COPY

Disclosure Report Cover

Amendment ☑ Yes ☐ No

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

1. Committee Information

a. Full Name: Schatzman for Sheriff

c. ID Number:

b. Mailing Address (include City, State and Zip Code): 1313 Ashleybrook Lane
Winston-Salem, NC 27103

d. Date Filed: 09/28/2007

e. Phone Number: (336) 760-4464

2. Report Year	3. Period Start Date (mm/dd/yy)	4. Period End Date (mm/dd/yy)	5. Treasurer Full Name
2007	01/01/2007	06/30/2007	Wes Brooks

6. Type of Committee (Check One)

- [X] Candidate Campaign
- [ ] Party
- [ ] Joint Fundraiser
- [ ] PAC
- [ ] Referendum

7. Type of Fund *(if applicable, check one)*

- [ ] "Booster Fund"
- [ ] Building Fund
- [ ] NC Political Party Financing Fund
- [ ] Presidential Election Year Candidates Fund
- [ ] NC Public Campaign Financing Fund
- [ ] Other:

8. Number of Fundraisers this Report: 0

9. Type of Report *(check only one type of report from one category)*

Municipal	State/County	Referendum
[ ] Organizational	[ ] Organizational	[ ] Organizational
[ ] Thirty-five day	Quarterly	[ ] Pre-referendum
[ ] Pre-primary	[ ] First Plus	[ ] Final
[ ] Pre-election	[ ] Second	[ ] Supplemental Final
[ ] Pre-runoff	[ ] Third Plus	[ ] Annual
Semi-annual	[ ] Fourth	[ ] Special
[ ] Mid Year	Semi-annual	
[ ] Year End	[X] Mid Year	
[ ] Final	[ ] Year End	
[ ] Special	[ ] Final	
	[ ] Special	

10. Special Report Name

11. Account Information

a. Financial Institution Full Name: Southern Community Bank

b. Purpose: Campaign expenses

c. Account Code: 100

d. Period Begin Balance: $ 4,577.09

11. Account Information

a. Financial Institution Full Name:

b. Purpose:

c. Account Code:

d. Period Begin Balance: $

CERTIFICATION

I certify that the Committee is in compliance with all provisions of Article 22A, including that no funds are commingled with funds for a federal or out-of-state PAC. I further say that this report is complete, true and correct and that I have been trained by the NC State Board of Elections according to Article 163-278.9(k).

Wes Brooks		9/28/2007
Printed Name of Signer	Signature of Appointed Treasurer	Date

FOR OFFICE USE ONLY

Date Received:	9-28-2007	Employee:	Judy Speas
Date Postmarked:		Employee:	
Date Scanned:		Employee:	
Date Data Entered:		Employee:	

Delivery Method
- [ ] Normal Mail
- [ ] Registered Mail
- [x] Hand Delivered
- [ ] Electronically Filed

- [ ] 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.

Detailed Summary

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

Amendment ☑ Yes ☐ No

1. Committee Full Name (and Fund if applicable)	2. Type of Report	2. ID Number
Schatzman for Sheriff	2007 Mid year	

Start of Election Cycle: January 1, 2007		Total this Reporting Period	Total this Election Cycle
4) Cash on Hand at Start		$ 4,577.09	$ 4,577.09
RECEIPTS			
5) Aggregated Contributions from Individuals	(CRO-1205)	$	$
6) Contributions from Individuals	(CRO-1210)	$ 10,320.88	$ 10,320.88
7) Contributions from Political Party Committees	(CRO-1220)	$ 500.00	$ 500.00
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)	$ 4.21	$ 4.21
11b) Contributions from Not-for-Profit Organizations	(CRO-1250)	$	$
11c) Outside Sources of Income	(CRO-1250)	$	$
12) TOTAL RECEIPTS *(Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, and 11c)*		$ 10,825.09	$ 10,825.09
EXPENDITURES			
13) Disbursements			
13a) Operating Expenditures	(CRO-1310)	$ 6520.94	$ 6520.94
13b) Contributions to Candidates/Political Committees	(CRO-1310)	$	$
13c) Coordinated Party Expenditures	(CRO-1310)	$	$
14) Loan Repayments	(CRO-1420)	$	$
15) Refunds/Reimbursements From the Committee	(CRO-1320)	$ 2320.88	$ 2320.88
16) In-Kind Contributions	(CRO-1510)	$ 2320.88	$ 2320.88
17) TOTAL EXPENDITURES *(Add lines 13a, 13b, 13c, 14, 15, and 16)*		$ 11,162.70	$ 11,162.70
18) Cash on Hand at End *(Add lines 4 and 12 together, then subtract line 17)*		$ 4,239.48	$ 4,239.48
ADDITIONAL INFORMATION			
19) Non-Monetary Gifts Given to Other Committees	(CRO-1330)	$	
20) Outstanding Loans (incl. ones from other campaigns)	(CRO-1430)	$	
21) Debts and Obligations owed By the Committee	(CRO-1610)	$	
22) Debts and Obligations owed To the Committee	(CRO-1620)	$	
23) Account Transfers Within the Committee	(CRO-1720)	$	
24) Administrative Support	(CRO-1710)	$	$
25) Forgiven Loans	(CRO-1440)	$	$
26) 48-Hour Notice Reports Sum		$	$

Contributions from Individuals

Pg 1 of 4 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	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
Betty Ann Runnion 1244 Arbor Rd WS, NC 27104	RETIRED			$ 1,000.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	100	Check		01/17/2007	$ 1,000.00
☐	100	Check			$
☐	100	Check			$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
Donald K Tisdale Sr 280 Stanton Dr WS, NC 27106	ATTORNEY	ATTORNEY		$ 1,250.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	100	Check		01/17/2007	$ 1,250.00
☐	100	Check			$
☐	100	Check			$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
D Kenneth Tisdale Jr 1250 Yorkshire Rd WS, NC 27106	ATTORNEY	ATTORNEY		$ 1,000.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	100	Check		01/17/2007	$ 1,000.00
☐	100	Check			$
☐	100	Check			$

4. Total only this Page	$ 3,250.00
5. Total of ALL CRO-1210 Pages *(This line must be on line 6 of Detailed Summary Page CRO-1100)*	$ 10,320.88

Contributions from Individuals

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	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
Richard Childress 9160 Hampton Rd Lexington, NC 27295	CEO	RC RACING		$ 2,000.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	100	Check		01/17/2007	$ 2,000.00
☐	100	Check			$
☐	100	Check			$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
Christopher Clifton 3740 Kirklees Rd WS, NC 27104	ATTORNEY	ATTORNEY		$ 1,000.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	100	Check		01/17/2007	$ 1,000.00
☐	100	Check			$
☐	100	Check			$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
Michael Grace 390 Gaither Rd WS, NC 27101	ATTORNEY	ATTORNEY		$ 1,750.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	100	Check		01/17/2007	$ 1,750.00
☐	100	Check			$
☐	100	Check			$

4. Total only this Page	$ 4,750.00
5. Total of ALL CRO-1210 Pages *(This line must be on line 6 of Detailed Summary Page CRO-1100)*	$ 10,320.88

Contributions from Individuals

Pg 3 of 4 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	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
Bill Schatzman 3450 Kirklees Rd Winston-Salem, NC 27104	Sheriff	Forsyth County	$ 1028.10 CK # 1112	$ 1028.10

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐		IN KIND	POSTAGE	12/19/2006	$ 78.00
		IN KIND	OFFICE SUPPLIES	12/21/2006	518.49
☐		IN KIND	ELECTION NIGHT GRATUITY	09/12/2006	$ 150.00
☐		IN KIND	CAMPAIGN COMMITTEE GIFTS	12/14/2006	$ 281.61

3. Contributor Information ☑ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
Bill Schatzman 3450 Kirklees Rd Winston-Salem, NC 27104	Sheriff	Forsyth County	$ 950.20 CK # 1114	$ 1978.30

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐		IN KIND	OFFICE EQUIPMENT	01/10/2007	$ 453.68
☐		IN KIND	OFFICE SUPPLIES	01/18/2007	$ 312.89
☐		IN KIND	CAMPAIGN COMMITTEE MEETINGS	01/17/2007	$ 183.63

3. Contributor Information ☑ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
Bill Schatzman 3450 Kirklees Rd Winston-Salem, NC 27104	Sheriff	Forsyth County	$ 35.81 CK # 1116	$ 2014.11

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐		IN KIND	DONOR DINNER	03/27/07	$ 35.81
☐					$
☐					$

4. Total only this Page	$ 2014.11
5. Total of ALL CRO-1210 Pages *(This line must be on line 6 of Detailed Summary Page CRO-1100)*	$ 10320.88

Contributions from Individuals

Pg 4 of 4 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	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
Bill Schatzman 3450 Kirklees Rd Winston-Salem, NC 27104	Sheriff	Forsyth County	$102.19 CK #1117	$ 2116.30

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐		IN KIND	DONOR DINNER	04/02/2007	$ 102.19
☐					$
☐					$

3. Contributor Information ☑ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
Bill Schatzman 3450 Kirklees Rd Winston-Salem, NC 27104	Sheriff	Forsyth County	$204.58 CK #1118	$ 2320.88

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐		IN KIND	DONOR DINNER	05/05/2007	$ 204.58
☐					$
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
	Sheriff	Forsyth County		$

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐					$
☐					$
☐					$

4. Total only this Page	$ 306.77
5. Total of ALL CRO-1210 Pages *(This line must be on line 6 of Detailed Summary Page CRO-1100)*	$ 10,320.88

Disbursements

Pg 1 of 5 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): THE BROOKSTOWN INN, 200 BROOKSTOWN AVE, WS NC 27101, 336-773-0147

b. Coordinated Committee Name:

c. Level Registered (Specify): ☐ Federal ☑ County: ☐ State ☐ Municipality:

d. Comments:

e. Election Sum to Date: $ 340.64

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
100	Check	O	01/12/2007	$ 340.64	ELECTION NIGHT PARTY
100	Check			$	

4. Payee Information ☐ Add ☑ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip): Bill Schatzman, 3450 Kirklees Rd, Winston Salem, NC 27104, 336-794-0988

b. Coordinated Committee Name:

c. Level Registered (Specify): ☐ Federal ☑ County: ☐ State ☐ Municipality:

d. Comments:

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
100	Check	O	01/25/2007	$ 150.00	ELECTION NIGHT PARTY GRATUITY
100	Check	I	01/25/2007	$ 78.00	POSTAGE

CK # 1112 $ 1028.10

4. Payee Information ☐ Add ☑ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip): Bill Schatzman, 3450 Kirklees Rd, Winston Salem, NC 27104, 336-794-0988

b. Coordinated Committee Name:

c. Level Registered (Specify): ☐ Federal ☑ County: ☐ State ☐ Municipality:

d. Comments:

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
100	Check	O	01/25/2007	$ 281.61	CAMPAIGN COMMITTE GIFTS
100	Check	K	01/25/2007	$ 518.49	OFFICE SUPPLIES

5. Total only this Page $ 340.64

6. Total of ALL CRO-1310 Pages $ 6520.94

(This line goes in line 14a of Detailed Summary Page CRO-1100 if Operating Expenses)
(This line goes in line 14b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)
(This line goes in line 14c 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	O* - Other

* Codes require detailed explanation in required remarks field (k)

Disbursements

Pg 2 of 5 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)
Horn & Stronach
315 N Spruce St
Winston Salem, NC 27101
336-721-2992

b. Coordinated Committee Name:
c. Level Registered (Specify): ☐ Federal ☑ County: ☐ State ☐ Municipality:
d. Comments:
e. Election Sum to Date: $ 5,567.78

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
100	Check	A	02/06/2007	$5567.78	TV, RADIO DIRECT MAIL
100	Check			$	

4. Payee Information ☐ Add ☑ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)
Bill Schatzman
3450 Kirklees Rd
Winston Salem, NC 27104
336-794-0988

b. Coordinated Committee Name:
c. Level Registered (Specify): ☐ Federal ☑ County: ☐ State ☐ Municipality:
d. Comments:
e. Election Sum to Date: $ 1800.30

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
100	Check	G	02/07/2007	$500.00	LINCOLN - REAGAN DAY DINNER
100	Check	K	02/07/2007	$272.20	OFFICE SUPPLIES

4. Payee Information ☐ Add ☑ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)
Bill Schatzman
3450 Kirklees Rd
Winston Salem, NC 27104
336-794-0988

b. Coordinated Committee Name:
c. Level Registered (Specify): ☐ Federal ☑ County: ☐ State ☐ Municipality:
d. Comments:
e. Election Sum to Date: $ 1978.30

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
100	Check	O	02/07/2007	$178.00	CAMPAIGN COMMITTEE MEETINGS
100	Check			$	

#1114 $950.20

5. Total only this Page $ 5567.78

6. Total of ALL CRO-1310 Pages $ 6,520.94

(This line goes in line 14a of Detailed Summary Page CRO-1100 if Operating Expenses)
(This line goes in line 14b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)
(This line goes in line 14c 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	O* - Other

* Codes require detailed explanation in required remarks field (k)

Disbursements

Pg 3 of 5 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): FORSYTH CO. REPUBLICAN PARTY, 2110 CLOVERDALE AVE, WS, NC 27103, 336-724-6000

b. Coordinated Committee Name:

c. Level Registered (Specify): ☐ Federal ☑ County: ☐ State ☐ Municipality:

d. Comments: CHECK # 1115 $500.00

e. Election Sum to Date: $ 500.00

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
100	Check	G	02/07/2007	$500.00	
100	Check			$	

4. Payee Information ☐ Add ☑ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip): Bill Schatzman, 3450 Kirklees Rd, Winston Salem, NC 27104, 336-794-0988

b. Coordinated Committee Name:

c. Level Registered (Specify): ☐ Federal ☑ County: ☐ State ☐ Municipality:

d. Comments: CHECK # 1116 $35.81

e. Election Sum to Date: $ 2,014.11

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
100	Check	C	03/27/2007	$35.81	DONOR DINNER
100	Check			$	

4. Payee Information ☐ Add ☑ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip): Bill Schatzman, 3450 Kirklees Rd, Winston Salem, NC 27104, 336-794-0988

b. Coordinated Committee Name:

c. Level Registered (Specify): ☐ Federal ☑ County: ☐ State ☐ Municipality:

d. Comments: CHECK # 1117 $102.19

e. Election Sum to Date: $ 2,116.30

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
100	Check	C	04/16/2007	$102.19	DONOR DINNER
100	Check			$	

5. Total only this Page	$ 500.00
6. Total of ALL CRO-1310 Pages *(This line goes in line 14a of Detailed Summary Page CRO-1100 if Operating Expenses)* *(This line goes in line 14b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)* *(This line goes in line 14c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)*	$ 6529.94

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	O* - Other

* Codes require detailed explanation in required remarks field (k)

Disbursements

Pg 4 of 5 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)

Bill Schatzman
3450 Kirklees Rd
Winston Salem, NC 27104
336-794-0988

b. Coordinated Committee Name:

c. Level Registered (Specify): ☐ Federal ☑ County: ☐ State ☐ Municipality:

d. Comments: CHECK # 1116 $ 204.58

e. Election Sum to Date: $ 2,320.88

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
100	Check	C	05/21/2007	$204.58	DONOR DINNER
100	Check			$	

4. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)

Wes Brooks
1313 Ashleybrook Lane
Winston Salem, NC 27103
336-760-4464

b. Coordinated Committee Name:

c. Level Registered (Specify): ☐ Federal ☑ County: ☐ State ☐ Municipality:

d. Comments: CHECK # 1119 $ 112.52

e. Election Sum to Date: $ 112 52

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
100	Check	O	05/23/2007	$112.52	TRAVEL - TREASURERS MEETING - RALEIGH
100	Check			$	

4. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)

NO ENTRY

b. Coordinated Committee Name:

c. Level Registered (Specify): ☐ Federal ☐ County: ☐ State ☐ Municipality:

d. Comments:

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
100	Check			$	
100	Check			$	

5. Total only this Page	$ 112.52
6. Total of ALL CRO-1310 Pages *(This line goes in line 14a of Detailed Summary Page CRO-1100 if Operating Expenses)* *(This line goes in line 14b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)* *(This line goes in line 14c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)*	$ 6,520.94

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	O* - Other

* Codes require detailed explanation in required remarks field (k)

Disbursements

Pg 5 of 5 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)

Bill Schatzman
3450 Kirklees Rd
Winston Salem, NC 27104

b. Coordinated Committee Name:

c. Level Registered (Specify): ☐ Federal ☑ County: ☐ State ☐ Municipality:

d. Comments: CHECK # 1112 $ 1028.10

e. Election Sum to Date: $ 1028.10

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
100	Check	I	01/25/2007	$ 78.00	POSTAGE
		K	01/25/2007	518.49	OFFICE SUPPLIES
100	Check	O	01/25/2007	$ 150.00	ELECTION NIGHT GRAT WITH
		O	01/25/2007	281.61	CAMPAIGN COMMITTEE GIFTS

4. Payee Information ☐ Add ☑ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)

Bill Schatzman
3450 Kirklees Rd
Winston Salem, NC 27104

b. Coordinated Committee Name:

c. Level Registered (Specify): ☐ Federal ☑ County: ☐ State ☐ Municipality:

d. Comments: CHECK # 1118 $ 950.20

e. Election Sum to Date: $ 1,978.30

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
100	Check	K	02/07/2007	$ 453.66	OFFICE EQUIPMENT
		K	02/07/2007	312.89	OFFICE SUPPLIES
100	Check	O	02/07/2007	$ 183.63	CAMPAIGN COMMITTEE MEETINGS

4. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)

b. Coordinated Committee Name:

c. Level Registered (Specify): ☐ Federal ☐ County: ☐ State ☐ Municipality:

d. Comments:

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
100	Check			$	
100	Check			$	

5. Total only this Page $ 0

6. Total of ALL CRO-1310 Pages $ 6,520.94

(This line goes in line 14a of Detailed Summary Page CRO-1100 if Operating Expenses)
(This line goes in line 14b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)
(This line goes in line 14c 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	O* - Other

* Codes require detailed explanation in required remarks field (k)

Refunds/Reimbursements From the Committee

Pg 1 of 2 — 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 ☑ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	d. Type of Committee	g. Comments
Bill Schatzman 3450 Kirklees Rd Winston-Salem, NC 27104	☑ Candidate ☐ PAC ☐ Referendum ☐ Party	
	e. Level Registered (Specify): ☐ Federal ☑ County: ☐ State ☐ Municipality:	h. Original Receipt Date: See attachment 1320-1
		i. Original Receipt Amount: $ See attachment

b. Job Title/Profession	c. Employer's Name/Specific Field	f. Purpose Code	j. Election Sum to Date
Sheriff	Forsyth County	See attachment 1320-1 P	$ 1028.10

k. Account Code	l. Form of Payment	m. Required Remarks	n. Date (mm/dd/yyyy)	o. Amount
100	CHECK	See Attachment 1320-1	01/25/2007	$ 1028.10

3. Payee Information ☑ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	d. Type of Committee	g. Comments
Bill Schatzman 3450 Kirklees Rd Winston-Salem, NC 27104	☑ Candidate ☐ PAC ☐ Referendum ☐ Party	
	e. Level Registered (Specify): ☐ Federal ☑ County: ☐ State ☐ Municipality:	h. Original Receipt Date: See attachment 1320-2
		i. Original Receipt Amount: $ See attachment

b. Job Title/Profession	c. Employer's Name/Specific Field	f. Purpose Code	j. Election Sum to Date
Sheriff	Forsyth County	See attachment 1320-2 P	$ 1978.30

k. Account Code	l. Form of Payment	m. Required Remarks	n. Date (mm/dd/yyyy)	o. Amount
100	CHECK	See attachment 1320-2	02/07/2007	$ 950.20

3. Payee Information ☑ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	d. Type of Committee	g. Comments
Bill Schatzman 3450 Kirklees Rd Winston-Salem, NC 27104	☑ Candidate ☐ PAC ☐ Referendum ☐ Party	
	e. Level Registered (Specify): ☐ Federal ☑ County: ☐ State ☐ Municipality:	h. Original Receipt Date: 03/27/2007
		i. Original Receipt Amount: $ 35.81

b. Job Title/Profession	c. Employer's Name/Specific Field	f. Purpose Code	j. Election Sum to Date
Sheriff	Forsyth County	P	$ 2014.11

k. Account Code	l. Form of Payment	m. Required Remarks	n. Date (mm/dd/yyyy)	o. Amount
100	CHECK	DONOR DINNER	03/27/2007	$ 35.81

4. Total only this Page	$ 2014.11
5. Total of ALL CRO-1320 Pages *(This line must be on line 15 of Detailed Summary Page CRO-1100)*	$ 2320.88

6. Purpose Codes (List detailed disbursement code in (f) above)

L - Returned to Contributor M - Overpayment for Service N - Exceeded Contibution Limit

P* - Reimbursement of In-Kind O* Other

*** Codes require detailed explanation in required remarks field (m)**

Refunds/Reimbursements From the Committee

Pg 2 of 2

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 ☑ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	d. Type of Committee	g. Comments
Bill Schatzman 3450 Kirklees Rd Winston-Salem, NC 27104	☑ Candidate ☐ PAC ☐ Referendum ☐ Party e. Level Registered (Specify): ☐ Federal ☑ County: ☐ State ☐ Municipality:	h. Original Receipt Date: 04/04/2007 i. Original Receipt Amount: $ 102.19

b. Job Title/Profession	c. Employer's Name/Specific Field	f. Purpose Code	j. Election Sum to Date
Sheriff	Forsyth County	P	$ 2116.30

k. Account Code	l. Form of Payment	m. Required Remarks	n. Date (mm/dd/yyyy)	o. Amount
100	CHECK	DONOR DINNER	04/16/2007	$ 102.19

3. Payee Information ☑ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	d. Type of Committee	g. Comments
Bill Schatzman 3450 Kirklees Rd Winston-Salem, NC 27104	☑ Candidate ☐ PAC ☐ Referendum ☐ Party e. Level Registered (Specify): ☐ Federal ☑ County: ☐ State ☐ Municipality:	h. Original Receipt Date: 05/05/2007 i. Original Receipt Amount: $ 204.58

b. Job Title/Profession	c. Employer's Name/Specific Field	f. Purpose Code	j. Election Sum to Date
Sheriff	Forsyth County	P	$ 2320.88

k. Account Code	l. Form of Payment	m. Required Remarks	n. Date (mm/dd/yyyy)	o. Amount
100	CHECK	DONOR DINNER	05/05/2007	$ 204.58

3. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	d. Type of Committee	g. Comments
	☐ Candidate ☐ PAC ☐ Referendum ☐ Party e. Level Registered (Specify): ☐ Federal ☐ County: ☐ State ☐ Municipality:	h. Original Receipt Date: i. Original Receipt Amount: $

b. Job Title/Profession	c. Employer's Name/Specific Field	f. Purpose Code	j. Election Sum to Date
			$

k. Account Code	l. Form of Payment	m. Required Remarks	n. Date (mm/dd/yyyy)	o. Amount
				$

4. Total only this Page	$ 306.77
5. Total of ALL CRO-1320 Pages *(This line must be on line 15 of Detailed Summary Page CRO-1100)*	$ 2320.88

6. Purpose Codes (List detailed disbursement code in (f) above)

L - Returned to Contributor M - Overpayment for Service N - Exceeded Contibution Limit

P* - Reimbursement of In-Kind O* Other

*** Codes require detailed explanation in required remarks field (m)**

In-Kind Contributions

Pg 1 of 2

Amendment ☑ Yes ☐ No

Use this form to report non-monetary contributions, donations, goods or services

1. Committee Full Name (and Fund if applicable): Schatzman for Sheriff

2. ID Number:

3. Contributor Information ☑ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip): Bill Schatzman, 3450 Kirklees Rd, Winston-Salem, NC 27104

b. Type of Contributor: ☐ Individual ☑ Candidate ☐ Party ☐ PAC ☐ Referendum ☐ Other Receipt Source

c. Comments: $ 1028.10 CK # 112

d. Election Sum to Date: $ 1028.10

e. Description	f. Date (mm/dd/yyyy)	g. Fair Market Amount
POSTAGE	12/19/2006	$ 78.00
OFFICE SUPPLIES	12/21/2006	$ 518.49
ELECTION NIGHT GRATUITY	09/13/2006	$ 150.00
CAMPAIGN COMMITTEE GIFTS	12/14/2006	$ 281.61

3. Contributor Information ☑ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip): Bill Schatzman, 3450 Kirklees Rd, Winston-Salem, NC 27104

b. Type of Contributor: ☐ Individual ☑ Candidate ☐ Party ☐ PAC ☐ Referendum ☐ Other Receipt Source

c. Comments: $ 950.20 CK # 1114

d. Election Sum to Date: $ 1978.30

e. Description	f. Date (mm/dd/yyyy)	g. Fair Market Amount
OFFICE EQUIPMENT	01/16/2007	$ 453.68
OFFICE SUPPLIES	01/18/2007	$ 312.89
CAMPAIGN COMMTTE MEETINGS	01/17/2007	$ 183.63

3. Contributor Information ☑ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip): Bill Schatzman, 3450 Kirklees Rd, Winston-Salem, NC 27104

b. Type of Contributor: ☐ Individual ☑ Candidate ☐ Party ☐ PAC ☐ Referendum ☐ Other Receipt Source

c. Comments: $ 35.81 CK # 1116

d. Election Sum to Date: $ 2014.11

e. Description	f. Date (mm/dd/yyyy)	g. Fair Market Amount
DONOR DINNER	03/27/2007	$ 35.81
		$
		$

4. Total only this Page $ 2014.11

5. Total of ALL CRO-1510 Pages $ 2320.88

(This line must be on line 16 of Detailed Summary Page CRO-1100)

In-Kind Contributions

Pg 2 of 2

Amendment ☑ Yes ☐ No

Use this form to report non-monetary contributions, donations, goods or services

1. Committee Full Name (and Fund if applicable): Schatzman for Sheriff

2. ID Number:

3. Contributor Information ☑ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip):
Bill Schatzman
3450 Kirklees Rd
Winston-Salem, NC 27104

b. Type of Contributor: ☐ Individual ☑ Candidate ☐ Party ☐ PAC ☐ Referendum ☐ Other Receipt Source

c. Comments: $ 102.19 CK # 1117

d. Election Sum to Date: $ 2116.30

e. Description	f. Date (mm/dd/yyyy)	g. Fair Market Amount
DONOR DINNER	04/02/2007	$ 102.19
		$
		$

3. Contributor Information ☑ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip):
Bill Schatzman
3450 Kirklees Rd
Winston-Salem, NC 27104

b. Type of Contributor: ☐ Individual ☑ Candidate ☐ Party ☐ PAC ☐ Referendum ☐ Other Receipt Source

c. Comments: $ 204.58 CK # 1118

d. Election Sum to Date: $ 2320.88

e. Description	f. Date (mm/dd/yyyy)	g. Fair Market Amount
DONOR DINNER	05/05/2007	$ 204.58
		$
		$

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)	g. Fair Market Amount
		$
		$
		$

4. Total only this Page $ 306.77

5. Total of ALL CRO-1510 Pages $ 2,320.88

(This line must be on line 16 of Detailed Summary Page CRO-1100)

Attachment 1320-1

(f) Purpose Code	(h) Orig Receipt Date	(i) Orig Receipt Amount	(m) Required Remarks
I	12/19/2006	$ 78.00	Postage
K	12/21/2006	518.49	Office supplies
O	09/13/2006	150.00	Election night gratuity
O	12/14/2006	281.61	Campaign committee gifts
		$ 1,028.10	

Attachment 1320-2

(f) Purpose Code	(h) Orig Receipt Date	(i) Orig Receipt Amount	(m) Required Remarks
K	01/10/2007	$ 453.68	Office equipment
K	01/18/2007	312.89	Office supplies
O	01/17/2007	183.63	Campaign committee meetings
		$ 950.20	