

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

| | | | |
|--|-----------------------------------|---|-------------------------|
| Committee Information | | | |
| a. Full Name | | c. ID Number | |
| Schatzman for Sheriff | | | |
| b. Mailing Address (include City, State and Zip Code) | | d. Date Filed | |
| 2521 Bitting Ad. Winston-Salem, NC 27104 | | 1/28/2010 | |
| | | e. Phone Number | |
| | | 336-722-1511 | |
| 2. Report Year | 3. Period Start Date (mm/dd/yyyy) | 4. Period End Date (mm/dd/yyyy) | 5. Treasurer Full Name |
| 2009 | 7/1/2009 | 12/31/2009 | Stephen C. Mathis |
| 6. Type of Committee (Check One) | | 9. Type of Report (Check One) | |
| <input checked="" type="checkbox"/> Candidate Campaign <input type="checkbox"/> PAC <input type="checkbox"/> Independent Expenditure <input type="checkbox"/> Legal Expense Fund <input type="checkbox"/> Party <input type="checkbox"/> Referendum <input type="checkbox"/> Joint Fundraiser | | <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 | |
| 7. Type of Fund (If applicable, check one) | | 10. Special Report Name | |
| <input type="checkbox"/> Booster Fund <input type="checkbox"/> Building Fund <input type="checkbox"/> Other: | | | |
| 8. Number of Fundraisers this Report | | | |
| None | | | |
| Account Information | | Account Information | |
| a. Financial Institution Full Name | | a. Financial Institution Full Name | |
| Southern Community Bank | | - | |
| b. Purpose | c. Account Code | b. Purpose | c. Account Code |
| Campaign Activity | 100 | - | - |
| | d. Period Begin Balance | | d. Period Begin Balance |
| | \$ 1,319.58 | | \$ |
| CERTIFICATION | | | |
| I certify that the Committee or Fund is in compliance with all applicable provisions of Article 22A, 22B & 22D-22M of Chapter 63 of 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. | | | |
| Stephen C. Mathis | | 1/27/10 | |
| Printed Name of Signer | | Date | |
| | | Signature of Appointed Treasurer | |
| FOR OFFICE USE ONLY | | | |
| Date Received: | 1/28/10 | Employee: | Judy Spears |
| Date Postmarked: | | Employee: | |
| Date Scanned: | | Employee: | |
| Date Data Entered: | | 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 | |
| <p>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.</p> <p>You must amend the Statement of Organization (CRO-2100A-E) to make committee changes.</p> | | | |

Detailed Summary

Amendment
☐ Yes ☒ No

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 y/e | 2009 |
| Start of Election Cycle: January 1, 2007 | | Total this Reporting Period | Total this Election Cycle |
| 4) Cash on Hand at Start | | \$ 1,319.58 | \$ 4,577.09 |
| RECEIPTS | | | |
| 5) Aggregated Contributions from Individuals (CRO-1205) | \$ — | \$ 12,421.07 | |
| 6) Contributions from Individuals (CRO-1210) | \$ 987.43 | \$ 1,814.06 | |
| 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) | \$.79 | \$ 11.92 | |
| 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) | \$ 988.22 | \$ 14,247.05 | |
| EXPENDITURES | | | |
| 13) Disbursements | | | |
| 13a) Operating Expenditures (CRO-1310) | \$ 60.58 | \$ 6,581.52 | |
| 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) | \$ 500.00 | \$ 5,247.70 | |
| 17) In-Kind Contributions (CRO-1510) | \$ 987.43 | \$ 5,735.13 | |
| 18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17) | \$ 1,548.01 | \$ 18,064.35 | |
| 19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18) | \$ 759.79 | \$ 759.79 | |
| 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-2220) | \$ — | \$ — | |
| 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) | | | b. Job Title/Profession | | d. Comments |
| Bill Schatzman 3450 Kinkles Rd. Winston-Salem, NC 27104 (336) 760-3450 | | | Sheriff | | |
| | | | c. Employer's Name/Specific Field | | |
| | | | 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 | Party Fund Raising event | 9/23/09 | \$ 500.00 |
| <input type="checkbox"/> | | ✓ | ✓ | 12/8/09 | \$ 100.00 |
| <input type="checkbox"/> | | ✓ | Postage | 12/14/09 | \$ 112.00 |
| 4. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | | b. Job Title/Profession | | d. Comments |
| cont | | | | | |
| | | | c. Employer's Name/Specific Field | | |
| | | | | | |
| | | | 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"/> | | ✓ | Greeting cards | 12/22/09 | \$ 43.01 |
| <input type="checkbox"/> | | ✓ | Postage | 12/23/09 | \$ 15.40 |
| <input type="checkbox"/> | | ✓ | Greeting cards | 12/13/09 | \$ 208.87 |
| 5. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | | b. Job Title/Profession | | d. Comments |
| cont | | | | | |
| | | | c. Employer's Name/Specific Field | | |
| | | | | | |
| | | | e. Election Sum to Date | | |
| | | | \$ | | 5,735.13 |
| f. Prior | g. Account Code | h. Form of Payment | i. In-Kind Description | j. Date (mm/dd/yyyy) | k. Amount |
| <input type="checkbox"/> | | ✓ | Postage | 12/29/09 | \$ 8.15 |
| <input type="checkbox"/> | | | | | \$ |
| <input type="checkbox"/> | | | | | \$ |
| 6. Total on this Page | | | | | \$ |
| 7. Total of All CRO-1210 Pages | | | | | \$ 987.43 |

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 (Please use separate CRO-1250 forms for each type of Receipt Source.) | | | | | |
| <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 | | | - | Interest | |
| | | | c. Outside Source Explanation | | |
| | | | - | e. Election Sum to Date | |
| | | | | \$ ↓ | |
| f. Account Code | g. Form of Payment | h. In-Kind Description | i. Date (mm/dd/yyyy) | j. Amount | |
| 100 | Bank Credit | - | 7/31/09 | \$.17 | |
| ✓ | ✓ ✓ | - | 8/31/09 | \$.17 | |
| 5. 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 | |
| cont | | | - | ✓ | |
| | | | c. Outside Source Explanation | | |
| | | | - | e. Election Sum to Date | |
| | | | | \$ ↓ | |
| f. Account Code | g. Form of Payment | h. In-Kind Description | i. Date (mm/dd/yyyy) | j. Amount | |
| ✓ | ✓ ✓ | - | 9/30/09 | \$.15 | |
| ✓ | ✓ ✓ | - | 10/30/09 | \$.10 | |
| 6. 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 | |
| cont | | | - | ✓ | |
| | | | c. Outside Source Explanation | | |
| | | | - | e. Election Sum to Date | |
| | | | | \$ 11.92 | |
| f. Account Code | g. Form of Payment | h. In-Kind Description | i. Date (mm/dd/yyyy) | j. Amount | |
| ✓ | ✓ ✓ | - | 11/30/09 | \$.10 | |
| ✓ | ✓ ✓ | - | 12/31/09 | \$.10 | |
| 7. Total on this Page | | | | \$ | |
| 8. Total of All CRO-1250 Pages | | | | \$ 179 | |

Disbursements

Pg 1 of 1 Amendment ☐ Yes ☒ No

Use this form to report expenditures from the committee for operating expenses, contributions to candidate/political committees and coordinated party expenditures

| | | | | | | |
|--|--------------------|-----------------|----------------------|---|-------------------------|-------------------------------------|
| 1. Committee Full Name (and Fund if applicable) | | | | | | 2. ID Number |
| Schatzman for Sheriff | | | | | | |
| 3. Type of Disbursement (Please use separate CRO-1310 forms for each type of Disbursement) | | | | | | |
| <input checked="" type="checkbox"/> Operating Expenses <input type="checkbox"/> Contributions to Candidates/Political Committees <input type="checkbox"/> Coordinated Party Expenditures | | | | | | |
| 4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | | | b. Coordinated Committee Name | d. Comments | |
| Southern Community Bank PO Box 26134 Winston-Salem, NC 27114 (336) 765-8500 | | | | | | |
| | | | | c. Level Registered (Specify) | | |
| | | | | <input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality: | | |
| | | | | | e. Election Sum to Date | |
| | | | | | \$ 60.58 | |
| f. Account Code | g. Form of Payment | h. Purpose Code | i. Date (mm/dd/yyyy) | j. Amount | k. Required Remarks | |
| 100 | draft | K | 12/8/09 | \$ 12.20 | deposit slips | |
| 100 | draft | K | 12/11/09 | \$ 43.38 | checks | |
| 5. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | | | b. Coordinated Committee Name | d. Comments | |
| | | | | | | |
| | | | | c. Level Registered (Specify) | | |
| | | | | <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality: | | |
| | | | | | e. Election Sum to Date | |
| | | | | | \$ | |
| f. Account Code | g. Form of Payment | h. Purpose Code | i. Date (mm/dd/yyyy) | j. Amount | k. Required Remarks | |
| | | | | \$ | | |
| | | | | \$ | | |
| 6. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | | | b. Coordinated Committee Name | d. Comments | |
| | | | | | | |
| | | | | c. Level Registered (Specify) | | |
| | | | | <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality: | | |
| | | | | | e. Election Sum to Date | |
| | | | | | \$ | |
| f. Account Code | g. Form of Payment | h. Purpose Code | i. Date (mm/dd/yyyy) | j. Amount | k. Required Remarks | |
| | | | | \$ | | |
| | | | | \$ | | |
| 7. Total only this Page | | | | | | \$ |
| 8. Summary of All CRO-1310 Pages | | | | | | \$ 60.58 |
| (This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses) | | | | | | |
| (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) | | | | | | |
| 9. Purpose Codes (Use a detailed expenditure code in the above) | | | | | | |
| A* - Media | | B* - Printing | | C* - Fundraising | | D - To Another Candidate |
| E - Salaries | | F* - Equipment | | G - Political Party | | H* - Holding Public Office Expenses |
| I - Postage | | J - Penalties | | K* - Office Expenses | | Q* - Donation to Legal Expense Fund |
| O* Other | | | | | | |
| 10. Exits require detailed explanation in required remarks field (E) | | | | | | |

Refunds/Reimbursements From the Committee

Pg 1 of 1

Amendment
☐ 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 Kinklees Rd, Winston-Salem, NC 27104 <336> 760-3450 | | <input checked="" type="checkbox"/> Candidate <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Party | 9/16/09 |
| | | e. Level Registered | i. Original Receipt Amount |
| | | <input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality: | \$ 500.00 |
| | | f. Purpose Code | j. Election Sum to Date |
| | | P | \$ 5,247.70 |
| b. Job Title/Profession | c. Employer's Name/Specific Field | g. Comments | k. Account Code |
| Sheriff | Forsyth County | Party event | 100 |
| l. Form of Payment | m. Required Remarks | n. Date (mm/dd/yyyy) | o. Amount |
| check | Reimburse Fundraising event | 9/23/09 | \$ 500.00 |
| 4. 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 |
| | | <input type="checkbox"/> Candidate <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Party | |
| | | e. Level Registered | i. Original Receipt Amount |
| | | <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality: | \$ |
| | | f. Purpose Code | j. Election Sum to Date |
| | | | \$ |
| b. Job Title/Profession | c. Employer's Name/Specific Field | g. Comments | k. Account Code |
| | | | |
| l. Form of Payment | m. Required Remarks | n. Date (mm/dd/yyyy) | o. Amount |
| | | | \$ |
| 5. 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 |
| | | <input type="checkbox"/> Candidate <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Party | |
| | | e. Level Registered | i. Original Receipt Amount |
| | | <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality: | \$ |
| | | f. Purpose Code | j. Election Sum to Date |
| | | | \$ |
| b. Job Title/Profession | c. Employer's Name/Specific Field | g. Comments | k. Account Code |
| | | | |
| l. Form of Payment | m. Required Remarks | n. Date (mm/dd/yyyy) | o. Amount |
| | | | \$ |
| 6. Total on this Page | | \$ | |
| 7. Total of all Refunds/Reimbursements | | \$ 500.00 | |
| 8. Purpose Code (For detailed information see Form 100) | | | |
| L - Returned to Contributor M - Overpayment for Service N - Exceeded Contribution Limit P* - Reimbursement of In-Kind O* - Other | | | |

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 (336) 760-3450 | | <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) | g. Fair Market Amount |
| Party fund raising event - Forsyth Co. Rep. Party | | 9/23/09 | \$ 500.00 |
| ✓ ✓ ✓ ✓ - Forsyth Co. Rep. Women | | 12/8/09 | \$ 100.00 |
| Postage | | 12/14/09 | \$ 112.00 |
| 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 | |
| con't | | <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) | g. Fair Market Amount |
| Greeting cards | | 12/22/09 | \$ 43.01 |
| Postage | | 12/23/09 | \$ 15.40 |
| Greeting cards | | 12/13/09 | \$ 208.87 |
| 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 | |
| con't | | <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 | |
| | | \$ 5,735.13 | |
| e. Description | | f. Date (mm/dd/yyyy) | g. Fair Market Amount |
| Postage | | 12/29/09 | \$ 8.15 |
| | | | \$ |
| | | | \$ |
| 4. Total on this Page | | \$ | |
| 5. Total ALL CRO-1215s | | \$ 987.43 | |