

COPY

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 <u>Schatzman for Sheriff</u>			c. ID Number —	
b. Mailing Address (include City, State and Zip Code) <u>90 Stephen C. Mathis</u> <u>2521 Bittling Rd.</u> <u>Winston-Salem, NC 27104</u>			d. Date Filed <u>7/26/2011</u>	
			e. Phone Number <u>336-722-1511</u>	
2. Report Year <u>2011</u>	3. Period Start Date (mm/dd/yy) <u>1/1/2011</u>	4. Period End Date (mm/dd/yy) <u>6/30/2011</u>	5. Treasurer Full Name <u>Stephen C. Mathis</u>	
6. Type of Committee (Check One)		9. Type of Report (check only one type of report from one category)		
☒ Candidate Campaign ☐ PAC ☐ Independent Expenditure ☐ Legal Expense Fund ☐ Party ☐ Referendum ☐ Joint Fundraiser		Municipal ☐ Organizational ☐ Thirty-five day ☐ Pre-primary ☐ Pre-election ☐ Pre-runoff ☐ Semi-annual ☐ Mid Year ☐ Year End ☐ Final ☐ Special		
7. Type of Fund (if applicable, check one) ☐ Booster Fund ☐ Building Fund ☐ Other:		State/County ☐ Organizational ☐ Quarterly ☐ First ☐ Second ☐ Third ☐ Fourth ☐ Semi-annual ☒ Mid Year ☐ Year End ☐ Final ☐ Special		
8. Number of Fundraisers this Report		10. Special Report Name <u>1</u>		
11. Account Information				
a. Financial Institution Full Name <u>Southern Community Bank</u>		a. Financial Institution Full Name <u>—</u>		
b. Purpose <u>Campaign Activity</u>	c. Account Code <u>100</u>	b. Purpose <u>—</u>	c. Account Code <u>—</u>	
	d. Period Begin Balance <u>\$ 11,134.11</u>		d. Period Begin Balance <u>\$ —</u>	
CERTIFICATION				
I certify that the Committee or Fund is in compliance with all applicable provisions of Article 22A, 22B & 22D-22M of Chapter 223 of the NC General Statutes and that no funds are commingled with prohibited or other not 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.				
<u>Stephen C. Mathis</u> Printed Name of Signer		<u>[Signature]</u> Signature of Appointed Treasurer		<u>7/26/2011</u> Date
FOR OFFICE USE ONLY				
Date Received: <u>7/26/11</u>	Employee: <u>Judy Seas</u>	Delivery Method ☐ Normal Mail ☐ Registered Mail ☒ Hand Delivered ☐ Electronically Filed		
Date Postmarked: _____	Employee: _____			
Date Scanned: _____	Employee: _____			
Date Data Entered: _____	Employee: _____	☐ Signer has not received mandatory training		
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.				

CRO-1000

NC State Board of Elections

August 2008

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 ^{mid} 2011		-	
Start of Election Cycle: January 1, 2011		Total this Reporting Period		Total this Election Cycle	
4) Cash on Hand at Start		\$ 11,134.11		\$ 11,134.11	
RECEIPTS					
5) Aggregated Contributions from Individuals (CRO-1205)		\$ —		\$ —	
6) Contributions from Individuals (CRO-1210)		\$ 627.20		\$ 627.20	
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)		\$ 5.21		\$ 5.21	
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)		\$ 632.41		\$ 632.41	
EXPENDITURES					
13) Disbursements					
13a) Operating Expenditures (CRO-1310)		\$ 449.00		\$ 449.00	
13b) Contributions to Candidates/Political Committees (CRO-1310)		\$ —		\$ —	
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)		\$ 427.20		\$ 427.20	
17) In-Kind Contributions (CRO-1510)		\$ 427.20		\$ 427.20	
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)		\$ 1,303.40		\$ 1,303.40	
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)		\$ 10,463.12		\$ 10,463.12	
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

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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 ☐ Add ☐ Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments
Mike Horn 1125 Fallbrook Lane Lewisville, NC 27023 336-414-4497				Advertising		-
				c. Employer's Name/Specific Field		
				Self-employed		e. Election Sum to Date
						\$ 100.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
☐	100	check	-	1/3/11	\$ 100.00	
☐					\$	
☐					\$	
3. Contributor Information ☐ Add ☐ Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments
Anitra Anderson 364 Kings Hwy North Haven, CT 06473 203-239-7089				VP		-
				c. Employer's Name/Specific Field		
				HB Communication		e. Election Sum to Date
						\$ 100.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
☐	100	check	-	1/17/11	\$ 100.00	
☐					\$	
☐					\$	
3. Contributor Information ☐ Add ☐ Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments
William T. Schatzman 3450 Kirklees Rd. Winston-Salem, NC 27104 336-917-7127				Sheriff		-
				c. Employer's Name/Specific Field		
				Forsyth County		e. Election Sum to Date
						\$ 427.20
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
☐	100	In-kind	Meal	1/9/11	\$ 177.20	
☐	100	In-kind	Lincoln Reagan	2/20/11	\$ 250.00	
☐			Dinner		\$	
4. Total only this Page					\$ 627.20	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$ 627.20	

Other Receipt Sources

Pg

of

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)				2. ID Number	
Schatzman for Sheriff				-	
3. Type of Receipt Source (Please use separate CRO-1250 forms for each type of Receipt Source.)					
☒ Interest ☐ Contributions from Not-for-Profit Organizations ☐ Outside Sources of Income					
4. Contributor Information ☐ Add ☐ 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	
			-	\$ ↓	
f. Account Code	g. Form of Payment	h. In-Kind Description	i. Date (mm/dd/yyyy)	j. Amount	
100	Bank credit	-	1/31/11	\$ 1.92	
✓	✓ ✓	-	2/28/11	\$ 1.81	
4. Contributor Information ☐ Add ☐ Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Not-for-Profit Federal ID #	d. Comments	
SCB (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	
✓	✓ ✓	-	3/31/11	\$ 1.88	
✓	✓ ✓	-	4/29/11	\$ 1.82	
4. Contributor Information ☐ Add ☐ Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Not-for-Profit Federal ID #	d. Comments	
SCB (cont)			-	-	
			c. Outside Source Explanation	e. Election Sum to Date	
			-	\$ 5.21	
f. Account Code	g. Form of Payment	h. In-Kind Description	i. Date (mm/dd/yyyy)	j. Amount	
✓	✓ ✓	-	5/31/11	\$ 1.92	
✓	✓ ✓	-	6/30/11	\$ 1.86	
5. Total only this Page				\$ 5.21	
6. Total of ALL CRO-1250 Pages				\$ 5.21	
(This line goes in line 11a of Detailed Summary Page CRO-1100 if Interest) (This line goes in line 11b of Detailed Summary Page CRO-1100 if Not-for-Profit Contribution) (This line goes in line 11c of Detailed Summary Page CRO-1100 if Outside Sources of Income)					

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.)						
☒ Operating Expenses ☐ Contributions to Candidates/Political Committees ☐ Coordinated Party Expenditures						
4. Payee Information ☐ Add ☐ Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Coordinated Committee Name		d. Comments
Kernersville News PO Box 337 Kernersville, NC 27285 336-993-2161				—		12/31/10 Debt
				c. Level Registered (Specify)		e. Election Sum to Date
				☐ Federal ☐ County: ☐ State ☐ Municipality:		\$ 199.00
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
100	check	A	1/4/11	\$ 199.00	newspaper ad	
				\$		
4. Payee Information ☐ Add ☐ Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Coordinated Committee Name		d. Comments
Latino Communications PO Box 12876 Winston-Salem, NC 27117 336-784-9004				—		12/31/10 Debt
				c. Level Registered (Specify)		e. Election Sum to Date
				☐ Federal ☐ County: ☐ State ☐ Municipality:		\$ 250.00
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
100	check	A	1/7/11	\$ 250.00	newspaper ad	
				\$		
4. Payee Information ☐ Add ☐ Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Coordinated Committee Name		d. Comments
—				—		
				c. Level Registered (Specify)		e. Election Sum to Date
				☐ Federal ☐ County: ☐ State ☐ Municipality:		\$
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
				\$		
				\$		
5. Total only this Page					\$ 449.00	
6. Total of ALL CRO-1310 Pages					\$ 449.00	
(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)						
7. Purpose Codes (List detailed expenditure code in (h.) 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						
* Codes require detailed explanation in required remarks field (k)						

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) <u>Schatzman for Sheriff</u>			2. ID Number —	
3. Payee Information ☐ Add ☐ Remove				
a. Full Name, Mailing Address & Phone (include city, state, & zip) <u>William T. Schatzman</u> <u>3450 Kirkless Rd.</u> <u>Winston-Salem, NC 27104</u> <u>336-917-7127</u>		d. Type of Committee ☒ Candidate ☐ PAC ☐ Referendum ☐ Party		h. Original Receipt Date <u>12/31/10</u>
		e. Level Registered (Specify) ☐ Federal ☒ County: ☐ State ☐ Municipality:		i. Original Receipt Amount \$ <u>177.20</u>
		f. Purpose Code <u>P</u>		j. Election Sum to Date \$ <u>↓</u>
b. Job Title/Profession <u>Sheriff</u>	c. Employer's Name/Specific Field <u>Forsyth County</u>	g. Comments <u>Bill received in 2011 - pd in 2011</u>		k. Account Code <u>100</u>
l. Form of Payment <u>check</u>	m. Required Remarks <u>Reimbursement for meal</u>		n. Date (mm/dd/yyyy) <u>1/21/11</u>	o. Amount \$ <u>177.20</u>
3. Payee Information ☐ Add ☐ Remove				
a. Full Name, Mailing Address & Phone (include city, state, & zip) <u>Schatzman (cont)</u>		d. Type of Committee ☒ Candidate ☐ PAC ☐ Referendum ☐ Party		h. Original Receipt Date <u>2/20/11</u>
		e. Level Registered (Specify) ☐ Federal ☒ County: ☐ State ☐ Municipality:		i. Original Receipt Amount \$ <u>250.00</u>
		f. Purpose Code <u>P</u>		j. Election Sum to Date \$ <u>427.50²</u>
b. Job Title/Profession <u>✓</u>	c. Employer's Name/Specific Field <u>✓</u> <u>✓</u>	g. Comments <u>—</u>		k. Account Code <u>100</u>
l. Form of Payment <u>check</u>	m. Required Remarks <u>Lincoln Reagan Dinner</u>		n. Date (mm/dd/yyyy) <u>3/9/11</u>	o. Amount \$ <u>250.00</u>
3. Payee Information ☐ Add ☐ Remove				
a. Full Name, Mailing Address & Phone (include city, state, & zip) <u>—</u>		d. Type of Committee ☐ Candidate ☐ PAC ☐ Referendum ☐ Party		h. Original Receipt Date
		e. Level Registered (Specify) ☐ Federal ☐ County: ☐ State ☐ Municipality:		i. Original Receipt Amount \$
		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
				\$
4. Total only this Page				\$ <u>427.50²</u>
5. Total of ALL CRO-1320 Pages (This line must be on line 16 of Detailed Summary Page CRO-1100)				\$ <u>427.50²</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)				

In-Kind Contributions

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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 ☐ Add ☐ Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Type of Contributor	
William T. Schatzman 3450 Kirklees Rd. Winston-Salem, NC 27104 336-917-7127		☒ Individual ☐ Candidate ☐ Party ☐ PAC ☐ Referendum ☐ Other Receipt Source	
		c. Comments	
		-	
		d. Election Sum to Date	
		\$ 427.20	
e. Description		f. Date (mm/dd/yyyy)	
Meal		1/9/11	
		\$ 177.20	
Lincoln Reagan Dinner		3/9/11	
		\$ 250.00	
		\$	
3. Contributor Information ☐ Add ☐ Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Type of Contributor	
		☐ Individual ☐ Candidate ☐ Party ☐ PAC ☐ Referendum ☐ Other Receipt Source	
		c. Comments	
		d. Election Sum to Date	
		\$	
e. Description		f. Date (mm/dd/yyyy)	
		\$	
		\$	
		\$	
3. Contributor Information ☐ Add ☐ Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Type of Contributor	
		☐ Individual ☐ Candidate ☐ Party ☐ PAC ☐ Referendum ☐ Other Receipt Source	
		c. Comments	
		d. Election Sum to Date	
		\$	
e. Description		f. Date (mm/dd/yyyy)	
		\$	
		\$	
		\$	
4. Total only this Page		\$ 427.20	
5. Total of ALL CRO-1510 Pages (This line must be on line 17 of Detailed Summary Page CRO-1100)		\$ 427.20	