	12	OSTAGE	
4. Payee Inforr				Add 🔲	Rei	move	1		
	ing Address & Phone			b. Coordinat	ted Co	ommittee Name	d	. Comments	
(include city, sta	te, & zip)								
Bill Sch	atzman			c. Level Regis	stere	d (Specify)			
3450 Ki	rklees Rd		- 1	Federal		County:			
	n Salem, NC 2	7104		State		Municipal	ity: e.	Election Sum to Da	ite
336-794	-0988	104						1028.	10
Account Code	g. Form of Payment	h. Purpose Code	i. Date (m	m/dd/yyyy)	li An	nount		uired Remarks	
100	Check	0	0/15	/2007	\$.	281.61	CA A	TAICA	1271
100	Check	K	or /25	/2007	\$.<	181.61	0/%	THE COPPE	
Total only thi		,					1 0	THE SUPPLE	7//
	CRO-1310 Pages					 	1 4	8,841.	-
	ine 14a of Detailed Sum	arv Page CRO-110	n if Onera	tina Evnanca	a)				
This line goes in l	ine 14b of Detailed Sumn	ary Page CRO-110) if Contri	b to Candidat	tes/Pa	olitical Comm)	\$	8841.	82
This line goes in l	ine 14c of Detailed Sumn	ary Page CRO-1100) if Coord	nated Party E	Ехреп	iditures)			
Purpose Co	des (List detailed e	xpenditure code	in (h.) al	oove)					
* - Media	B* - Printing	(C* - Fun	draising		D - To A	nother	Candidate	
- Salaries	F* - Equipm			cal Party				Public Office Ex	penses
· Postage Codes require	 J - Penalties detailed explanation 		k* - Offi narks fi	ice Expense eld (k)	es	O* - Oth	er		- 1

Dispuise					Pg	of	Ye L	s 🕍 No	
Use this form	to report expenditured to report to the total to the total to the total to the total total to the total total to the total tot	es from the comr	nittee fo	or; operating	expenses, contri	bution	ns to candidat	e/political	
1. Committe	e Full Name (and Fu	ind if applicable	2)				2. ID Num		_
	man for She						7		
3. Type of Di	sbursement (Plea	se use separate	CRO-1	310 forms fo	or each type of D	ichum	namant)		
Operating E		Contributions to Cand					ated Party Exper	nditures	
4. Payee Info	rmation			Add	Remove		moore and experience	ionoro,	-
a. Full Name,	Mailing Address & I	hone	<u>"</u>	b. Coordin	nated Committee Na	ame	d. Comments		
(include city, sta									
	& Stronach								ı
	l Spruce St			c. Level Re	egistered (Specify)		4		
Winst	ton Salem, NC	27101		State		•	e. Election Sur	m to Data	-1
336-7	21-2992			- State	Wulle	ipanty.			
							\$ 5,50	57.78	į
f. Account Code	g. Form of Payment	h. Purpose Code		e (mm/dd/yyyy			lequired Remar	ks	7
100	Check	A	02	106/200	7 \$ 5567. 7	z 7º	PADIO	MAIC	
100	Check	-		, ,	3301.7	-	price		_
100	Check	•			\$				1
4. Payee Infor	mation		Ĺ	Add	Remove				-
a. Fuil Name, Ma	iling Address & Phone			b. Coordina	ated Committee Na	ne	d. Comments		-
(include city, st			·						
	natzman].		
	irklees Rd				gistered (Specify)				I
Winsto	n Salem, NC 2	7104		Federal State			- Flastica Com	4- D-4-	4
336-794	1-0988			L_ State	Municip	banty:	e. Election Sum		
		•					\$ 1800). Je	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date	(mm/dd/yyyy)	j. Amount		equired Remark		
100	Check	16	02/0	27/2007	\$500.00	,		PUEAGO!	
	one en		1			1	Y NUE PL		-
100	Check	K	02/	67/2067	\$272.26	07	SUPPLIE	1	
4. Payee Inforn				Add 🔲	Remove		·	-	
i. Full Name, Mail include city, stat)	ing Address & Phone			b. Coordinat	ted Committee Nam	e e	d. Comments]
(include city, stat	e, & zip)					- 1			1
Bill Sch	atzman			c. Level Regi	stered (Specify)				ł
	klees Rd			☐ Federal	County:	_			
Winston	Salem, NC 27	104		State	Municipa Municipa	ılity: e	. Election Sum	to Date	1
336-794-	0988					1	\$ 1978	- 30	
Account Code	g. Form of Payment	h. Purpose Code	i Doto (nm/dd/yyyy)	t Amount				4
	1				i 	CA.	uired Remarks	CEMMIT	775
100	Check	0	02/0	7/2007	\$ 178.00		SETINE!		
100	Check				\$			· · · · · · · · · · · · · · · · · · ·	
Total only this	s Page				// // // // // // // // // // // // //		\$ 651	7 98	l
Total of ALL	CRO-1310 Pages						Ψ <u> </u>	, /o	•
	ine 14a of Detailed Sumn	arv Page CRO-110	O if Oner	atina Ernense	e)			_	ľ
(This line goes in li	ine 14b of Detailed Summ	ary Page CRO-110	0 if Conti	rib to Candida	tes/Political Comm)		\$ 884	7. 98 1.82	l
This line goes in li	ne 14c of Detailed Summ	ary Page CRO-1100) if Coord	dinated Party I	Expenditures)				1
Purpose Coo	des (List detailed ex	xpenditure code	in (h.) a	ibove)					1
* - Media	B* - Printing	(ndraising	D - To A	nothe	r Candidate		1
- Salaries	F* - Equipme	ent (🖁 - Poli	tical Party	Н* - Но		Public Office	e Expenses	l
- Postage	J - Penalties		<* - Of	fice Expens	es O* - Otl			-	
Coues require	detailed explanatior	ı ın required rei	marks f	neld (k)					ı

Use this form to report expenditures from the committee for; operating expenses, contributions to candidate/politica committees and coordinated party expenditures 1. Committee Full Name (and Fund if applicable) Schatzman for Sheriff 3. Pype of Disbursement (Please use separate CRO-1310 forms for each type of Disbursement.) Doperating Expenses Contributions to Candidates/Political Committees 4. Payee Information Add Remove a. Full Name, Mailing Address & Phone (Include city, state, & zip) Check Goz/o1/2007 \$ 560.00 Election Sum to Date State Municipality: e. Election Sum to Date S
Committee Full Name (and Fund if applicable) Schatzman for Sheriff
Schatzman for Sheriff 3. Type of Disbursement
3. Type of Disbursement Please use separate CRO-1310 forms for each type of Disbursement.
Operating Expenses
4. Payee Information a. Full Name, Mailing Address & Phone (Include city, state, & zip) LINCOLUTERANCE AND BAY DINNET C. Level Registered (Specify) Federal County: State Municipality: E. Election Sum to Date 100 Check 100 Check 4. Payee Information C. Level Registered (Specify) L. Add Remove Add Remove L. Comments C. Level Registered (Specify) State Municipality: E. Election Sum to Date C. Level Registered (Specify) State Municipality: E. Election Sum to Date Date Date Date
(Include city, state, & zip) LINCOLUTERABLE AT DIMET C. Level Registered (Specify) LIST NC 27/63 G. Level Registered (Specify) State
Clevel Registered (Specify) Clevel Registered (Specify) State Municipality: e. Election Sum to Date Soc. **
Soc.
Soc.
Soc.
f. Account Code g. Form of Payment h. Purpose Code i. Date (mm/dd/yyyy) j. Amount k. Required Remarks 100 Check G 02/07/2°°7 \$ 566.0° 100 Check \$ 4. Payee Information
100 Check 100 Check 4. Payee Information a. Full Name, Mailing Address & Phone (Include city, state, & zip) Bill Schatzman 3450 Kirklees Rd Winston Salem, NC 27104 336-794-0988 f. Account Code g. Form of Payment h. Purpose Code 1. Date (mm/dd/yyyy) f. Account Code g. Form of Payment 100 Check Casilographic State Account Code g. Form of Payment h. Purpose Code i. Date (mm/dd/yyyy) j. Amount k. Required Remarks 2 of 4 !! 100 Check A Payee Information Add Remove a. Full Name, Mailing Address & Phone b. Coordinated Committee Name d. Comments
100 Check 4. Payee Information a. Full Name, Mailing Address & Phone (Include city, state, & zip) Bill Schatzman 3450 Kirklees Rd Winston Salem, NC 27104 336-794-0988 C. Level Registered (Specify) Federal State Municipality: c. Election Sum to Date \$ 2 or 4 // f. Account Code G. Form of Payment h. Purpose Code L. Date (mm/dd/yyyy) J. Amount k. Required Remarks 100 Check 335-51 3 or 2 0//// Add Remove a. Full Name, Mailing Address & Phone b. Coordinated Committee Name d. Comments
4. Payee Information a. Full Name, Mailing Address & Phone (include city, state, & zip) Bill Schatzman 3450 Kirklees Rd Winston Salem, NC 27104 336-794-0988 f. Account Code Check Code Check 4. Payee Information Add Remove b. Coordinated Committee Name c. Level Registered (Specify) Federal County: Municipality: e. Election Sum to Date \$ 2 614.11 Add Remove \$ 35.81 Account & Remove Add Remove
a. Full Name, Mailing Address & Phone (include city, state, & zip) Bill Schatzman 3450 Kirklees Rd Winston Salem, NC 27104 336-794-0988 f. Account Code Check Check Check A Payee Information a. Full Name, Mailing Address & Phone b. Coordinated Committee Name c. Level Registered (Spgcify) Federal County: State Municipality: e. Election Sum to Date a. Full Name, Mailing Address & Phone c. Level Registered (Spgcify) Federal County: State Municipality: e. Election Sum to Date a. Full Name, Mailing Address & Phone c. Level Registered (Spgcify) Federal Accounty: State Municipality: e. Election Sum to Date a. Full Name, Mailing Address & Phone b. Coordinated Committee Name d. Comments
Comments
Bill Schatzman 3450 Kirklees Rd Winston Salem, NC 27104 336-794-0988 f. Account Code g. Form of Payment h. Purpose Code i. Date (mm/dd/yyyy) j. Amount k. Required Remarks 100 Check Check 4. Payee Information Add Remove b. Coordinated Committee Name d. Comments
3450 Kirklees Rd Winston Salem, NC 27104 336-794-0988 f. Account Code g. Form of Payment h. Purpose Code i. Date (mm/dd/yyyy) j. Amount k. Required Remarks 100 Check Check 4. Payee Information Add Remove b. Coordinated Committee Name d. Comments
3450 Kirklees Rd Winston Salem, NC 27104 336-794-0988 f. Account Code g. Form of Payment h. Purpose Code i. Date (mm/dd/yyyy) j. Amount k. Required Remarks 100 Check C 3/27/2007 \$ 35.81 Denoted Denoted Add Remove 4. Payee Information
336-794-0988 f. Account Code g. Form of Payment h. Purpose Code i. Date (mm/dd/yyyy) j. Amount k. Required Remarks 100 Check C 3/27/20=7 \$ 35-81 Dence Director 100 Check \$ 4. Payee Information
f. Account Code g. Form of Payment h. Purpose Code i. Date (mm/dd/yyyy) j. Amount k. Required Remarks 100 Check C 3/27/20=7 \$ 35-81 Dence Director 100 Check \$ 4. Payee Information
100 Check C 3/27/2007 \$ 35.81 Dence Direct 100 Check
100 Check 4. Payee Information
4. Payee Information Add Remove a. Full Name, Mailing Address & Phone b. Coordinated Committee Name d. Comments
a. Full Name, Mailing Address & Phone b. Coordinated Committee Name d. Comments
The comments of the comments o
(include city, state, & zip)
Bill Schatzman c. Level Registered (Specify)
3450 Kirklees Rd ☐ Federal ☐ County:
Winston Salem, NC 27104 State Municipality: e. Election Sum to Date
336-794-0988 \$ 2 116.3
f. Account Code g. Form of Payment h. Purpose Code i. Date (mm/dd/yyyy) j. Amount k. Required Remarks
100 Check C 04/16/2007 \$102.19 Denus Direct
100 Check \$
5. Total only this Page 6. Total of ALL CRO-1310 Pages (This line goes in line 14a of Detailed Summary Page CRO-1100 if Operating Expenses) (This line goes in line 14b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm) \$ \$\int 3\forall \cdot \infty\$
6. Total of ALL CRO-1310 Pages
(This line goes in line 14a of Detailed Summary Page CRO-1100 if Operating Expenses) (This line goes in line 14b of Detailed Summary Page CRO-1100 if Operating Expenses) \$ \$ \$ \(\begin{array}{c} \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
(This line goes in line 14b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm) (This line goes in line 14c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)
7. Purpose Codes (List detailed expenditure code in (h.) above)
A* - Media B* - Printing C* - Fundraising D - To Another Candidate
E - Salaries F* - Equipment G - Political Party H* - Holding Public Office Expense
I - Postage J - Penalties K* - Office Expenses O* - Other * Codes require detailed explanation in required remarks field (k)
CRO-1310 NC State Board of Elections April

Disburs	ements				Ρσ	4	of	Amend	lment	No.
Use this for	m to report expenditu and coordinated party	res from the com	mittee f	or; operatin	g expense	s, contrib	utions	s to candida	te/political	1
1. Committ	ee Full Name (and F	und if applicabl	le)			—— <u>—</u>		2. ID Nun	aber	
Schat	zman for She	riff								
3. Type of I	Disbursement (Ple	ase use separate	CRO-1.	310 forms t	or each t	ne of Di	shurse	ement)		
Operating	Expenses	Contributions to Can	didates/Po	olitical Commi	ittees			ted Party Expe	nditures	
4. Payee Inf				Add	☐ Remo	ove				
a. Full Name (include city, st	, Mailing Address &	Phone		b. Coord	inated Com	mittee Nar	ne	d. Comment	3	
		·								
	chatzman				tegistered (
	Kirklees Rd			Fede State		County: Municip	- 1	- Tills att Cla		
	on Salem, NC	27104		June	<u> </u>	Municip	anty:	e. Election Su		
	94-0988				· · · · · · · · · · · · · · · · · · ·			\$ 2,3		F
f. Account Code	g. Form of Payment	h. Purpose Code		e (mm/dd/yyy			- 	quired Rema		
100	Check	C	05/	21/2007	\$20	4.58	0	OMER	Bran	ÆX.
100	Check				\$					
4. Payee Info				Add	Remov	⁄e				
a. Full Name, Ma (include city, s	ailing Address & Phone			b. Coordin	ated Comn	ittee Name	2	l. Comments		
				-			1			i
Wes B				c. Level Re	gistered (S	pecify)				i
	shleybrook La			Federa		County:				
	n Salem, NC 2	7103		State	<u> _</u>	Municipa	lity: e	. Election Sur	n to Date	
336-76	0-4464						ı	\$ //2	52	
. Account Code	g. Form of Payment	h. Purpose Code		(mm/dd/yyyy			k. Req	uired Remarl	CS	7 67
100	Check	0	05/2	20/2007	\$ //2.	52	12	ective	- ZAC	PSUREN S FECCO
100	Check				\$			-		
. Payee Infor				Add	Remove		***	-		-
. Full Name, Mai (include city, sta	ling Address & Phone			b. Coordina	ted Commi	tee Name	d.	Comments		
(metade city, sta	te, & zip)			-						
				c. Level Reg	istered (Sp	eify)				İ
				Federal		County:				
				State	니	Municipali	ty: e. 1	Election Sum	to Date	
							\$			
Account Code	g. Form of Payment	h. Purpose Code	i. Date (r	nm/dd/yyyy)	j. Amount	k	. Requ	ired Remarks	l	
100	Check				\$					
100	Check	·			\$	·				
Total only thi	s Page						\$	31	7./9	_
	CRO-1310 Pages		****	· · · · · · · · · · · · · · · · · · ·		*****		31.		
This line goes in l	ine 14a of Detailed Sumn	ary Page CRO-110	0 if Opera	ating Expense	s)		\$	SUU	82	
i nis tine goes in l This line goes in l	ine 14b of Detailed Sumn ine 14c of Detailed Sumn	ary Page CRO-110 arv Page CRO-110	0 if Contr 0 if Coord	ib to Candida linated Parts	tes/Politica Ernondino	Comm)		0,97		
	des (List detailed e				expenditur	(S)				 ·
- Media	B* - Printing	ependiture code	(11. <i>)</i> a C* - Fm	ndraising	r	- To An	other	Candidate		
- Salaries	F* - Equipm	ent (G - Polit	ical Party	F			ublic Offic	e Expense	es
Postage C odes require	J - Penalties detailed explanation	I in required re	K* - Off marks f	fice Expens	es C	* - Othe				