Disclosure Report Cover

Amendment		
Yes	\boxtimes	No

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 Infor	mation					FORG			
a. Full Name						c. ID Number			
Schatzman for Sheriff 2009 JAN						-5 AM IO: 3N			
b. Mailing Address (include City, State and Zip Code)						d. Date Filed			
9/ Was Dragles						01/05/2009			
Winston-Salem NC 27103						e. Phone Number			
							226 760 4464		
							336-760-4464		
2. Report Year	3. Period Start Date (mm/e	Period Start Date (mm/dd/yy) 4. Period (mm/dd/yy)		End Date 5. Treasurer Full I		5. Treasurer Full I	Name		
2008	07/01/2008	08 12		Wes Brooks		Wes Brooks			
6. Type of Committe		9. Typ	e of Repor	t (c	heck o	nly one type of report f	from one category)		
Candidate Campa	- 17 (F)	Municipal		State/County		County	Referendum		
PAC	Referendum		Organizationa	ıl		Organizational	Organizational		
Independent Expenditure Legal Expense Fu	•		Thirty-five da		y Quarterly		Pre-referendum		
7. Type of Fund	(if applicable, check one)		Pre-primary			First	Final		
"Booster Fund"	(y appricable, eneem eney		Pre-election		H	Second	Supplemental Final		
Building Fund			Pre-runoff		H	Third	Annual		
			Semi-annual		H	Fourth	Special		
			Mid Year	r		Semi-annual	<u></u> Бресіш		
Other:			Year End	i		Mid Year	10. Special Report Name		
			Final		\boxtimes	Year End			
8. Number of Fundr	aisers this Report		Special			Final			
	0					Special			
11. Account Informa	tion			11. Ac	count 1	Information			
a. Financial Institution Fu	ill Name			a. Financial Institution Full Name					
Southern Community	Bank			- A A MARION PROPERTY OF THE PARTY OF THE PA					
b. Purpose	c. Account Code			b. Purpose			c. Account Code		
Campaign exp	100	100							
	d. Period Begin Balance						d. Period Begin Balance		
	\$ 2143.81						\$		
CERTIFICATION									
he NC General Statute	nittee or Fund is in complia es and that no funds are con orrect and that I have been	nmingled	d with prohi	bited or	other i	non-disclosed funds. I	22D-22M of Chapter 163 of further certify that this report		
LATES	Bracks						1/5/08		
	Printed Name of Signer		Sig	gnature of	Appoint	ed Treasurer	Date		
OR OFFICE USE ON	LY				2				
Date Received:	1-5-09	E	mployee:	<u>-</u>	Jud	y Speas De	livery Method Normal Mail		
Date Postmarked:		E	mployee:	-		=	Registered Mail Hand Delivered		
Date Scanned:		Employee:				🖺	Electronically Filed Signer has not received		
Date Data Entered	:	Eı	mployee:				mandatory training		
Please Note: This f	orm cannot be used to ame	nd comm	ittee inform	nation su	ich as	the committee address,	treasurer, assistant treasurer,		

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

Detailed Summary

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

1. Committee Full Name (and Fund if applicable) 2. Type of Report 3. ID Number Schatzman for Sheriff 2008 Mid Year Total this Start of Election Cycle: Total this January 1, 2007 Reporting Period **Election Cycle** Cash on Hand at Start 2143.81 4577.08 RECEIPTS Aggregated Contributions from Individuals (CRO-1205) \$ Contributions from Individuals 500.00 (CRO-1210) \$ \$ **Contributions from Political Party Committees** (CRO-1220) \$ Contributions from Other Political Committees (CRO-1230) \$ 9) Loan Proceeds \$ (CRO-1410) \$ Refunds/Reimbursements To the Committee 10) (CRO-1240) \$ \$ 11) Other Receipt Sources 11a) Interest on Bank Accounts 1.30 (CRO-1250) 10.03 Contributions from Not-for-Profit Organizations (CRO-1250) \$ **Outside Sources of Income** (CRO-1250) \$ \$ Legal Expense Fund - Other Sources (CRO-1270) \$ TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c and 11d) \$ 1.30 12,931.10 EXPENDITURES 13) Disbursements **Operating Expenditures** 13a) (CRO-1310) 6520. 94 13b) Contributions to Candidates/Political Committees 500.00 5 00.00 (CRO-1310) \$ Coordinated Party Expenditures 13c) (CRO-1310) \$ \$ 14) Aggregated Non-Media Expenditures (CRO-1315) \$ 15) Loan Repayments (CRO-1420) \$ 16) Refunds/Reimbursements From the Committee (CRO-1320) \$ 4421.07 17) In-Kind Contributions (CRO-1510) \$ \$ 4421.07 TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17) 18) 500.00 5,863.08 Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18) 19) 1645.11 645.11 ADDITIONAL INFORMATION 20) Non-Monetary Gifts Given to Other Committees (CRO-1330) 21) Outstanding Loans (incl. ones from other campaigns) (CRO-1430) 22) Debts and Obligations owed By the Committee (CRO-1610) Debts and Obligations owed To the Committee 23) (CRO-1620) \$ Account Transfers Within the Committee 24) \$ (CRO-1720) 25) Administrative Support (CRO-1710) \$ \$ 26) Forgiven Loans (CRO-1440) \$ 27) 48-Hour Notice Reports Sum (CRO-2200) \$ \$ Contributions to be refunded (CRO-1215) \$ \$

Amendment Yes

	ceipi Sources		Pg /	of		Yes	No	
		ported on another form. i.e. interes	est income	, not for p				
1 AM TOTAL CONTROL FOR THE STATE OF THE STAT						D Number		
Schatzman for	r Sheriff							
3. Type of Red	ceipt Source	(Please use separate CRO-	1250 form	s for each	type of Rec	eipt Source.)		
Interest	•	Contributions from Not-fo				utside Sources of	Income	
4. Contributor	r Information	Add		П	Remove			
a. Full Name, Ma	a. Full Name, Mailing Address & Phone		b. Not-f	b. Not-for-Profit Federal ID #			3	
(include city, sta	ate, & zip)							
Southern Com	munity Bank							
PO Box 26134	PO Box 26134			c. Outside Source Explanation				
	Winston-Salem NC 27114							
(336) 765-850	0					e. Election St	ım to Date	
	e e					\$	9.19	
f. Account Code	g. Form of Payment	h. In-Kind Description		i. Date (mm/dd/yyyy)		j. Amount		
100	Bank credit			07/31/	12ce8		. 26	
		1				\$	• 1000	
100	Bank credit							
100	Bank credit			08/29/	20 cd	\$.20	
4. Contributor	Information	Add			Remove			
a. Full Name, Mail	ing Address & Phone		b. Not-fo	or-Profit Fe	deral ID #	d. Comments		
(include city, stat								
Southern Comr	nunity Bank							
PO Box 26134	NG 27114		c. Outsid	le Source E	xplanation			
Winston-Salem						- Flortion Co.	to Doto	
(336) 765-8500						e. Election Su	m to Date	
						\$ 9	2.62	
f. Account Code	g. Form of Payment	h. In-Kind Description			m/dd/yyyy)	j. Amount		
100	Bank credit			09/30	12008	\$. 22	
100	Bank credit			10/31/2	cof	\$.21	
4. Contributor 1	Information	Add		/2/3// -	Remove		. 27	
	ng Address & Phone	Add	h Not for	r-Profit Fed		d. Comments		
(include city, state			D. 1401-101	-1 Tont 1 co	iciai ib #	u. Comments		
Southern Comm			1					
PO Box 26134								
Winston-Salem	Winston-Salem NC 27114		c. Outside Source Explanation					
(336) 765-8500								
						e. Election Sur	n to Date	
						\$ 10	. c3	
f. Account Code	g. Form of Payment	h. In-Kind Description		i. Date (mi		j. Amount		
100	Bank credit			11/2	8/2006	\$.19	
100	Bank credit			12/311	8/2006 12008	\$. 22	
5. Total only t	this Page					\$	1.30	
6. Total of ALL CRO-1250 Pages								
		y Page CRO-1100 if Interest)						
X-11-2-11-12-12-12-12-12-12-12-12-12-12-1		y Page CRO-1100 if Not-for-Profit Con	tribution)		5	5	1.3"	
	5.0	y Page CRO-1100 if Outside Sources of			F		Î	

Amendment

Amendment

Yes **Disbursements** Pg Use this form to report expenditures from the committee for; operating expenses, contributions to candidate/political committees and coordinated party expenditures 2. ID Number 1. Committee Full Name (and Fund if applicable) Schatzman for Sheriff (Please use separate CRO-1310 forms for each type of Disbursement.) 3. Type of Disbursement Coordinated Party Expenditures Contributions to Candidates/Political Committees Operating Expenses Add Remove 4. Payee Information d. Comments b. Coordinated Committee Name a. Full Name, Mailing Address & Phone (include city, state, & zip) Forsyth County Republican c. Level Registered (Specify) Party Federal County: 2110 Cloverdale Avenue e. Election Sum to Date State Municipality: Winston Salem NC 27103 336-724-6000 250.00 k. Required Remarks h. Purpose Code j. Amount i. Date (mm/dd/yyyy) f. Account Code g. Form of Payment Party fund \$250.00 G 07/14/2008 100 Check raising event Add Remove 4. Payee Information d. Comments b. Coordinated Committee Name a. Full Name, Mailing Address & Phone (include city, state, & zip) Elect Pat McCrory Govenor c. Level Registered (Specify) PO Box 12494 County: Federal M Charlotte NC 28220 e. Election Sum to Date 704-554-5009 State Municipality: \$ 250.00 k. Required Remarks h. Purpose Code i. Date (mm/dd/yyyy) j. Amount g. Form of Payment f. Account Code Fund raiser for D 08/01/2008 \$250.00 100 Check govenor \$ Remove Add 4. Payee Information d. Comments b. Coordinated Committee Name a. Full Name, Mailing Address & Phone (include city, state, & zip) c. Level Registered (Specify) Federal County: e. Election Sum to Date Municipality: State \$ k. Required Remarks h. Purpose Code i. Date (mm/dd/yyyy) j. Amount f. Account Code g. Form of Payment \$ \$ 500.00 \$ 5. Total only this Page 6. Total of ALL CRO-1310 Pages (This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses) \$ 500.00 (This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm) (This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures) 7. Purpose Codes (List detailed expenditure code in (h.) above) D - To Another Candidate C* - Fundraising A* - Media B* - Printing

E - Salaries

I - Postage

F* - Equipment

* Codes require detailed explanation in required remarks field (k)

J - Penalties

G - Political Party

K* - Office Expenses

H* - Holding Public Office Expenses

O* - Other