Amendment

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.

| FORMALL RECEIPTER | | | | | | | |
|--|--|---|--|--|--|--|--|
| Full Name | | c ID/Number | | | | | |
| Schatzman to | r Sheriff | | | | | | |
| b. Mailing Address (include City, State and Zip Code | | d. Date Filed | | | | | |
| 2521 Bitting | Rd. | 1/28/2010 | | | | | |
| 2521 Bitting Winston- Salem | NC 27/04 | ë. Phone Number | | | | | |
| , ,_, | | 336-722-1511 | | | | | |
| 2 Remote A Cale Street of Little (min) and | | | | | | | |
| 2009 7/1/2009 | | tephen c, Mathis | | | | | |
| C Lyne of Committee Check Check Candidate Campaign Party | 9% ppe of Reports to heavy one one so Municipal State (Com) | (Referendum) | | | | | |
| PAC Referendum | Organizational Organizational | Organizational | | | | | |
| Independent Expenditure I Joint Fundraiser | Thirty-five day Quarterly | Pre-referendum | | | | | |
| Legal Expense Fund | Pre-primary First Pre-election Second | Final Supplemental Final | | | | | |
| 78 Cale and the Section Control of the Sectio | Pre-runoff Third | Annual | | | | | |
| Booster Fund | Semi-annual Fourth | Special | | | | | |
| Building Fund | Mid Year Semi-annual Year End Mid Year Mid Year | (0) Special Report Name | | | | | |
| Other: | Final Year End | in light had the contraction of | | | | | |
| Commission and the state of the | Special Final | | | | | | |
| None | ☐ Special | | | | | | |
| il Accommis information A Financial Institution Full Name | Account lytingeration a. Phancial inclination full Na | ine . | | | | | |
| Southern Community | | ž k | | | | | |
| 5. Purpose CAccount Co | | c. Account Code | | | | | |
| | 00 | | | | | | |
| Campacity | | d. Period Begin Balance | | | | | |
| W- 0 - 1 - 1 - 1 | 9.58 | s -< 7 | | | | | |
| CERTIFICATION | 1130 | | | | | | |
| I certify that the Committee or Fund is in complia | ance with all applicable provisions of Article 22. | A, 22B & 22D-22M of Chapter 163 | | | | | |
| of the NC General Statutes and that no funds are | commingled with prohibited or other non-disclo | sed funds. I further certify that this | | | | | |
| report is complete, true and correct and that I have | be been trained by the trained by th | ns. | | | | | |
| Stephen C. Mathis | | 1/27/10 | | | | | |
| Printed Name of Signer | Signature of Appointed Treasurer | / Date | | | | | |
| FOR OFFICEUSE ONLY | 71. | Delivery Method | | | | | |
| Date Received: $\frac{1/28/10}{2}$ | Employee: <u>Judy Scr</u> as | ☐ Normal Mail | | | | | |
| Date Postmarked: | Employee: | ☐ Registered Mail ☐ Hand Delivered | | | | | |
| | | ☐ Electronically Filed | | | | | |
| Date Scanned: | Employee: | Signer has not received | | | | | |
| Date Data Entered: | Employee: | mandatory training | | | | | |
| Please Note: This form cannot be used to amend committee information such as the committee address, treasurer, | | | | | | | |
| | stodian of books information, or account in | | | | | | |
| You must amend the Statement | of Organization (CRO-2100A-E) to make | commutee changes. | | | | | |

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

Amendment

Yes

| Use this form to summarize all disclosure reporting forms an 1. Commutee Sull Name (and Com/Sit applicable). | 2. Type of | | 3.III Number |
|---|---|------------------------------|---------------------------------------|
| Schatzman for Sheriff | Semi a | annual 4/e- | -2009 |
| Start of Election Cycle: January 1, 2007 | | Total this | Total this |
| 4) Cash on Hand at Start | - | Reporting Period \$ 1,319.58 | |
| RECEIPTS | | <u> </u> | 4 7/3 ///07 |
| 5) Aggregated Contributions from Individuals | (CRO-1205) | s | \$ 12,421.00 |
| 6) Contributions from Individuals | (CRO-1210) | \$ 987,4 | |
| 7) Contributions from Political Party Committees | (CRO-1220) | \$ - | \$ - |
| 8) Contributions from Other Political Committees | (CRO-1230) | \$ | \$ _ |
| 9) Loan Proceeds | (CRO-1410) | | \$ |
| | (CRO-1240) | \$ - | \$ |
| 10) Refunds/Reimbursements to the Committee | (CRO-1240) | | |
| 11) Other Receipt Sources | //DO 1020 | • | 6 // 20 |
| 11a) Interest on Bank Accounts | (CRO-1250) | \$.79 | \$ //,92 |
| 11b) Contributions from Not-For-Profit Organization | | \$ | \$ — |
| 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,11 | c,11d and 11e) | \$ 988,27 | 2 \$ 14,247,05 |
| <u>EXPENDITURES</u> | | | |
| 13) Disbursements | \$77.5, 44-03-0-4-0-1-0-1-0-1-0-1-0-1-0-1-0-1-0-1-0-1 | | |
| 13a) Operating Expenditures | (CRO-1310) | \$ 60,58 | |
| 13b) Contributions to Candidates/Political Committee | s (CRO-1310) | \$ — | \$ 500,00 |
| 13c) Coordinated Party Expenditures | (CRO-1310) | \$ - | s — |
| 14) Aggregated Non-Media Expenditures | (CRO-1315) | \$ - | \$ |
| 15) Loan Repayments | (CRO-1420) | \$ | \$ |
| 16) Refunds/Reimbursements from the Committee | (CRO-1320) | \$ 500.0 | 0 \$ 5,247,70 |
| 17) In-Kind Contributions | (CRO-1510) | \$ 987.4 | 3 \$ 5,735,13 |
| 18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, | 15, 16 and 17) | | |
| 19) Cash on Hand at End (Add lines 4 and 12 together, then st | ubtract line 18) | \$ 759,70 | 1 \$ 759,79 |
| VADIDIER(O)VATEINIEORIMAARION | | | |
| 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) | \$ <u> </u> | |
| 23) Debts and Obligations owed to the Committee | (CRO-1620) | \$ - | 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 |
| 24) Account Transfers Within the Committee | (CRO-1720) | \$ - | |
| 25) Administrative Support | (CRO-1710) | \$ - | \$ <u> </u> |
| 26) Forgiven Loans | (CRO-1440) | \$ — | \$ - |
| 27) 48-Hour Notice Reports Sum | (CRO-2220) | \$ — | \$ |
| 28) Contributions to be Refunded | (CRO-1215) | \$ | \$ |
| CRO-1100 NC State Bo | ard of Elections | | August 2008 |

| | | om Individua | | Pg | of | _ 🗆 | |
|--|--|--|--------------------|--|------------------------------------|-------------------------------------|----------------------|
| | | ndividual contribution | | ontributions und | er \$50 ir torni CK | | is not used amber |
| | ' | zman Yo | a : 1 | 144 | | | |
| | trabition deform | A SECTION OF A SECURE AS A SEC | | | no ie | | |
| a. Foll 5 | ame, Mailing Addre de city, state, & zip) | ACTIVE MEDICAL POPULATION CONTRACTOR NOT PROPERTY OF A | | ik Joh Title/Profe | | d. Comm | ins |
| ρ | III Schat | مد ه ۸۸ نصا | | Sheri's Employer's Na | | | |
| ,, | | klees Rd. | | of the state of th | | | |
| N | //uston - s | Salem, NC | 27104 | POISTA | County | STATES CANADA | i Sum to Date |
| | | <i>⟨336</i> ⟩ ⟨ | 160-3450 | | | \$ | Ψ., |
| f. Prior | g-Account Code | 1 | i. In-Kind Descrip | | j. Date (mm/dd/yyy | | nount |
| | | In-Kind | raising | event | 9/23/09 | \$ | 500.00 |
| | | ✓ | · / | | 12/8/09 | \$ | 100.00 |
| | | | Posta | | 12/14/00 | 7 \$ | 112.00 |
| H-16-11-55: 650 | iribucos plosus ans Wallis Adde | VI 10 10 10 10 10 10 10 10 10 10 10 10 10 | e grande 🖳 | | NUMBER OF STREET | d Comm | nt e |
| 200 | le city, state, & zip) | | | | | | |
| | | | | c. Employer's Nar | ne/Specific Field | | |
| İ | cont | | | | | | |
| | | | | | | <u>, jeda i karitan panasa alai</u> | Sum to Date |
| PV = 10 (8 (8 (8 (8 (8 (8 (8 (8 (8 (8 (8 (8 (8 | | res maneral reservation | i. In-Kind Descrip | | i. Date (mm/dd/yyy | \$ N. IL AI | <u> </u> |
| f. Prior | g Account Code | h. Form of Payment | | | 1./21/04 | \$ | 43,01 |
| | | V | Oree TIV | ng cards | 10/22/00 | 7 8 | |
| | | <u> </u> | Charles | a cards | 12/13/09 | , \$ | 208,87 |
| | is in income of the fire | Vine . | STEETIN | ADDE DRO | SHOULDING CONTRACT THE SECRETARIES | | 2016/ |
| a Fall N | ome: Malling Addre | | | b. Job Title/Prote | | L Comme | nts |
| (includ | e city, state, & zip) | | | | | | |
| | Ут. | | | e. Employer's Nau | ne/Specific Field | | |
| | cont | | | | | e. Election | Sum to Date |
| | | | | | | \$ | 5,735,13 |
| ? Pritor | g. Account Code | h. Form of Payment | i. In-Kind Descrip | tion | j. Date (mm/dd/yyy |) kai | noant . |
| | | V | Posta | ge | 12/29/09 | \$ | 8,15 |
| | : | | | | · | \$ | |
| | | | | | | \$ | |
| | | | | | | \$ | |
| No. of the second | | | | | | \$ | 987,43 |
| CRO-12 | | | NC State Boar | d of Elections | | | April 200 |

| Other Rec | eipt Sources | | Pg | | Amend | 3/ | |
|--|---|---------------------------|-----------------------|--------------------|-----------------|--|--|
| | report income not report | ted on another form. | i.e. interest incor | ne, not for profit | contribution | ons etc. | |
| the Point of the St | deletant kanderande (| molicole s | | | PEDAM | | |
| Sc | hatzman | for Sher | 144 | | i | | |
| | ing Spine Lyezentene | | | GYTZSÜ ELZEZ TÜK | A1078 | | |
| Miterest | | tions from Not-for-Profit | 1. | | ources of Inc | оше | |
| (COMMISSION OF | 200 C C C C C C C C C C C C C C C C C C | | | 25.00 | is Continen | | |
| a, Full Name, Mail (include city, sta | ling Address & Phone (e. & zin) | | b. Not-for-Profit I | egeral IV # | O. COMMIST | <u>G</u> | |
| 80 S0 S0 S0 S0 C 80 S0 | | Bank | | | In+ | erest | |
| PO BOX | n Community | - In or After | c. Outside Source | Explanation | - " | | |
| Winsto | 16134 n- Salem, NO 765-8500 | - 27114 | | | é. Election | Sum to Date | |
| (336) | 765-8500 | | - | | \$ | | |
| f. Account Code | g Form of Payment | h In-Kind Description | <u> </u> | i. Date (mm/dd/yy) | vi L'Amo | ent | |
| | | | | | • | | |
| 100 | Bank credit | | | 7/31/09 | | 117 | |
| / | V V | _ | | 8/31/09 | \$ | 117 | |
| | | | Add C Dale | | | | |
| The second secon | ing Address & Phone | | k a Note (or Profit & | ederal ID # | d.Commen | is . | |
| (include city, sta | (e, & zip) | | - | <u>-</u> | 1 | _ | |
| cor | 1 | | c. Outside Source | Explanation | | | |
| 001 | 1 1 | | | | A TIPAL SA | Sum to Date | |
| | | | · | • | 13.125-130-1315 | | |
| | | | | | * <u>\</u> | STORES THE THE TRANSPORTER OF | |
| f. Account Code | g. Form of Payment | h. In Kind Description | <u> </u> | i. Date (mm/dd/yyy | y) J. Amo | ent : | |
| ✓ | V / | - | | 9/30/09 | \$ | 115 | |
| | / / | - | | 10/30/01 | p \$ | . 10 | |
| | | ! □ | e.V.13258 ■ 84.457 | | | | |
| BY CACAGO PER PROPERTY AND | ing Address & Phone | | b2Noteorapromer | | d Commen | S | |
| (include city, stat | ie, & zip) | | | - | | | |
| | • | | c. Outside Source | Explanation | | / | |
| con- | + | | | | | | |
| | • | | | • | e. Election | OR ACCOUNT OF THE PROPERTY OF THE PARTY OF T | |
| | | | | | \$ / | 1,92 | |
| f. Account Code | g Form of Payment | h. In-Kind Description | | i. Date (mm/dd/yyy | y) J. Amo | unt | |
| ~ | / / | | | 11/30/0 | 9 \$ | .10 | |
| | / | | · | 12/21/14 | \$ | .10 | |
| | | | | וטןופןטן | | 110 | |
| | | | | | \$ | | |
| | | | | | | | |

,79

| Disbursen | | | | | | of | | | No No |
|--|---|--|------------|-------------------------|---------------------|-----------------------------|--|--------------------|---------------------------------------|
| | report expenditures in coordinated party ex- | | tee for o | operating exp | penses | , contributi | ons to ca | ndidate/po | litical |
| | angentationan | | | | | | 2.0 | Described a | |
| | natz man | | | | | | | | ee varangaayaana mag maja |
| 5 Specific List Operating Exp | enses Z-Con | <i>ase seperate</i> (CA tributions to Candida | | | | | | rty Expendit | ires |
| | ing (indicate) | | | | | | | | |
| a. Full Name, M (include city; state | failing Address & Pho , & zip) | one: | | b. Coordinat | ed Con | imittee Nam | d.C | omments | |
| Souther | rn Communi (26134 n-Salem, | ty Bank | <u>د</u> | c. Level Regi | stered | Specify) | 20.00 | | |
| PO BOX | (26/34 | U AIO 2011 | L | ☐ Federal | at the second | County: | 1:4 25:70 | ection Sum t | |
| Winsto | n- Salem, | NC 2111 | 7 | State | <u> </u> | Municipa | s | SECTION SECTION | 0,58 |
| | 265-8500 g-Form of Payment | h. Purpose Code | li non | mm/dd/yyyy) | li am | ant. | | ed Remarks | 013 9 |
| 100 | 91244 | K | 12/ | 8/19 | \$ | 7,20 | A CONTRACTOR OF THE PARTY OF TH | osit s | ilips |
| 100 | draft | K | 121 | 11/09 | \$ 4 | 3,38 | ch | ecks | · · · · · · · · · · · · · · · · · · · |
| Elevication. | | | | Add | ecoco men | Section of Earlies | | omments | |
| a. Full Name, Mail (include city, sta | ling Address & Phone te, & zip) | | | n. Coordinat | ea Con | muce Nam | | pantients . | |
| | | | | c. Level Regi | stered (| Specify) | | | |
| | | | | Federal Federal | N-MA ISE | County: | | o sa wada wa wa wa | |
| | | | | State | <u>L</u> | Municipa | nty: e. H. | ection Sum t | D L/Ate |
| f. Account Code | g. Form of Payment | h. Purpose Code | li nasa | mm/dd/yyyy) | le A | | | ed Remarks | |
| . Actomic Code | 87.0111.01.18.11 | | L Date (| | \$ | | in place in the second | | |
| | | | | | \$ | | | | |
| | SOUTH AND DESCRIPTIONS ASSESSMENT OF ASSESSMENT OF ASSESSMENT | | | | Rent | and the second resembles of | | | |
| a. Full Name, Mail (include city, sta | ing Address & Phone : . te, & zip) | | ¥2.1 | b. Coordinate | ed Com | mittee Name | j d.C | mments | je i godina. |
| | | | | c Level Regi | 22237 | Carale N | 58660 | | |
| l | | | | Federal | Mereu (| County: | Se lei e | | |
| | | | | State | | Municipa | 742 1.005 | ection Sum t | Date . |
| Day Surface has single appropria | | | PROFESSION | | hospital files | | \$ | | |
| f. Account Code | g. Form of Payment | h. Purpose Code | i, Date (| mm/dd/yyyy) | J. A.mo | ant | K Kedan. | ed Remarks | |
| | | | | <u>-</u> | \$ | | | | |
| Section (Section) | | | | | | | \$ | | |
| | | | | | | | | | |
| B ' | line 13a of Detailed Sum line 13b of Detailed Sum | | | | | itical Comm) | \$ | 60 | ,58 |
| (This line goes in | line 13c of Detailed Sum | nary Page CRO-11(| 00 if Coo | rdinated Party | | | | | |
| A Media | B* - Printin | And it has such to definition to the high his state of | | apavos Tindigalsings | | D - To | Another (| Candidate | |
| E - Salaries | F.* - Equipa | ent | G - Po | litical Party | eta Mari General | H* - H ∂ | lding P | iblic Offic | e Expenses |
| I - Postage O* Other | J - Penaltie | s | K- 20 | ffice Expen | ses | ₹ Q* - D 0 | nation t | o Legal EX | pense Fund |
| | | | | | | | | | |

CRO-1310

NC State Board of Elections

December 2009

| Refunds/Reimburs | ements From the Com | mittee _{Pg} | of | Amendment Yes No |
|--|--|--|--|--|
| | ds/reimbursements, including co | ntributions retur | ned to the contrib | - property and the property of the property of |
| 2. Committee Full Name (2 | ا ومسر تم | <u> </u> | | 23B/Number |
| Schatzma | n for Sheri | | | |
| Cover information College Voltills (if as a | Chone Chone | Add Re d. Type of Comm | CONTRACTOR OF THE PARTY OF THE P | h. Original Receipt Date |
| (include city, state, & zip) | | Candidate | ☐ PAC | 9/16/109 |
| Bill schatz | Mau | Referendum E Level Registers | Party | i-Original Receipt Amount |
| 3450 Kirkle | | Federal | D County: | _ |
| 345 U KITFIG | lem, NC 27/04 | State / | Municipality: | \$ 500,00 LElection Sum to Date |
| Winston- or | · | f. Purpose Code | | |
| | (336) 760-3450 | | | \$ 5,247,70 |
| b. Job Fitte/Profession | c. Employer's Name/Specific Field | g. Comments | | k Account Code / I D |
| Sheviff | Forsyth County red Remarks | Purty | event a Date (min/dd/yy | <u> </u> |
| a national and a second | nburse Yundraising | - BINNT | 9/23/09 | |
| Safe Mornance | TWINING TWINING | AND THE | | 3 / |
| a. Full Name; Mailing Address & | Prione | d. Type of Comm | CONTRACTOR CONTRACTOR CONTRACTOR | it Original Receipt Date |
| (include city, state, & zip) | | Candidate Referendum | PAC Party | |
| | | e. Level Registere | | i. Original Receipt Amount |
| | | Federal | County: | \$ |
| | | f. Purpose Code | Municipality: | L'Election Sum to Date |
| | | <u>, projektion ja /u> | en is a service of the service of th | \$ |
| b. Job Title/Profession | c. Employer's Name/Specific Field | g. Comments | | k: Account Code |
| | | | | |
| L Form of Paymentm. Requi | red Remarks | | n. Date (mm/dd/yy | y) o. Amount |
| | The state of the s | | | \$ |
| a Proceedioning for | | Avis Delia | AND THE PERSON NAMED IN COLUMN TO SERVICE AND ADDRESS OF THE PERSON NAMED ADDRESS OF THE PERSON NAMED ADDRESS OF THE PERSON NAMED ADDRESS | |
| Full Name; Mailing Address & (include city, state, & zip) | Phone | d. Type of Commi Candidate | tfee PAC | h. Original Receipt Date |
| | | Referendum | Party | |
| | | e. Level Registered Federal | d County: | i. Original Receipt Amount |
| | | State | Municipality: | \$ |
| | | f. Purpose Code | | j. Election Som to Date |
| | | | | \$ |
| b. Job Title/Profession | c. Employer's Name/Specific Field | g. Comments: | | L Account Code |
| | | | | |
| Form of Payment n. Requir | red Remarks | | n: Date (min/dd/yy) | Control of the second s |
| | 7.5 | | | \$ |
| in de la companya de La companya de la co | | | | |
| | | | | \$ 500,00 |
| | W. On- | Samuine. | an se | ded Contribution Limit |
| L-Returned to Contributor P* - Reimbursement of In | The second of th | OCT AICE | IN - EXCEC | GCA COREIOUGGI EMIN |
| | | ALAN-ALA | | |

| I. Vind Contributions | _ | 1. | | ndment Yes No |
|--|---------------------------------|--|------------------------|----------------------------------|
| In-Kind Contributions Use this form to report non-monetary contributions, donations, good | Pg Is or services provi | ided to the commit | | |
| Use CRO-1215 if In-Kind Contributions were or will be refur | ided within 7 day | /8. | STATE OF | |
| Schatzman for She | ~ ~ ~ ~ | | Englishman STORES | |
| Schaf 2man For She | | | | |
| a: Full Name, Malling Address & Phone | b Type of Contril | Section of the sectio | e Comme | nts |
| (include city, state, & 20) | Individual Candidate | | | |
| Bill Schatzman | Party |) | | |
| 3450 Kirklees Pd. Winston-Salem, NC 27/04 | PAC Referendum | | d. Electio | o Sum to Date |
| (336) 760-3450 | Other Receipt | Source | \$ | 1 |
| e. Description | | f. Date (mm/dd/yy | 7)) / g. Fa | ir Market Amount |
| Party Fund raising event- | Forsyth Co. Rep. Party | 9/23/09 | \$ | 500,00 |
| V V For | oyth Co. o. Women | 12/8/09 | \$ | 100,00 |
| fostage | | 12/14/09 | 7 \$ | 112,00 |
| - Comission e fator action and | Alexa Di Res | COM STREET, ST | l Barr Sales | |
| a. Full Name; Mailing Address & Phone (include city, state, & zip) | b. Type of Contrib | outor | c. Comme | nts |
| | Candidate Party | | | |
| cont | PAC | | | |
| | Referendum Other Receipt | Source | <u> </u> | n Sum to Date |
| | Other Recorpt | | \$ | <u> </u> |
| e. Description | | f, Date (mm/dd/yy | **** | ir Market Amount |
| Greeting cards | | 12/22/09 | \$ | 43,01 |
| Postage | | 12/23/0 | 9 \$ | 15,40 |
| Greeting cards | | 12/13/0 | 1 \$ | 208,87 |
| | | | e Comme | |
| a, Full Name, Mailing Address & Phone (include city, state, & zip) | h Type of Contrib Individual | ator : | | outs : |
| | Candidate Party | - | | |
| cont | PAC | | NEO SERVICIO DE SE | |
| | Referendum Other Receipt | Source | September September 35 | n Sum to Date |
| | | f. Date (mm/dd/yy | | 7 2 3 5 , 13 Ir Market Amount |
| e. Description | | 1. /00/1 | 9 \$ | |
| Postage | | 12/29/0 | 1 | 8,15 |
| | | | \$ | |
| | | | \$ | |
| Alphalogistins these | | | \$ | |
| Complete Action CKO To Contract Contrac | | | \$ | 987, 43 |