

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

Amendment

☐ Yes

☒ No

1. Committee Information						
a. Full Name Schatzman for Sheriff		c. ID Number 2009 JUL 24 PM 3: 55				
b. Mailing Address (include City, State and Zip Code) % Wes Brooks 1313 Ashleybrook Lane Winston Salem, NC 27103		d. Date Filed 07/24/2009				
		e. Phone Number 336 760 4464				
2. Report Year 2009	3. Period Start Date (mm/dd/yy) 01/01/2009	4. Period End Date (mm/dd/yy) 06/30/2009	5. Treasurer Full Name Wes Brooks			
6. Type of Committee (Check One) <input checked="" type="checkbox"/> Candidate Campaign <input type="checkbox"/> Joint Fundraiser <input type="checkbox"/> Referendum <input type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Legal Expense Fund		9. Type of Report (check only one type of report from one category) <table border="1"><tr><td>Municipal <input type="checkbox"/> Organizational <input type="checkbox"/> Thirty-five day <input type="checkbox"/> Pre-primary <input type="checkbox"/> Pre-election <input type="checkbox"/> Pre-runoff <input type="checkbox"/> Semi-annual <input type="checkbox"/> Mid Year <input type="checkbox"/> Year End <input type="checkbox"/> Final <input type="checkbox"/> Special</td><td>State/County <input type="checkbox"/> Organizational <input type="checkbox"/> Quarterly <input type="checkbox"/> First <input type="checkbox"/> Second <input type="checkbox"/> Third <input type="checkbox"/> Fourth <input type="checkbox"/> Semi-annual <input checked="" type="checkbox"/> Mid Year <input type="checkbox"/> Year End <input type="checkbox"/> Final <input type="checkbox"/> Special</td><td>Referendum <input type="checkbox"/> Organizational <input type="checkbox"/> Pre-referendum <input type="checkbox"/> Final <input type="checkbox"/> Supplemental Final <input type="checkbox"/> Annual <input type="checkbox"/> Special</td></tr></table>		Municipal <input type="checkbox"/> Organizational <input type="checkbox"/> Thirty-five day <input type="checkbox"/> Pre-primary <input type="checkbox"/> Pre-election <input type="checkbox"/> Pre-runoff <input type="checkbox"/> Semi-annual <input type="checkbox"/> Mid Year <input type="checkbox"/> Year End <input type="checkbox"/> Final <input type="checkbox"/> Special	State/County <input type="checkbox"/> Organizational <input type="checkbox"/> Quarterly <input type="checkbox"/> First <input type="checkbox"/> Second <input type="checkbox"/> Third <input type="checkbox"/> Fourth <input type="checkbox"/> Semi-annual <input checked="" type="checkbox"/> Mid Year <input type="checkbox"/> Year End <input type="checkbox"/> Final <input type="checkbox"/> Special	Referendum <input type="checkbox"/> Organizational <input type="checkbox"/> Pre-referendum <input type="checkbox"/> Final <input type="checkbox"/> Supplemental Final <input type="checkbox"/> Annual <input type="checkbox"/> Special
Municipal <input type="checkbox"/> Organizational <input type="checkbox"/> Thirty-five day <input type="checkbox"/> Pre-primary <input type="checkbox"/> Pre-election <input type="checkbox"/> Pre-runoff <input type="checkbox"/> Semi-annual <input type="checkbox"/> Mid Year <input type="checkbox"/> Year End <input type="checkbox"/> Final <input type="checkbox"/> Special	State/County <input type="checkbox"/> Organizational <input type="checkbox"/> Quarterly <input type="checkbox"/> First <input type="checkbox"/> Second <input type="checkbox"/> Third <input type="checkbox"/> Fourth <input type="checkbox"/> Semi-annual <input checked="" type="checkbox"/> Mid Year <input type="checkbox"/> Year End <input type="checkbox"/> Final <input type="checkbox"/> Special	Referendum <input type="checkbox"/> Organizational <input type="checkbox"/> Pre-referendum <input type="checkbox"/> Final <input type="checkbox"/> Supplemental Final <input type="checkbox"/> Annual <input type="checkbox"/> Special				
7. Type of Fund (if applicable, check one) <input type="checkbox"/> "Booster Fund" <input type="checkbox"/> Building Fund <input type="checkbox"/> Presidential Election Year Candidates Fund <input type="checkbox"/> NC Public Campaign Financing Fund <input type="checkbox"/> Other:		10. Special Report Name				
8. Number of Fundraisers this Report 0						
11. Account Information		11. Account Information				
a. Financial Institution Full Name Southern Community Bank		a. Financial Institution Full Name				
b. Purpose Campaign exp	c. Account Code 100	b. Purpose	c. Account Code			
	d. Period Begin Balance \$ 1,645.11		d. Period Begin Balance			
CERTIFICATION I certify that the Committee or Fund is in compliance with all applicable provisions of Article 22A, 22B, & 22D-22M of Chapter 163 if the NC General Statutes and that no funds are commingled with prohibited or other non-disclosed funds. I further certify that this report is complete, true and correct and that I have been trained by the NC State Board of Elections according to N.C.G.S. 163-278.7(f). Wes Brooks Printed Name of Signer Signature of Appointed Treasurer 07/24/2009 Date						
FOR OFFICE USE ONLY Date Received: July 24/09 Date Postmarked: _____ Date Scanned: _____ Date Data Entered: _____ Employee: Judy Spear Employee: _____ Employee: _____ Employee: _____ Delivery Method <input type="checkbox"/> Normal Mail <input type="checkbox"/> Registered Mail <input checked="" type="checkbox"/> Hand Delivered <input type="checkbox"/> Electronically Filed <input type="checkbox"/> Signer has not received mandatory training COPY						
Please Note: This form cannot be used to amend committee information such as the committee address, treasurer, assistant treasurer, custodian of books information, or account information. 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		Semi Annual Mid Year 2009			
Start of Election Cycle: January 1, 2007		Total this Reporting Period		Total this Election Cycle	
4) Cash on Hand at Start		\$ 1,645.11		\$ 4,577.09	
RECEIPTS					
5) Aggregated Contributions from Individuals (CRO-1205)		\$		\$ 12,421.67	
6) Contributions from Individuals (CRO-1210)		\$ 326.63		\$ 826.63	
7) Contributions from Political Party Committees (CRO-1220)		\$		\$	
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)		\$ 1.10		\$ 11.13	
11b) Contributions from Not-for-Profit Organizations (CRO-1250)		\$		\$	
11c) Outside Sources of Income (CRO-1250)		\$		\$	
11d) Legal Expense Fund - Other Sources (CRO-1270)		\$		\$	
11e) Exempt Purchase Price Sales (CRO-1265)		\$		\$	
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d and 11e)		\$ 327.73		\$ 13,258.83	
EXPENDITURES					
13) Disbursements					
13a) Operating Expenditures (CRO-1310)		\$		\$ 6,520.94	
13b) Contributions to Candidates/Political Committees (CRO-1310)		\$		\$ 500.00	
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)		\$ 326.63		\$ 4,747.70	
17) In-Kind Contributions (CRO-1510)		\$ 326.63		\$ 4,747.70	
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)		\$ 653.26		\$ 16,516.34	
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)		\$ 1,319.58		\$ 1,319.58	
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)		\$			
23) Debts and Obligations owed To the Committee (CRO-1620)		\$			
24) Account Transfers Within the Committee (CRO-1720)		\$			
25) Administrative Support (CRO-1710)		\$		\$	
26) Forgiven Loans (CRO-1440)		\$		\$	
27) 48-Hour Notice Reports Sum (CRO-2200)		\$		\$	
28) Contributions to be Refunded (CRO-1215)		\$		\$	

Contributions from Individuals

Pg 1 of 1 Amendment ☐ Yes ☒ No

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

1. Committee Full Name (and Fund if applicable)					2. ID Number	
Schatzman for Sheriff						
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip) Bill Schatzman 3450 Kirklees Rd Winston Salem, NC 27104			b. Job Title/Profession		d. Comments	
			Sheriff		Check # 1127	
			c. Employer's Name/Specific Field		Reimburse	
			Forsyth County		e. Election Sum to Date \$ 4747.70	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>		In-Kind	MARKETING	02/19/2009	\$ 256.17	
<input type="checkbox"/>		In-Kind	MARKETING	03/20/2009	\$ 74.46	
<input type="checkbox"/>		In-Kind			\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip) Bill Schatzman 3450 Kirklees Rd Winston Salem, NC 27104			b. Job Title/Profession		d. Comments	
			Sheriff		Check #	
			c. Employer's Name/Specific Field		Reimburse	
			Forsyth County		e. Election Sum to Date \$	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>		In-Kind			\$	
<input type="checkbox"/>		In-Kind			\$	
<input type="checkbox"/>		In-Kind			\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip) Bill Schatzman 3450 Kirklees Rd Winston Salem, NC 27104			b. Job Title/Profession		d. Comments	
			Sheriff		Check #	
			c. Employer's Name/Specific Field		Reimburse	
			Forsyth County		e. Election Sum to Date \$	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>		In-Kind			\$	
<input type="checkbox"/>		In-Kind			\$	
<input type="checkbox"/>		In-Kind			\$	
4. Total only this Page					\$ 326.63	
5. Total of ALL CRO-1210 Pages					\$ 326.63	
<i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>						

Other Receipt Sources

Pg 1 of 1 Amendment ☐ Yes ☒ No

Use this form to report income not reported on another form. i.e. interest income, not for profit contributions etc.

1. Committee Full Name (and Fund if applicable) Schatzman for Sheriff				2. ID Number	
3. Type of Receipt Source <i>(Please use separate CRO-1250 forms for each type of Receipt Source.)</i>					
<input checked="" type="checkbox"/> Interest <input type="checkbox"/> Contributions from Not-for-Profit Organizations <input type="checkbox"/> Outside Sources of Income					
4. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Not-for-Profit Federal ID #		d. Comments
Southern Community Bank PO Box 26134 Winston-Salem NC 27114 (336) 765-8500					
			c. Outside Source Explanation		e. Election Sum to Date \$ 10.42
f. Account Code	g. Form of Payment	h. In-Kind Description	i. Date (mm/dd/yyyy)		j. Amount
100	Bank credit		01/30/2009		\$.20
100	Bank credit		02/27/2009		\$.19
4. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Not-for-Profit Federal ID #		d. Comments
Southern Community Bank PO Box 26134 Winston-Salem NC 27114 (336) 765-8500					
			c. Outside Source Explanation		e. Election Sum to Date \$ 10.80
f. Account Code	g. Form of Payment	h. In-Kind Description	i. Date (mm/dd/yyyy)		j. Amount
100	Bank credit		03/31/2009		\$.22
100	Bank credit		04/30/2009		\$.16
4. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Not-for-Profit Federal ID #		d. Comments
Southern Community Bank PO Box 26134 Winston-Salem NC 27114 (336) 765-8500					
			c. Outside Source Explanation		e. Election Sum to Date \$ 11.13
f. Account Code	g. Form of Payment	h. In-Kind Description	i. Date (mm/dd/yyyy)		j. Amount
100	Bank credit		05/29/2009		\$.16
100	Bank credit		06/30/2009		\$.17
5. Total only this Page					\$ 1.10
6. Total of ALL CRO-1250 Pages <i>(This line goes in line 11a of Detailed Summary Page CRO-1100 if Interest)</i> <i>(This line goes in line 11b of Detailed Summary Page CRO-1100 if Not-for-Profit Contribution)</i> <i>(This line goes in line 11c of Detailed Summary Page CRO-1100 if Outside Sources of Income)</i>					\$ 1.10

In-Kind Contributions

Pg 1 of 1 Amendment ☐ Yes ☒ No

Use this form to report non-monetary contributions, donations, goods or services provided to the committee or fund.

Use CRO-1215 if In-Kind Contributions were or will be refunded within 7 days.

1. Committee Full Name (and Fund if applicable)		2. ID Number	
Schatzman for Sheriff			
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Type of Contributor	
Bill Schatzman 3450 Kirklees Rd Winston-Salem NC 27104		<input type="checkbox"/> Individual <input checked="" type="checkbox"/> Candidate <input type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Other Receipt Source	
		c. Comments	
		CK # 1127 \$ 326.63 REIMBURSE	
		d. Election Sum to Date	
		\$ 4,747.70	
e. Description		f. Date (mm/dd/yyyy)	
CAMPAIGN MARKETING EXPENSE		02/12/2009	
		\$ 256.17	
CAMPAIGN MARKETING EXPENSE		03/20/2009	
		\$ 70.46	
		\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Type of Contributor	
Bill Schatzman 3450 Kirklees Rd Winston- Salem NC 27104		<input type="checkbox"/> Individual <input checked="" type="checkbox"/> Candidate <input type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Other Receipt Source	
		c. Comments	
		d. Election Sum to Date	
		\$	
e. Description		f. Date (mm/dd/yyyy)	
		\$	
		\$	
		\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Type of Contributor	
Bill Schatzman 3450 Kirklees Rd Winston-Salem NC 27104		<input type="checkbox"/> Individual <input checked="" type="checkbox"/> Candidate <input type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Other Receipt Source	
		c. Comments	
		d. Election Sum to Date	
		\$	
e. Description		f. Date (mm/dd/yyyy)	
		\$	
		\$	
		\$	
4. Total only this Page		\$ 326.63	
5. Total of ALL CRO-1510 Pages (This line must be on line 17 of Detailed Summary Page CRO-1100)		\$ 326.63	

Refunds/Reimbursements From the Committee

Amendment Pg 1 of 1 Yes ☒ No ☐

Use this form to report refunds/reimbursements, including contributions returned to the contributor.

1. Committee Full Name (and Fund if applicable)			2. ID Number	
Schatzman for Sheriff				
3. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove				
a. Full Name, Mailing Address & Phone (include city, state, & zip)		d. Type of Committee		h. Original Receipt Date
Bill Schatzman 3450 Kirklees Rd Winston-Salem NC 27104		<input checked="" type="checkbox"/> Candidate <input type="checkbox"/> PAC		Attachment # /
		<input type="checkbox"/> Referendum <input type="checkbox"/> Party		
		e. Level Registered (Specify)		i. Original Receipt Amount
		<input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$ Attachment # /
		f. Purpose Code <u>P</u>		j. Election Sum to Date
		Attachment # /		\$ <u>4,747.70</u>
b. Job Title/Profession	c. Employer's Name/Specific Field	g. Comments		k. Account Code
Sheriff	Forsyth County	<u>ATTACHMENT #1</u>		100
l. Form of Payment	m. Required Remarks		n. Date (mm/dd/yyyy)	o. Amount
Check	Attachment #1		<u>03/31/2009</u>	\$ <u>326.63</u>
3. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove				
a. Full Name, Mailing Address & Phone (include city, state, & zip)		d. Type of Committee		h. Original Receipt Date
Bill Schatzman 3450 Kirklees Rd Winston-Salem NC 27104		<input checked="" type="checkbox"/> Candidate <input type="checkbox"/> PAC		Attachment #
		<input type="checkbox"/> Referendum <input type="checkbox"/> Party		
		e. Level Registered (Specify)		i. Original Receipt Amount
		<input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$ Attachment #
		f. Purpose Code		j. Election Sum to Date
		Attachment #		\$
b. Job Title/Profession	c. Employer's Name/Specific Field	g. Comments		k. Account Code
Sheriff	Forsyth County			100
l. Form of Payment	m. Required Remarks		n. Date (mm/dd/yyyy)	o. Amount
Check	Attachment #			\$
3. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove				
a. Full Name, Mailing Address & Phone (include city, state, & zip)		d. Type of Committee		h. Original Receipt Date
Bil Schatzman 3450 Kirklees Rd Winston-Salem NC 27104		<input checked="" type="checkbox"/> Candidate <input type="checkbox"/> PAC		Attachment #
		<input type="checkbox"/> Referendum <input type="checkbox"/> Party		
		e. Level Registered (Specify)		i. Original Receipt Amount
		<input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$ Attachment #
		f. Purpose Code		j. Election Sum to Date
		Attachment #		\$
b. Job Title/Profession	c. Employer's Name/Specific Field	g. Comments		k. Account Code
Sheriff	Forsyth County			100
l. Form of Payment	m. Required Remarks		n. Date (mm/dd/yyyy)	o. Amount
Check	Attachment #			\$
4. Total only this Page				
				\$ <u>326.63</u>
5. Total of ALL CRO-1320 Pages (This line must be on line 16 of Detailed Summary Page CRO-1100)				
				\$ <u>326.63</u>
L - Returned to Contributor M - Overpayment for Service N - Exceeded Contribution Limit P* - Reimbursement of In-Kind O* Other * Codes require detailed explanation in required remarks field (m)				

Schatzman for Sheriff June 30, 2009 Mid Year Semi-Annual Report

Attachment #1

(f) Purpose Code	(h) Orig Receipt Date	(i) Orig Receipt Amount	(m) Required Remarks
P	02/19/2009	\$ 256.17	Streicher's 10911 W Hwy 55 Minneapolis, MN 55441 (763) 546-1155 Campaign marketing expense
P	03/20/2009	70.46	Streicher's 10911 W Hwy 55 Minneapolis, MN 55441 (763) 546-1155 Campaign marketing expense
<u>TOTAL</u>		<u>\$ 326.63</u>	Reimburse Ck # 1127 \$326.6303/31/2009