1. Committee Info	ormation	FORS			· · · · ·			
a. Full Name			±2'	a. 12				c. ID Number
Schatzman for She	eriff 21	JUL BOI	IT PH	2:16	· · · ·			
	clude City, State and Zip Code)		- EIVI	D				d. Date Filed
1313 Ashleybrook Winston-Salem N		RE			187 187			7/17/08
winston-Salem IN	C 2/103				اشتى .		. -	e. Phone Number
					·		ŀ	
			4. Period	Fnd D		1		(336) 760-4464
2. Report Year	3. Period Start Date (mm	dd/yy)	(mm/dd/yy			5. Treasurer	Full Na	ame
2008	01/01/2008		06	/30/2008		Wes Brooks		· · · · ·
6. Type of Commit Candidate	tee (Check One)	9. Тур	e of Repor	t (a	heck on	ly one type of re	port fro	om one category)
Campaign	Party Party	Municip	al		State/Co	ounty	Į 1	Referendum
Joint Fundraiser	PAC		Organization			Organizational		Organizational
Referendum	Legal Expense Fund	1 =	Thirty-five da	ıy		Juarterly	j	Pre-referendum
"Booster Fund"	(if applicable, check one)	1 =	Pre-primary Pre-election			First Second		Final
Building Fund			re-runoff			Third		Supplemental Final
	ion Year Candidates Fund		emi-annual		H	Fourth		Special
NC Public Campa	aign Financing Fund		Mid Yea	r	s	emi-annual	"	 F,
Other:			Year En	a l	\boxtimes	Mid Year	1	0. Special Report Name
			inal			Year End		
Number of Fund	raisers this Report	L s	pecial .		F i	inal		
		·				pecial		
1. Account Inform				11. Ac	count In	formation		· · · · · · · · · · · · · · · · · · ·
Financial Institution F				a. Finan	cial Instit	ution Full Name		
outhern Communit			<u> </u>					
Purpose Campaign exp	c. Account Code			b. Purpo	se			c. Account Code
ampaign exp	100)		1				
	d. Period Begin Balance							d. Period Begin Balance
	\$ 2592.12	2	· .					\$
ERTIFICATION				· · · · · · · · · · · · · · · · · · ·				
ertify that the Com	mittee or Fund is in complia	nce with a	all applicat	ble provi	isions of	Article 22A. 22	2B. & 2	2D-22M of Chapter 163 if the
C General Statutes a	ind that no funds are commi	ngled wit	h prohibite	d or oth	er non-d	isclosed funds.	l furthe	r certify that this report is
mplete, true and cor	rect and that I have been tra	ined by tl	ne NC Stat	e Board	officer	ions according t	0 N.C.0	G.S. 163-278.7(f).
Wes Brooks	Printed Name of Signer			macure of				7/17/08
R OFFICE USE (nature of	Appointed	Treasurer		Date
	• • • •		1		- n	C		ioni Mathad
Date Received:	7-17-08	En	nployee:	<u>_</u>	Judy	Speas		<u>/ery Method</u> Normal Mail
Date Postmarked:		P			/	/	Ц	_Registered Mail
Date I toullarked.		En	ployee:	-		<u> </u>	9	Hand Delivered
Date Scanned:		En	ployee:					Electronically Filed
			<u></u>	-				Signer has not received
								mandatory training

You must amend the Statement of Organization (CRO-2100A-E) to make committee changes.

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Detailed Summary Use this form to summarize all disclosure reporting forms ar	nd to total monetar	v information	Amen	iment Yes 🖌 No
	2. Type of Repor		3. ID Nur	nber
Schatzman for Sheriff		SEM ANGROAC		
Start of Election Cycle: January 1,	2007	Total this Reporting Perio	d l	Total this Election Cycle
4) Cash on Hand at Start		\$ 2.592.12	\$	4577.09
RECEIPTS				
5) Aggregated Contributions from Individuals	(CRO-1205)	\$	\$	
6) Contributions from Individuals	(CRO-1210)	\$ 450.0	- \$	12. 421. 07
7) Contributions from Political Party Committees	(CRO-1220)	\$	\$	500.00
8) Contributions from Other Political Committees	(CRO-1230)	\$	\$	
9) Loan Proceeds	(CRO-1410)	\$	\$	
10) Refunds/Reimbursements To the Committee	(CRO-1240)	\$	\$	
11) Other Receipt Sources				
11a) Interest on Bank Accounts	(CRO-1250)	\$ 169	\$	8.73
11b) Contributions from Not-for-Profit Organization	ns <i>(CRO-1250</i>)	\$	\$	
11c) Outside Sources of Income	(CRO~1250)	\$	\$	
11d) Legal Expense Fund – Other Sources	(CRO-1270)	\$	\$	
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c)	and 11d)	\$ 451.69		12,929.80
EXPENDITURES				and the second second second
13) Disbursements	a har har an		1	
13a) Operating Expenditures	(CRO-1310)	\$	\$	6520.94
13b) Contributions to Candidates/Political Committe	ees (CRO-1310)	\$	\$	
13c) Coordinated Party Expenditures	(CRO-1310)	\$	\$	
14) Aggregated Non-Media Expenditures	(CRO-1315)	\$	\$	
15) Loan Repayments	(CRO-1420)	\$	\$	
16) Refunds/Reimbursements From the Committee	(CRO-1320)	\$ 450,00	\$	4,421.07
17) In-Kind Contributions	(CRO-1510)	\$ 450,00		
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 1		\$ - 900.00	\$	4421.07
19) Cash on Hand at End (Add lines 4 and 12 together, then subtra		\$ 2/143.81	· · · · · ·	2,143.81
ADDITIONAL INFORMATION		Televisional and the second	i de la compañía de l Compañía de la compañía	
20) Non-Monetary Gifts Given to Other Committees	(CRO-1330)	\$		
21) Outstanding Loans (incl. ones from other campaigns)	(CR0-1430)	\$		
22) Debts and Obligations owed By the Committee	(CR0-1610)	\$		
23) Debts and Obligations owed To the Committee	(CR0-1620)	\$		
24) Account Transfers Within the Committee	(CRO-1720)	\$		
25) Administrative Support	(CRO-1710)	\$	\$	and an and the provident of the providen
26) Forgiven Loans	(CRO-1440)	\$	\$	
27) 48-Hour Notice Reports Sum	(CRO-2200)	\$	\$	
(7) Contributions to be refunded	(CRO-1215)	\$	\$	

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1. Com	mittee Full Nam	e (and Fund if applic	able)			2. ID Ni	ımber
Schatzr	nan for Sheriff						
3. Cont	ributor Information	tion		Add 🗌 Ren	nove		· · · · · · · · · · · · · · · · · · ·
	ame, Mailing Addres	s & Phone		b. Job Title/Profession		d. Comme	
(includ	e city, state, & zip)			SHERIFF		CH #	
Bill S	chatzman	I		c. Employer's Name/Sp	ecific Field	\$ 45	RURIE
-	Kirklees Ro	1		FORSTTH O	RUNTI		
	ton-Salem,	•		Personal		e. Election	Sum to Date
	· · · · · · · · · · · · · · · · · · ·			· ·		\$ 2	4 421,07
f. Prior	g. Account Code	h. Form of Payment		Kind Description	j. Date (mm/dd/		k. Amount
		IN KING	PAR	ITY RECEPTION	01/22/2	cof	\$ 200.00
		THE PERMO	ZING D	At NAMER	01 /22/2 01 /28 /2	cef	\$ 250.0
				· · · · · · · · · · · · · · · · · · ·			\$
3. Contr	ributor Informati	ion		Add 🗌 Rem	iove	·····	······
a. Full Na	me, Mailing Address	& Phone		b. Job Title/Profession		d. Commen	nts
(include	city, state, & zip)			Land and the second			
				1		4	
				c. Employer's Name/Spe	cific Field	-	
<u></u>	<u> </u>			c. Employer's Name/Spec	cific Field	-	
<u></u>	· · · · · · · · · · · · · · · · · · ·			c. Employer's Name/Spe	cific Field	e. Election S	Sum to Date
				c. Employer's Name/Spe	cific Field	e. Election S	Sum to Date
. Prior	g. Account Code	h. Form of Payment	i. In-K	c. Employer's Name/Spec	cific Field j. Date (mm/dd/y	\$	Sum to Date
. Prior		h. Form of Payment	i. In-K		· · · · · · · · · · · · · · · · · · ·	\$	
		h. Form of Payment	i. In-K		· · · · · · · · · · · · · · · · · · ·	\$	k. Amount
C. Prior		h. Form of Payment	i. In-K		· · · · · · · · · · · · · · · · · · ·	\$	k. Amount \$
			i. In-K		j. Date (mm/dd/y	\$	k. Amount \$ \$
Contr	g. Account Code ibutor Informatione, Mailing Address d)n	i. In-K	Sind Description	j. Date (mm/dd/y	\$	k. Amount \$ \$ \$ \$
Contr	g. Account Code)n	i. In-K	Sind Description	j. Date (mm/dd/y	\$ <u> yyyy</u>)	k. Amount \$ \$ \$ \$
Contr	g. Account Code ibutor Informatione, Mailing Address d)n	i. In-K	Sind Description	j. Date (mm/dd/y	\$ <u> yyyy</u>)	k. Amount \$ \$ \$ \$
Contr	g. Account Code ibutor Informatione, Mailing Address d)n	i. In-K	Sind Description Sind Description Add Remote b. Job Title/Profession	j. Date (mm/dd/y	\$ yyyy) d. Comment	k. Amount \$ \$ \$ \$
Contr	g. Account Code ibutor Informatione, Mailing Address d)n	i. In-K	Sind Description Sind Description Add Remote b. Job Title/Profession	j. Date (mm/dd/y	\$ <u> yyyy</u>)	k. Amount \$ \$ \$ \$
Contr	g. Account Code ibutor Informatione, Mailing Address d)n	i. In-K	Sind Description Sind Description Add Remote b. Job Title/Profession	j. Date (mm/dd/y	\$ yyyy) d. Comment	k. Amount \$ \$ \$ \$
Contr	g. Account Code ibutor Informatione, Mailing Address d)n		Sind Description Sind Description Add Remote b. Job Title/Profession c. Employer's Name/Spec	j. Date (mm/dd/y	\$ yyyy) d. Comment e. Election St \$	k. Amount \$ \$ \$ \$
Contr Full Nan (include of	g. Account Code ibutor Informatione, Mailing Address & city, state, & zip)	DII & Phone		Sind Description Sind Description Add Remote b. Job Title/Profession c. Employer's Name/Spec	j. Date (mm/dd/y ove ific Field	\$ yyyy) d. Comment e. Election St \$	k. Amount \$ \$ \$ \$ \$ \$ aum to Date
Contr Full Nan (include of	g. Account Code ibutor Informatione, Mailing Address & city, state, & zip)	DII & Phone		Sind Description Sind Description Add Remote b. Job Title/Profession c. Employer's Name/Spec	j. Date (mm/dd/y ove ific Field	\$ yyyy) d. Comment e. Election St \$	k. Amount \$ \$ \$ \$ s um to Date k. Amount
Contr Full Nan (include of	g. Account Code ibutor Informatione, Mailing Address & city, state, & zip)	DII & Phone		Sind Description Sind Description Add Remote b. Job Title/Profession c. Employer's Name/Spec	j. Date (mm/dd/y ove ific Field	\$ yyyy) d. Comment e. Election St \$	k. Amount \$ \$ \$ \$ s um to Date k. Amount \$

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Other Red	ceipt Sources		Pg _	/ of	Amendment	No No
Use this form t	o report income not rep	orted on another form. i.e. intere	st incom	e, not for profit contril	outions etc.	
	Full Name (and Fund	if applicable)		2.	ID Number	
Schatzman for	Sheriff					
3. Type of Rec	eipt Source	(Please use separate CRO-)	1250 forn	ns for each type of Re	ceipt Source.)	· · · · · · · · · · · · · · · · · · ·
Interest		Contributions from Not-fo	r-Profit Org	anizations 🗌 C	Dutside Sources of I	ncome
4. Contributor	· Information	Add		Remove		
a. Full Name, Mai	iling Address & Phone	· · · · · · · · · · · · · · · · · · ·	b. Not-	for-Profit Federal ID #	d. Comments	<u> </u>
(include city, sta						
Southern Com	-		-			
PO Box 26134			c. Outs	ide Source Explanation		
Winston-Salen						
(336) 765-8500)				e. Election Sur	n to Date
					\$	7.67
f. Account Code	g. Form of Payment	h. In-Kind Description		i. Date (mm/dd/yyyy)	j. Amount	
100	. Bank credit			01/31/2008	\$. 33
100	Bank credit			01/31/2008	\$. 36
4. Contributor	Information	Add	· · ·	Remove	-1	
a. Full Name, Mail	ing Address & Phone	· · · ·	b. Not-f	or-Profit Federal ID #	d. Comments	
(include city, stat	e, & zip)			· · · · · · · · · · · · · · · · · · ·		
Southern Comr	nunity Bank					
PO Box 26134	,		c. Outsi	de Source Explanation		
Winston-Salem						
(336) 765-8500			Ì		e. Election Sum	to Date
					\$	F. 2ª
f. Account Code	g. Form of Payment	h. In-Kind Description		i. Date (mm/dd/yyyy)	j. Amount	
100	Bank credit			03/31/2005	\$. 27
100	Bank credit			04/34/2008	\$.26
4. Contributor	Information	Add		Remove	·• ·· ·· ·	
a. Full Name, Maili	ng Address & Phone	· ·	b. Not-fo	r-Profit Federal ID #	d. Comments	
(include city, state	e, & zip)					
Southern Comm	unity Bank					
PO Box 26134	NC 27114			• Common Francisco		
Winston-Salem (336) 765-8500	NC 27114		c. Outsid	e Source Explanation		
					e. Election Sum	
		······································		-	\$	8.73
f. Account Code	g. Form of Payment	h. In-Kind Description		i. Date (mm/dd/yyyy)	j. Amount	
100	Bank credit			05/31/2008	\$.26
100	Bank credit			05/31/2008 06/30/2008	\$. 27
5. Total only (this Page	· · · · · · · · · · · · · · · · · · ·	I		\$	1.69
6. Total of AL	L CRO-1250 Page	S				
	ne 11a of Detailed Summary				6 /	169
(This line goes in li	ne 11b of Detailed Summary	Page CRO-1100 if Not-for-Profit Cont	ribution)		•	-
(This line goes in li	ne 11c of Detailed Summary	Page CRO-1100 if Outside Sources of I	Income)			

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1. Committee F	ull Name (and	Fund if applicable)	· · · · · · · · · · · · · · · · · · ·		2. ID Number	
Schatzman for Sherif	f					
3. Payee Inform	ation		Add Remove			
a. Full Name, Mailin		Dhe Li	d. Type of Committee		h. Onininal Bassint Dat	
(include city, state	-		Candidate	PAC	h. Original Receipt Dat	
Bill Schatzman	<u> </u>	· · · · · · · · · · · · · · · · · · ·	Referendum	Party	Attachment #	
3450 Kirklees Rd			e. Level Registered (Spe		I. Original Receipt Am	
Winston-Salem NC 2	7104			County:		
			State	Municipality:	Attachment # /	
			f. Purpose Code		j. Election Sum to Date	
			Attachment # /	G 🗲	\$ 4421.07	
. Job Title/Professio	n	c. Employer's Name/Specific Field	g. Comments		k. Account Code	
Sheriff		Forsyth County			100	
Form of Payment	m. Required	l Remarks		n. Date (mm/dd/y	yyy) o. Amount	
Theck	Attachment			02/13/200		
. Payee Informa	tion		Add Remove	Carrera		
Full Name, Mailing			d. Type of Committee	·	h. Original Receipt Date	
(include city, state,	-		Candidate	PAC	Atachment #	
ill Schatzman			Referendum] Party		
150 Kirklees Rd		Bernard and the second s	e. Level Registered (Speci		i. Original Receipt Amo	
inston Salem NC 271	04		Federal X	-	\$ Attachment #	
			f. Purpose Code	Municipality:		
			Attachment #		j. Election Sum to Date	
Job Title/Profession			· · · · · · · · · · · · · · · · · · ·		\$	
Job Inte/Protession		c. Employer's Name/Specific Field	g. Comments		k. Account Code	
		Forsyth County			100	
Form of Payment	m. Required	Remarks	· · · · · · · · · · · · · · · · · · ·	n. Date (mm/dd/yy	yy) o. Amount	
eck	Attachment #				S	
Payee Informat	ion		dd 🗌 Remove	- F ,		
Full Name, Mailing	Address & Phone	;	d. Type of Committee		h. Original Receipt Date	
(include city, state, &	: zip)		Candidate	PAC		
Schatzman 50 Kirklees Rd			Referendum	Party	Attachment #	
nston-Salem NC 2710			e. Level Registered (Specify		i. Original Receipt Amou	
iston-balent NC 27 IC	+		Federal X	County: Municipality:	\$ Attachment #	
			f. Purpose Code		j. Election Sum to Date	
			Attachment #		\$	
Job Title/Profession c. Employer's Name/Specific Field			g. Comments		k. Account Code	
ob Title/Profession		Forsyth County			100	
		- 	<u> </u>	n. Date (mm/dd/yyy	y) o. Amount	
ob Title/Profession riff orm of Payment	m. Required R	lemarks				
riff	m. Required R Attachment #	emarks			\$	
iff orm of Payment	Attachment #	emarks			· · · · · · · · · · · · · · · · · · ·	

CR0-1	3	2	0
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Use CRO-1215 if In-Kind Contributions were or wi	ll be refund	led within	t 7 d	ays.			
1. Committee Full Name (and Fund if applicable)					2.	D Numb	er
Schatzman for Sheriff							
3. Contributor Information Add		Remov					
a. Full Name, Mailing Address & Phone	6			Contributor		Comments	
(include city, state, & zip)				lividual			
Bill Schatzman			Ca	ndidate	C	K# 1 450.	6G
3450 Kirklees Rd			Par	ty		REINRY	x (A=
Winston-Salem NC 27104			PA	С		CEIN AS-	-412
				ferendum	d. 1	Election Sum	to Date
			Oth	er Receipt Source	\$	482	(, ~7
e. Description				f. Date (mm/dd/y	ууу)	g. Fair N	Aarket Amount
NC REPUBLICAN THATY RECEP	TICN			ar/22/20	29F	\$	200.00
NC REPUBLICAN PARTY RECEP FORSYTT C. LINCOLN - REAGAN	~ BAY	Nrati	٤	or /28/20	ast.	\$	200.00
						\$	
3. Contributor Information Add		Remove		ļ			
a. Full Name, Mailing Address & Phone			of	ontributor	1.0	omments	
(include city, state, & zip)				vidual			
Bill Schatzman				lidate	ľ		
3450 Kirklees Rd			Party	,			
Winston- Salem NC 27104			PAC		ļ		
			Refe	rendum d. E		lection Sum to Date	
			Othe	r Receipt Source	\$		
. Description		<u> </u>	- 1	f. Date (mm/dd/yy)	(y)	g. Fair M	arket Amount
						s	
	,,						
					_	\$	
						\$	
Contributor Information Add		Remove				·	
Full Name, Mailing Address & Phone (include city, state, & zip)			of Co ndivi	ntributor	c. Coi	nments	
Bill Schatzman			landi				
450 Kirklees Rd			arty				
Vinston-Salem NC 27104			АĆ	[
		R R	efere	ndum	d. Ele	tion Sum to	Date
		0	ther]	Receipt Source	\$		· · · · · · · · · · · · · · · · · · ·
Description			1	f. Date (mm/dd/yyyy		g. Fair Mar	ket Amount
						\$	
			-			\$	
			+		_		
Total only this Page	<u> </u>			<u>i</u>		\$	
Total of ALL CRO-1510 Pages					\$		450,00
This line must be on line 17 of Detailed Summary Page CRO-1100					\$		450.00
	·/)			
20-1510	NC State	Board of Ele	ction	15			December 2007

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June 30, 2008 Mid Year Semi-Annual Report **Schatzman for Sheriff**

Attachment #1

(i) (m) Orig Receipt Required Amount Remarks	200.00 NC Republican Party Reception NC Republican Party House Majority Fund 1506 Hillsborough St Raleigh, NC 27605 (919) 828-6428	 250.00 Forsyth Co. Republican Party Lincoln-Reagan Day Dinner 2110 Cloverdale Avenue Winston-Salem, NC 27103 (336) 724-6000 	<u>\$ 450.00</u> Reimburse Check# 1124 02/13/2008
Amc Amc	\$		
(h) Orig Receipt Date	01/22/2008	01/28/2008	
(f) Purpose Code	۵.	Δ.	