	neral report and committee i	nformation, must be	signed and sub	mitted along with o	Amendment  Yes  No other detailed forms.
	to update information	FOR	To the transfer of the second	e en	
1. Committee Infor	mation	+ UR 80A		<u>Y 1100 (1100 )</u>	
a. Full Name Schatzman for Sheri	.cc		Very and the second of the second	121 - 21	c. ID Number
Schatzman for Sheri	ш	<b>200</b> 9 JU	L 24 PM 3:	55	
b. Mailing Address (inch	ude City, State and Zip Code)				d. Date Filed
% Wes Brooks		RE	CEIVED	1	07/24/2009
1313 Ashleybrook L					
Winston Salem, NC	27103				e. Phone Number
					336 760 4464
2. Report Year	3. Period Start Date (mm/d	d/yy) 4. Period (mm/dd/yy)	End Date	5. Treasurer Fu	
2009	01/01/2009		4/2009	Wes Brooks	
6. Type of Committe	ee (Check One)	9. Type of Report	(check on	y one type of repo	rt from one category)
Candidate	Party	Municipal	State/Co	ounty	Referendum
Campaign Joint Fundraiser	☐ PAC	Organizationa		Organizational	Organizational
Referendum	Legal Expense Fund	Thirty-five day		Quarterly	Pre-referendum
7. Type of Fund	(if applicable, check one)	Pre-primary	.   🔲	First	Final
Booster Fund"		Pre-election		Second	Supplemental Final
Building Fund	W O Plate Book	Pre-runoff	IH.	Third Fourth	Annual Special
	on Year Candidates Fund ign Financing Fund	Semi-annual Mid Year	,   LJ ,	rourui Semi-annual	Special
Other:	igh i manonig i and	Year End	<del> </del>	Mid Year	10. Special Report Name
		Final		Year End	
8. Number of Fundr	aisers this Report	Special		inal	
0				pecial	
11. Account Informa			11. Account I		
a. Financial Institution For Southern Community			a. Financial Insti	tution Full Name	
b. Purpose	c. Account Code		b. Purpose		c. Account Code
Campaign exp				·	
•	100	,			
	d. Period Begin Balance				d. Period Begin Balance
	\$ 1,645.1				\$
CERTIFICATION					
NC General Statutes a complete, true and co	mittee or Fund is in compliand that no funds are commitment and that I have been transport of the second of the se	ingled with prohibit	ed or other non-	disclosed funds. I	3, & 22D-22M of Chapter 163 if the further certify that this report is N.C.G.S. 163-278.7(f).
was	Printed Name of Signer	<del></del>	ignature of Appoint	ed Treasurer	Date
FOR OFFICE USE			ightanio of ripponia		
Date Received:	July 24/09	Employee:	Jus	y Speas	Delivery Method Normal Mail
	7.			/ /	Registered Mail
Date Postmarked	•	Employee:			Hand Delivered
Date Scanned:		Employee:		ADV	Electronically Filed Signer has not received
Date Data Entere	d:	Employee:			mandatory training
Please Note: Thi		nend committee info an of books informa			dress, treasurer, assistant treasurer,

CRO-1000

Amendment

 $\boxtimes$ 

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	t 3. ID Number			
Schatzman for Sheriff	Semi Annual Mid	Year 2669			
		Total this	Total this		
Start of Election Cycle: January 1,		Reporting Period	Election Cycle		
4) Cash on Hand at Start		\$ 1645-11	\$ 4577.09		
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	\$ //./3		
11b) Contributions from Not-for-Profit Organization	ons <i>(CRO-1250)</i>	\$	\$		
11c) Outside Sources of Income	(CRO-1250)	\$	\$		
11d) Legal Expense Fund - Other Sources	(CRO-1270)	\$	\$		
11 e) Exempt Purchase Price Sales	(CRO-1265)	\$	\$		
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11	c, 11d and 11e)	\$ 327,73	\$ /3258.83		
EXPENDITURES					
13) Disbursements	September 18 (1956) - Her Carlotte (1956) - Francisco de Carlotte (1956) - La carlotte (1956) - La carlotte (1966)				
13a) Operating Expenditures	(CRO-1310)	\$	\$ 6,520.94		
13b) Contributions to Candidates/Political Commit	tees (CRO-1310)	\$	\$ 6520.94		
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)	\$ 326.6.	\$ 4747.70		
17) In-Kind Contributions	(CRO-1510)	\$ 326,6-			
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 1	5, 16 and 17)	\$ 653.2	· · · · · · · · · · · · · · · · · · ·		
19) Cash on Hand at End (Add lines 4 and 12 together, then sub	tract line 18)	\$ /3/9.58	\$ 1319.58		
ADDITIONAL INFORMATION					
20) Non-Monetary Gifts Given to Other Committees	(CRO-1330)	\$			
21) Outstanding Loans (incl. ones from other campaign	1S) (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)	\$	\$		
···			A 1000		

				Pg	of		Yes No	
Use this	form to report indi	ividual contributions	over \$50	or contributions unde	r \$50 if form CR	O 1205 is not	t used	
1. Comn	nittee Full Name	(and Fund if applica	ble)			2. ID Num	ber	
Schatzm	an for Sheriff							
3. Contr	ibutor Informati	on		Add 🔲 Rem	iove			
a. Full Na	me, Mailing Address	& Phone		b. Job Title/Profession		d. Comments		
(include city, state, & zip)				Sheriff		Check # //2 7		
Bill Schatzman				a Employaria Nama/Sna	oifia Piold	\$ 326.63 Reimburse		
3450 Kirklees Rd Winston Salem, NC 27104				c. Employer's Name/Spe Forsyth County	ecinc Field	, Kennouise		
AN HISTOIL	Saicin , NC 27104			1 Orsy in County		e. Election St	ım to Date	
						\$ 4	7747.70	
f. Prior	g. Account Code	h. Form of Payment	i. In-K	and Description	j. Date (mm/dd/yy	уу)	k. Amount	
		In-Kind	MA	RKETING RKETIK	02/19/2001	•	\$ 256.17	
		In-Kind	100	RKETAK	03/20/20	c 9	\$ 70.46	
		In-Kind					\$	
3. Contri	ibutor Informatio	on .	[4]	Add 🗌 Rem	iove			
	ne, Mailing Address &	& Phone		b. Job Title/Profession		d. Comments	<u> </u>	
	city, state, & zip)			Sheriff		Check #		
Bill Scha 3450 Kirl				c. Employer's Name/Spe	cific Field	Reimburse		
	Salem, NC 27104			Forsyth County				
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,						e. Election St	ım to Date	
l						\$		
f. Prior	g. Account Code	h. Form of Payment	i. In-K	ind Description	j. Date (mm/dd/yy	<u> </u>	k. Amount	
f. Prior	g. Account Code	h. Form of Payment In-Kind	i. In-K	and Description	j. Date (mm/dd/yy	<u> </u>	k. Amount	
f. Prior	g. Account Code		i. In-K	ind Description	j. Date (mm/dd/yy	<u> </u>		
		In-Kind In-Kind In-Kind				<u> </u>	\$	
3. Contri	butor Informatio	In-Kind In-Kind In-Kind In-Kind	i. In-K	Add □ Rem		(vyv)	\$ \$ \$	
3. Contri	butor Informatio ne, Mailing Address &	In-Kind In-Kind In-Kind In-Kind		Add Rem		d. Comments	\$ \$ \$	
3. Contri	butor Informatio ne, Mailing Address & ity, state, & zip)	In-Kind In-Kind In-Kind In-Kind		Add □ Rem		d. Comments Check #	\$ \$ \$	
3. Contri a. Full Nam (include co	butor Informatio ne, Mailing Address & sity, state, & zip) izman	In-Kind In-Kind In-Kind In-Kind		Add Rem	iowe	d. Comments	\$ \$ \$	
3. Contri a. Full Nam (include c Bill Schat 3450 Kirk	butor Informatio ne, Mailing Address & sity, state, & zip) izman	In-Kind In-Kind In-Kind In-Kind		Add Rem b. Job Title/Profession Sheriff	iowe	d. Comments Check #	\$ \$ \$	
3. Contri a. Full Nam (include c Bill Schat 3450 Kirk	butor Informatione, Mailing Address & sity, state, & zip) izman clees Rd	In-Kind In-Kind In-Kind In-Kind		Add Rem b. Job Title/Profession Sheriff c. Employer's Name/Spe	iowe	d. Comments Check #	\$ \$ \$	
3. Contri a. Full Nam (include c Bill Schat 3450 Kirk	butor Informatione, Mailing Address & Sity, state, & zip) izman klees Rd	In-Kind In-Kind In-Kind In-Kind		Add Rem b. Job Title/Profession Sheriff c. Employer's Name/Spe	iowe	d. Comments Check # \$ Reimburse	\$ \$ \$	
3. Contri a. Full Nam (include c Bill Schat 3450 Kirk	butor Informatione, Mailing Address & Sity, state, & zip) izman klees Rd	In-Kind In-Kind In-Kind In-Kind		Add Rem b. Job Title/Profession Sheriff c. Employer's Name/Spe	iowe	d. Comments Check # \$ Reimburse e. Election St	\$ \$ \$	
3. Contri a. Full Nam (include c Bill Schat 3450 Kirk Winston S	butor Informatione, Mailing Address & Sity, state, & zip) izman clees Rd Salem, NC 27104	In-Kind In-Kind In-Kind In-Kind Phone		Add Rem b. Job Title/Profession Sheriff c. Employer's Name/Spe Forsyth County	ove	d. Comments Check # \$ Reimburse e. Election St	\$ \$ \$ um to Date	
3. Contri a. Full Nam (include c Bill Schat 3450 Kirk Winston S	butor Informatione, Mailing Address & Sity, state, & zip) izman clees Rd Salem, NC 27104	In-Kind In-Kin		Add Rem b. Job Title/Profession Sheriff c. Employer's Name/Spe Forsyth County	ove	d. Comments Check # \$ Reimburse e. Election St	\$ \$ \$ um to Date	
3. Contri a. Full Nam (include c Bill Schat 3450 Kirk Winston S	butor Informatione, Mailing Address & Sity, state, & zip) izman clees Rd Salem, NC 27104	In-Kind In-Kind In-Kind In-Kind In-Kind In-Kind In-Kind		Add Rem b. Job Title/Profession Sheriff c. Employer's Name/Spe Forsyth County	ove	d. Comments Check # \$ Reimburse e. Election St	\$ \$ \$ am to Date  k. Amount \$ \$	
3. Contri a. Full Nam (include contribute of the	butor Informatione, Mailing Address & Sity, state, & zip) izman clees Rd Salem, NC 27104	In-Kind In-Kind In-Kind In-Kind In-Kind In-Kind In-Kind In-Kind In-Kind		Add Rem b. Job Title/Profession Sheriff c. Employer's Name/Spe Forsyth County	ove	d. Comments Check # \$ Reimburse e. Election St	\$ \$ \$ am to Date  k. Amount \$ \$	
3. Contri a. Full Nam (include c Bill Schat 3450 Kirk Winston S	butor Informatione, Mailing Address & Sity, state, & zip) izman klees Rd Salem, NC 27104	In-Kind		Add Rem b. Job Title/Profession Sheriff c. Employer's Name/Spe Forsyth County	ove	d. Comments Check # \$ Reimburse e. Election St	\$ \$ \$ um to Date  k. Amount \$	

Amendment

## 

1. Committee F	ull Name (and Fund is	fapplicable)		2. II	Number		
Schatzman for i	JACITI						
3. Type of Receipt Source (Please use separate CRO-1250 forms for each type of Receipt So							
☐ Contributions from Not-for-Profit Organizations ☐ Outside Sources of In						Income	
4. Contributor	Information	☐ Add		Remove			
a. Full Name, Maili	ing Address & Phone		b. Not-fo	r-Profit Federal ID #	d. Comment	s .	
(include city, state	e, & zip)						
Southern Comm	nunity Bank				_		
PO Box 26134			c. Outsid	e Source Explanation		•	
Winston-Salem							
(336) 765-8500			1		e. Election Sum to Date		
			•		\$ /	s. 42	
f. Account Code	g. Form of Payment	h. In-Kind Description		i. Date (mm/dd/yyyy)	j. Amount	·	
100	Bank credit			01/3-/2009	\$	.20	
100	Bank credit			02/27/2009	\$	. 19	
4. Contributor l	Information	Add		Remove		e Carlos de la Car	
	ng Address & Phone	<u> </u>	b. Not-fo	r-Profit Federal ID #	d. Comment		
(include city, state	e, & zip)						
Southern Comm	unity Bank					·	
PO Box 26134			c. Outsid	e Source Explanation			
Winston-Salem	NC 27114						
(336) 765-8500					e. Election S	um 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 I	nformation	Add		Remove			
a. Full Name, Mailin	g Address & Phone		b. Not-fo	r-Profit Federal ID #	d. Comment	s	
(include city, state,		· · · · · · · · · · · · · · · · · · ·					
Southern Comm	unity Bank						
PO Box 26134	NG 27114		a Ontoid	e Source Explanation	1		
Winston-Salem 1 (336) 765-8500	NC 2/114		c. Outsid	e Source Explanation	_		
(330) 703-6300					e. Election S	um to Date	
	17				\$	11.13	
f. Account Code	g. Form of Payment	h. In-Kind Description		i. Date (mm/dd/yyyy)	j. Amount		
100	Bank credit			05/29/2008	\$	.16	
100	Bank credit			06/30/2008	\$	,/7	
5. Total only t	his Page				\$	1.10	
	L CRO-1250 Page						
(This line goes in li (This line goes in li	ne IIa of Detailed Summary ne IIb of Detailed Summary	s Page CRO-1100 if Interest) Page CRO-1100 if Not-for-Profit Con Page CRO-1100 if Outside Sources of			\$	1.10	

In-Kind Contributions			Pg of	_			No
Use this form to report non-monetary contributions, donations, god Use CRO-1215 if In-Kind Contributions were or will be refunded	ods or : within	servic 7 dav	es provided to the	e comn	nittee or	runa.	
1. Committee Full Name (and Fund if applicable)	distriction.			2. ID	Numbe	r	100 mg
Schatzman for Sheriff							
3. Contributor Information Add R	Cemove		entra james james karanteen kanna kanna kanna meesta kansa kanna				
a. Full Name, Mailing Address & Phone	b. Typ	e of C	ontributor	c. Con	nments	···	
(include city, state, & zip)		Indiv	/idual	CK	# /	1/27	
Bill Schatzman			lidate	#.	# / 32C.	<b>4</b> 3	
3450 Kirklees Rd	<u> </u>	Party		REINDURS		ڪارچر	
Winston-Salem NC 27104		PAC Referendum		d. Election Sum to Date  \$ 4747.79			
	Othe		r Receipt Source				
e. Description			f. Date (mm/dd/yy)	/y)	g. Fair N	Market Amount	
CAMPAKE MARKETIKE EXPENSE		-	02/19/200	۶	\$	256.17	
CAMPAICA PARKETING EXPENSE			02/12/200	7	\$	70.46	
					\$		
3. Contributor Information Add R	Remove	<b>,</b>		100		eric e de la companya	Promoter :
a. Full Name, Mailing Address & Phone			ontributor		nments		<u>.</u> .
(include city, state, & zip)		Indiv	/idual				
Bill Schatzman	⊠	Cano	lidate				
3450 Kirklees Rd	l∐	Party					
Winston- Salem NC 27104		PAC	•	1 771		4. D.4.	
	1 =		rendum	d. Elec	d. Election Sum to Date		
		Othe	r Receipt Source	\$			
e. Description	l		f. Date (mm/dd/yyy	/y)	g. Fair I	Market Amount	
					\$		
					\$		
					\$		
	emove						
a. Full Name, Mailing Address & Phone	b. Typ		ontributor	c. Con	nments		
(include city, state, & zip)			vidual		•		
Bill Schatzman			lidate				
3450 Kirklees Rd Winston-Salem NC 27104		Party PAC					
Whiston-Salem NC 27104	lĦ		rendum	d. Ele	ction Sum	to Date	
		Othe	r Receipt Source	\$			
e. Description			f. Date (mm/dd/yy)	(y)	g. Fair l	Market Amount	
				-	\$		
		_			\$		
				-	\$		
4. Total only this Page				\$		326.63 326.63	
5. Total of ALL CRO-1510 Pages				\$		326.63	

Amendment

		ents From the Committe		of <u>/</u>	nenan ]	eent Yes 🔀 No	
1. Committee Full			TOTAL TENNER TO A STATE OF THE		2.1	D Number	
Schatzman for Sheriff							
						- 4 5 12 44 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
3. Payee Information			dd Remove				
a. Full Name, Mailing A			d. Type of Committee	<u> </u>	h. C	Priginal Receipt Date	
(include city, state, &	zip)	<u> </u>	Candidate	Pac		Attachment # /	
Bill Schatzman 3450 Kirklees Rd			e. Level Registered (Specification)	Party	1:0	riginal Receipt Amount	
Winston-Salem NC 2710	4		Federal X	County:			
Whiston-Balom No 2710	•		State	Municipality:	\$	Attachment #	
			f. Purpose Code	P	j. E	lection Sum to Date	
			Attachment # /		\$	4747. 70	
b. Job Title/Profession		c. Employer's Name/Specific Field	g. Comments		k. A	.ccount Code	
Sheriff		Forsyth County	ATTACHAERT	#1	100		
J. 101.						•	
I. Form of Payment	m. Required I	I		n. Date (mm/dd/yy	yy)	o. Amount	
Check	Attachment #1			03/31/2001		\$ 326.63	
3. Payee Information	) n	A A	dd Remove		ન્યું છે		
a. Full Name, Mailing A			d. Type of Committee		h. C	Original Receipt Date	
(include city, state, &			Candidate	PAC		Atachment #	
Bill Schatzman			Referendum	Party			
3450 Kirklees Rd			e. Level Registered (Specify)			i. Original Receipt Amount	
Winston Salem NC 27104	1		Federal State	County: Municipality:	S Aπachment #		
			f. Purpose Code			j. Election Sum to Date	
			Attachment #		\$		
b. Job Title/Profession		c. Employer's Name/Specific Field	g. Comments		k. A	ccount Code	
Sheriff		Forsyth County			100		
l. Form of Payment	m. Required R	Remarks		n. Date (mm/dd/yy	уу)	o. Amount	
Check	Attachment#					\$	
3. Payee Informatio			dd Remove		Transfer A		
a. Full Name, Mailing Ac			d. Type of Committee	<u>a Bijambula (ali ka Misa alas</u>		original Receipt Date	
(include city, state, & 2			Candidate	PAC	1	riginal Receipt Date	
Bil Schatzman	or Early		Referendum	Party		Attachment #	
3450 Kirklees Rd			e. Level Registered (Specify	y)	i.O	riginal Receipt Amount	
Winston-Salem NC 27104			Federal State	County: Municipality:	\$	Attachment #	
			f. Purpose Code	171dilloxpaney.	i.E	lection Sum to Date	
			Attachment #	· · · · · · · · ·	1		
					\$		
b. Job Title/Profession c. Employer's Name/Specific Field		g. Comments		k. A	ccount Code		
Sheriff		Forsyth County		•	100		
l. Form of Payment	m. Required R	emarks		n. Date (mm/dd/yy	уу)	o. Amount	
Check	Attachment #					\$	
4. Total only this Pa	ge	en e		t give the second		326.63	
		(This line must be on line 16 of Detailed	and the second s			326.63	
L - Returned to Contribu		M - Overpayment for Service		Contribution Limit	1		
P* - Reimbursement of * Codes require detailed	In-Kind explanation in re	O* Other equired remarks field (m)	1.1.1.1.1.2.1.1.1.1.1.1.1.1.1.1.1.1.1.1		-A-1.11		

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

## Attachment #1

	Streicher's 10911 W Hwy 55 Minneapolis, MN 55441 (763) 546-1155	Campaign marketing expense	Streicher's 10911 W Hwy 55 Minneapolis, MN 55441 (763) 546-1155	Campaign marketing expense	Reimburse Ck # 1127 \$326.6303/31/2009
(m) Required Remarks	Streio 1091 Minne (763)	Campa	Strei 1091 Minn (763	Cam	Reim
eceipt nt	256.17		70.46		326.63
(i) Orig Receipt Amount	↔				€
(h) Orig Receipt Date	02/19/2009		03/20/2009		
(f) Purpose Code	<b>a</b> .		Ω.		TOTAL