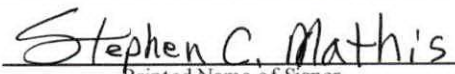
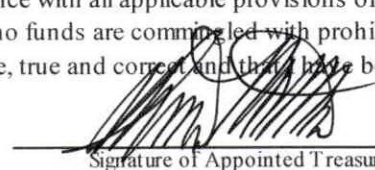


Disclosure Report Cover

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.

WASHTENAW COUNTY
 BOARD OF ELECTIONS

1. Committee Information				
a. Full Name			c. ID Number	
SCHATZMAN FOR SHERIFF			—	
b. Mailing Address (include City, State and Zip Code)			d. Date Filed	
C/O STEPHEN C. MATHIS 2521 BITTING ROAD WINSTON-SALEM, NC 27104			07/09/2018	
			e. Phone Number	
			336-978-8046	
2. Report Year	3. Period Start Date (mm/dd/yy)	4. Period End Date (mm/dd/yy)	5. Treasurer Full Name	
2018	04/22/2018	06/30/2018	STEPHEN MATHIS	
6. Type of Committee (Check One)		9. Type of Report (check only one type of report from one category)		
<input checked="" type="checkbox"/> Candidate Campaign <input type="checkbox"/> Party <input type="checkbox"/> Joint Fundraiser <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Legal Expense Fund		Municipal <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		
		State/County <input type="checkbox"/> Organizational <input type="checkbox"/> Quarterly <input type="checkbox"/> First <input checked="" type="checkbox"/> Second <input type="checkbox"/> Third <input type="checkbox"/> Fourth <input type="checkbox"/> Semi-annual <input type="checkbox"/> Mid Year <input type="checkbox"/> Year End <input type="checkbox"/> Final <input type="checkbox"/> Special		
		Referendum <input type="checkbox"/> Organizational <input type="checkbox"/> Pre-referendum <input type="checkbox"/> Final <input type="checkbox"/> Supplemental Final <input type="checkbox"/> Annual <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"/> Presidential Election Year Candidates Fund <input type="checkbox"/> NC Public Campaign Financing Fund <input type="checkbox"/> Other:				
8. Number of Fundraisers this Report				
0				
3. Account Information		3. Account Information		
a. Financial Institution Full Name		a. Financial Institution Full Name		
SCHATZMAN FOR SHERIFF				
b. Purpose	c. Account Code	b. Purpose	c. Account Code	
CAMPAIGN ACTIVITY	100			
	d. Period Begin Balance		d. Period Begin Balance	
	\$ 51,132.14		\$	
CERTIFICATION				
I certify that the Committee or Fund is in compliance with all applicable provisions of Article 22A, 22B & 22D-22M of Chapter 163 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				
 Printed Name of Signer		 Signature of Appointed Treasurer		11 07/09/2018 Date
FOR OFFICE USE ONLY				
Date Received:	7/11/18	Employee:	Delivery Method <input type="checkbox"/> Normal Mail <input type="checkbox"/> Registered Mail <input checked="" type="checkbox"/> Hand Delivered <input type="checkbox"/> Electronically Filed	
Date Postmarked:		Employee:	<input type="checkbox"/> Signer has not received mandatory training	
Date Scanned:		Employee:		
Date Data Entered:		Employee:		
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

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	2018 Second Quarter	-	
Start of Election Cycle: January 1, <u>2015</u>		Total this Reporting Period	Total this Election Cycle
4) Cash on Hand at Start		\$ 51,132.14	\$ 7,676.12
RECEIPTS			
5) Aggregated Contributions from Individuals	(CRO-1205)	\$ 35.00	\$ 1,800.00
6) Contributions from Individuals	(CRO-1210)	\$ 2,595.48	\$ 64,919.64
7) Contributions from Political Party Committees	(CRO-1220)	\$ 0.00	\$ 0.00
8) Contributions from Other Political Committees	(CRO-1230)	\$ 0.00	\$ 250.00
9) Loan Proceeds	(CRO-1410)	\$ 0.00	\$ 0.00
10) Refunds/Reimbursements to the Committee	(CRO-1240)	\$ 0.00	\$ 0.00
11) Other Receipt Sources			
11a) Interest on Bank Accounts	(CRO-1250)	\$ 18.77	\$ 55.64
11b) Contributions from Not-For-Profit Organizations	(CRO-1250)	\$ 0.00	\$ 0.00
11c) Outside Sources of Income	(CRO-1250)	\$ 0.00	\$ 0.00
11d) Legal Expense Fund - Other Sources	(CRO-1270)	\$ 0.00	\$ 0.00
11e) Exempt Purchase Price Sales	(CRO-1265)	\$ 0.00	\$ 0.00
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9,10,11a,11b,11c,11d and 11e)		\$ 2,649.25	\$ 67,025.28
EXPENDITURES			
13) Disbursements			
13a) Operating Expenditures	(CRO-1310)	\$ 1,000.00	\$ 2,271.69
13b) Contributions to Candidates/Political Committees	(CRO-1310)	\$ 0.00	\$ 1,000.00
13c) Coordinated Party Expenditures	(CRO-1310)	\$ 0.00	\$ 0.00
14) Aggregated Non-Media Expenditures		(CRO-1315)	\$ 0.00
15) Loan Repayments		(CRO-1420)	\$ 0.00
16) Refunds/Reimbursements from the Committee		(CRO-1320)	\$ 620.48
17) In-Kind Contributions		(CRO-1510)	\$ 620.48
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)		\$ 2,240.96	\$ 23,160.97
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)		\$ 51,540.43	\$ 51,540.43
ADDITIONAL INFORMATION			
20) Non-Monetary Gifts Given to Other Committees		(CRO-1330)	\$ 0.00
21) Outstanding Loans (incl. ones from other campaigns)		(CRO-1430)	\$ 0.00
22) Debts and Obligations owed by the Committee		(CRO-1610)	\$ 0.00
23) Debts and Obligations owed to the Committee		(CRO-1620)	\$ 0.00
24) Account Transfers Within the Committee		(CRO-1720)	\$ 0.00
25) Administrative Support		(CRO-1710)	\$ 0.00
26) Forgiven Loans		(CRO-1440)	\$ 0.00
27) 48-Hour Notice Reports Sum		(CRO-2220)	\$ 0.00
28) Contributions to be Refunded		(CRO-1215)	\$ 0.00

Contributions from Individuals

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		
GRAZIANO CAMASTRA 3133 ALLERTON LAKE DRIVE WINSTON SALEM, NC 27106			CAR WASH				
			c. Employer's Name/Specific Field				
			MARCOS		e. Election Sum to Date		
					\$ 200.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description		j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	100	Check			05/11/2018	\$ 200.00	
<input type="checkbox"/>						\$	
<input type="checkbox"/>						\$	
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		
ROBERT DRDAK 121 TALL PINES COURT LAKE WYLIE, SC 29710			SELF-EMPLOYED				
			c. Employer's Name/Specific Field				
			Justice, Public Order, and Safety Activities		e. Election Sum to Date		
					\$ 1,000.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description		j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	100	Check			06/01/2018	\$ 1,000.00	
<input type="checkbox"/>						\$	
<input type="checkbox"/>						\$	
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		
A FRED HARTLAGE JR 3741 FRATERNITY CHURCH ROAD WINSTON SALEM, NC 27127			RETIRED				
			c. Employer's Name/Specific Field				
			N/A		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	
<input type="checkbox"/>	100	Check			05/11/2018	\$ 100.00	
<input type="checkbox"/>						\$	
<input type="checkbox"/>						\$	
4. Total only this Page						\$ 1,300.00	
5. Total of ALL CRO-1210 Pages <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>						\$ 2,595.48	

Contributions from Individuals

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	
KELLY KING 108 WESTHAVEN CIRCLE WINSTON SALEM, NC 27104 (336) 760-2305			BANKER			
			c. Employer's Name/Specific Field			
			BB&T		e. Election Sum to Date	
					\$ 500.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	100	Check		05/11/2018	\$ 500.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
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	
ROGER RIGGS 101 FERNLEAF LANE WINSTON SALEM, NC 27106 (336) 639-3059			RETIRED			
			c. Employer's Name/Specific Field			
			N/A		e. Election Sum to Date	
					\$ 75.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	100	Check		05/11/2018	\$ 75.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
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	
WILLIAM SCHATZMAN 3450 KIRKLEES ROAD WINSTON SALEM, NC 27104 (336) 917-7127			SHERIFF			
			c. Employer's Name/Specific Field			
			FORSYTH COUNTY		e. Election Sum to Date	
					\$ 9,324.16	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	100	In-Kind	CAMPAIGN MEETING & MEAL	04/22/2018	\$ 39.71	
<input type="checkbox"/>	100	In-Kind	CAMPAIGN MEETING & MEAL	05/12/2018	\$ 161.11	
<input type="checkbox"/>	100	In-Kind	CAMPAIGN MEETING & MEAL	05/17/2018	\$ 24.70	
4. Total only this Page					\$ 800.52	
5. Total of ALL CRO-1210 Pages <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>					\$ 2,595.48	

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 <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
MICHAEL SLOAN 105 SYCAMORE COMMONS LANE ADVANCE, NC 27006 (336) 414-1997			TRAVEL CONSULTANT			
			c. Employer's Name/Specific Field			
			CRUISE CONNECTIONS		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	
<input type="checkbox"/>	100	Check		04/23/2018	\$ 100.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
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	
DARE THARPE 113 WESTHAVEN CIRCLE WINSTON SALEM, NC 27104 (336) 416-1054			RETIRED			
			c. Employer's Name/Specific Field			
			NONE		e. Election Sum to Date	
					\$ 394.96 0.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	100	In-Kind	ELECTION NIGHT PARTY	05/08/2018	\$ 394.96	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 494.96	
5. Total of ALL CRO-1210 Pages <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>					\$ 2,595.48	

Other Receipt Sources

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 <i>(Please use separate CRO-1250 forms for each type of Receipt Source.)</i>					
<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	
CAPITAL BANK PO BOX 84 MEMPHIS, TN 38101 (888) 227-2792				c. Outside Source Explanation	
				e. Election Sum to Date	
				\$ <u>55.64</u> 43.36	
f. Account Code	g. Form of Payment	h. In-Kind Description	i. Date (mm/dd/yyyy)	j. Amount	
100	Electric Funds Tran		05/28/2018	\$ 5.87	
100	Electric Funds Tran		05/31/2018	\$ 0.62	
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	
CAPITAL BANK PO BOX 84 MEMPHIS, TN 38101 (888) 227-2792				c. Outside Source Explanation	
				e. Election Sum to Date	
				\$ <u>↑</u> 5.98	
f. Account Code	g. Form of Payment	h. In-Kind Description	i. Date (mm/dd/yyyy)	j. Amount	
100	Electric Funds Tran		04/30/2018	\$ 5.98	
				\$	
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	
CAPITAL BANK PO BOX 84 MEMPHIS, TN 38101 (888) 227-2792				c. Outside Source Explanation	
				e. Election Sum to Date	
				\$ <u>↑</u> 6.30	
f. Account Code	g. Form of Payment	h. In-Kind Description	i. Date (mm/dd/yyyy)	j. Amount	
100	Electric Funds Tran		06/29/2018	\$ 6.30	
				\$	
5. Total only this Page				\$ 18.77	
6. Total of ALL CRO-1250 Pages				\$ 18.77	
<i>(This line goes in line 11a of Detailed Summary Page CRO-1100 if Interest)</i> <i>(This line goes in line 11b of Detailed Summary Page CRO-1100 if Not-for-Profit Contribution)</i> <i>(This line goes in line 11c of Detailed Summary Page CRO-1100 if Outside Sources of Income)</i>					

Disbursements

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 <i>(Please use separate CRO-1310 forms for each type of Disbursement.)</i>							
<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 <i>(include city, state, & zip)</i>				b. Coordinated Committee Name		d. Comments	
NICK ALLEN 4830 BALSOM ROAD WINSTON SALEM, NC 27040 (336) 462-6016							
				c. Level Registered (Specify)		e. Election Sum to Date	
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:			
						\$ 400.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
100	Check	O	05/14/2018	\$ 400.00	SIGN PLACEMENT		
				\$			
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone <i>(include city, state, & zip)</i>				b. Coordinated Committee Name		d. Comments	
LARRY LAWTER 199 PEMBROOK RIDGE CT ADVANCE, NC 27006							
				c. Level Registered (Specify)		e. Election Sum to Date	
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:			
						\$ 300.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
100	Check	O	05/14/2018	\$ 300.00	SIGN PLACEMENT		
				\$			
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone <i>(include city, state, & zip)</i>				b. Coordinated Committee Name		d. Comments	
MRS TOAST GRAPHIC DESIGN 2710 LULLINGTON DRIVE WINSTON SALEM, NC 27103 (336) 782-2501							
				c. Level Registered (Specify)		e. Election Sum to Date	
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:			
						\$ 100.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
100	Check	A	04/25/2018	\$ 100.00	BILLBOARD & MAILER DESIGN		
				\$			
5. Total only this Page						\$ 800.00	
6. Total of ALL CRO-1310 Pages						\$ 1,000.00	
<i>(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)</i> <i>(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)</i> <i>(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)</i>							
7. Purpose Codes <i>(List detailed expenditure code in (h.) above)</i>							
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)							

Disbursements

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 <i>(Please use separate CRO-1310 forms for each type of Disbursement.)</i>							
<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	
WILLIAM J SCHATZMAN 3450 KIRKLEES ROAD WINSTON SALEM, NC 27104 (336) 309-9269							
				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	
						\$ 200.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
100	Check	O	05/14/2018	\$ 200.00	SIGN PLACEMENT		
				\$			
5. Total only this Page						\$ 200.00	
6. Total of ALL CRO-1310 Pages							
<i>(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)</i>							
<i>(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)</i>						\$ 1,000.00	
<i>(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)</i>							
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)				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		g. Comments
WILLIAM SCHATZMAN 3450 KIRKLEES ROAD WINSTON SALEM, NC 27104 (336) 917-7127			<input type="checkbox"/> Candidate <input type="checkbox"/> PAC		
			<input type="checkbox"/> Referendum <input type="checkbox"/> Party		
			e. Level Registered (Specify)		
b. Job Title/Profession			c. Employer's Name/Specific Field		f. Purpose Code
SHERIFF			FORSYTH COUNTY		P
					h. Original Receipt Date
					04/22/2018
					i. Original Receipt Amount
					\$ 39.71
					j. Election Sum to Date
					\$ 9,324.16
k. Account Code	l. Form of Payment	m. Required Remarks		n. Date (mm/dd/yyyy)	o. Amount
100	Check	CAMPAIGN MEETING & MEAL		05/14/2018	\$ 39.71
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		g. Comments
WILLIAM SCHATZMAN 3450 KIRKLEES ROAD WINSTON SALEM, NC 27104 (336) 917-7127			<input type="checkbox"/> Candidate <input type="checkbox"/> PAC		
			<input type="checkbox"/> Referendum <input type="checkbox"/> Party		
			e. Level Registered (Specify)		
b. Job Title/Profession			c. Employer's Name/Specific Field		f. Purpose Code
SHERIFF			FORSYTH COUNTY		P
					h. Original Receipt Date
					05/17/2018
					i. Original Receipt Amount
					\$ 24.70
					j. Election Sum to Date
					\$ 9,324.16
k. Account Code	l. Form of Payment	m. Required Remarks		n. Date (mm/dd/yyyy)	o. Amount
100	Check	CAMPAIGN MEETINGS & MEALS		05/22/2018	\$ 185.81
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		g. Comments
DARE THARPE 113 WESTHAVEN CIRCLE WINSTON SALEM, NC 27104 (336) 416-1054			<input type="checkbox"/> Candidate <input type="checkbox"/> PAC		
			<input type="checkbox"/> Referendum <input type="checkbox"/> Party		
			e. Level Registered (Specify)		
b. Job Title/Profession			c. Employer's Name/Specific Field		f. Purpose Code
RETIRED			NONE		P
					h. Original Receipt Date
					05/08/2018
					i. Original Receipt Amount
					\$ 394.96
					j. Election Sum to Date
					\$ 0.00
k. Account Code	l. Form of Payment	m. Required Remarks		n. Date (mm/dd/yyyy)	o. Amount
100	Check	REIMB FOR ELECTION NIGHT PARTY		05/14/2018	\$ 394.96
4. Total only this Page					\$ 620.48
5. Total of ALL CRO-1320 Pages (This line must be on line 15 of Detailed Summary Page CRO-1100)					\$ 620.48
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-Kin		O* Other			
* Codes require detailed explanation in required remarks field (m)					

In-Kind Contributions

Amendment	
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> 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	c. Comments
WILLIAM SCHATZMAN 3450 KIRKLEES ROAD WINSTON SALEM, NC 27104 (336) 917-7127		<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Candidate <input type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Other Receipt Source	
			d. Election Sum to Date
			\$ 9,324.16
e. Description		f. Date (mm/dd/yyyy)	g. Fair Market Amount
CAMPAIGN MEETING & MEAL		04/22/2018	\$ 39.71
CAMPAIGN MEETING & MEAL		05/12/2018	\$ 161.11
CAMPAIGN MEETING & MEAL		05/17/2018	\$ 24.70
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	c. Comments
DARE THARPE 113 WESTHAVEN CIRCLE WINSTON SALEM, NC 27104 (336) 416-1054		<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Candidate <input type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Other Receipt Source	
			d. Election Sum to Date
			\$ 394.96 0.00
e. Description		f. Date (mm/dd/yyyy)	g. Fair Market Amount
ELECTION NIGHT PARTY		05/08/2018	\$ 394.96
			\$
			\$
4. Total only this Page			\$ 620.48
5. Total of ALL CRO-1510 Pages (This line must be on line 17 of Detailed Summary Page CRO-1100)			\$ 620.48