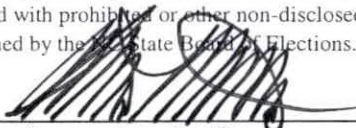


Disclosure Report Cover

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

2018 OCT 29 PM 12:40				
1. Committee Information		c. ID Number		
a. Full Name Schatzman for Sheriff RECEIVED		-		
b. Mailing Address (include City, State and Zip Code) 90 Stephen C. Mathis 2521 Bitting Rd. Winston-Salem, NC 27104		d. Date Filed 10/29/2018		e. Phone Number 336-978-8046
2. Report Year 2018	3. Period Start Date (mm/dd/yy) 7/1/2018	4. Period End Date (mm/dd/yy) 10/20/2018	5. Treasurer Full Name 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"/> 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		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		
7. Type of Fund (if applicable, check one)		State/County		Referendum
<input type="checkbox"/> Booster Fund <input type="checkbox"/> Building Fund <input type="checkbox"/> Other:		<input type="checkbox"/> Organizational Quarterly <input type="checkbox"/> First <input type="checkbox"/> Second <input checked="" type="checkbox"/> Third <input type="checkbox"/> Fourth Semi-annual <input type="checkbox"/> Mid Year <input type="checkbox"/> Year End <input type="checkbox"/> Final <input type="checkbox"/> Special		<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
8. Number of Fundraisers this Report 1		10. Special Report Name -		
11. Account Information		11. Account Information		
a. Financial Institution Full Name Capital Bank		a. Financial Institution Full Name -		
b. Purpose Campaign Activity	c. Account Code 100	b. Purpose -	c. Account Code -	
	d. Period Begin Balance \$ 51,540.43		d. Period Begin Balance \$ -	
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 of Elections.				
Stephen C Mathis Printed Name of Signer		 Signature of Appointed Treasurer		10/29/2018 Date
FOR OFFICE USE ONLY				
Date Received:	10/29/18	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:		
<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. You must amend the Statement of Organization (CRO-2100A-E) to make committee changes.</p>				

Detailed Summary

Amendment	
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> 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			-
Start of Election Cycle: January 1, 2015		Total this Reporting Period	Total this Election Cycle
4) Cash on Hand at Start		\$ 57,540.43	\$ 7,676.12
RECEIPTS			
5) Aggregated Contributions from Individuals	(CRO-1205)	\$ 25.00	\$ 1,825.00
6) Contributions from Individuals	(CRO-1210)	\$ 35,088.20	\$ 100,007.84
7) Contributions from Political Party Committees	(CRO-1220)	\$ 75.00	\$ 75.00
8) Contributions from Other Political Committees	(CRO-1230)	\$ 500.00	\$ 750.00
9) Loan Proceeds	(CRO-1410)	\$ -	\$ -
10) Refunds/Reimbursements to the Committee	(CRO-1240)	\$ -	\$ -
11) Other Receipt Sources			
11a) Interest on Bank Accounts	(CRO-1250)	\$ 19.85	\$ 75.49
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)		\$ 35,708.05	\$ 102,733.33
EXPENDITURES			
13) Disbursements			
13a) Operating Expenditures	(CRO-1310)	\$ 6,771.13	\$ 9,042.82
13b) Contributions to Candidates/Political Committees	(CRO-1310)	\$ -	\$ 1,000.00
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)	\$ 713.20	\$ 10,657.84
17) In-Kind Contributions	(CRO-1510)	\$ 713.20	\$ 10,657.84
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)		\$ 8,197.53	\$ 31,358.50
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)		\$ 79,050.95	\$ 79,050.95
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)	\$ 3,167.86	
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)	\$ -	\$ -

Aggregated Contributions from Individuals

Page 1 of 1

Amendment Yes No

Optional form used to report NC Contributions From Individuals of \$50 or less

1. Committee Full Name (and Fund if applicable)					2. ID Number
Schatzman for Sheriff					-
3. Contributor Information					
a. Amend	b. Account Code	c. Form of Payment	d. In-Kind Description	e. Date (mm/dd/yyyy)	f. Amount
<input type="checkbox"/> Add	100	check	-	10/8/18	\$ 25.00
<input type="checkbox"/> Remove					
<input type="checkbox"/> Add					\$
<input type="checkbox"/> Remove					\$
<input type="checkbox"/> Add					\$
<input type="checkbox"/> Remove					\$
<input type="checkbox"/> Add					\$
<input type="checkbox"/> Remove					\$
<input type="checkbox"/> Add					\$
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<input type="checkbox"/> Remove					\$
<input type="checkbox"/> Add					\$
<input type="checkbox"/> Remove					\$
<input type="checkbox"/> Add					\$
<input type="checkbox"/> Remove					\$
<input type="checkbox"/> Add					\$
<input type="checkbox"/> Remove					\$
4. Total only this Page					\$ 25.00
5. Total of ALL CRO-1205 Pages					\$ 25.00
<small>(This line must be on line 5 of Detailed Summary Page CRO-1100)</small>					

Contributions from Individuals

Pg 1 of 16

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	
David Morgan 3720 Coral Garden Lane Winston-Salem, NC 27106 336-414-1111			VP		
			c. Employer's Name/Specific Field	e. Election Sum to Date	
			CANAM	\$ 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	—	7/12/18	\$ 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	
G. Bruce Sprinkle 309 Trinity Church Rd. King, NC 27021 336-817-5336			Retired		
			c. Employer's Name/Specific Field	e. Election Sum to Date	
			N/A	\$ 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	—	7/26/18	\$ 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	
Zack Sharpe 122 Meadows Edge Dr. Advance, NC 27006 336-671-9118			Owner		
			c. Employer's Name/Specific Field	e. Election Sum to Date	
			Sharpe Co.	\$ 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	—	8/17/18	\$ 1,000.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$
4. Total only this Page				\$ 1,600.00	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)				\$	

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	
Ron Joyce 4787 Kinnamon Rd. Winston-Salem, NC 27103 336-406-0229			owner		
			c. Employer's Name/Specific Field	e. Election Sum to Date	
			Joyce Farms	\$ 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	—	8/17/18	\$ 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	
Herbert N Thomas, Jr. PO Box 1665 Clemmons, NC 27012 336-830-2220			Retired		
			c. Employer's Name/Specific Field	e. Election Sum to Date	
			N/A	\$ 4,000.00	
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	—	8/17/18	\$ 2,000.00
<input checked="" type="checkbox"/>	100	check	—	11/1/17	\$ 2,000.00
<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	
Kevin Geenty 324 Three Mile Course Guildford, CT 06437 203-507-7814			Commercial Realtor		
			c. Employer's Name/Specific Field	e. Election Sum to Date	
			Geenty, Inc.	\$ 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	—	8/17/18	\$ 500.00
<input checked="" type="checkbox"/>	100	check	—	3/23/18	\$ 500.00
<input type="checkbox"/>					\$
4. Total only this Page					\$ 3,500.00
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$

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	
Jimmy Sapos, Jr. 224 Fintshire Rd Winston-Salem, NC 27104 336-760-2450				Retired		
				c. Employer's Name/Specific Field	e. Election Sum to Date	
				N/A	\$ 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	—	8/17/18	\$ 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	
Mark Thompson 1117 Englewood Ave Winston-Salem, NC 27106 336-768-7230				Investment Advisor		
				c. Employer's Name/Specific Field	e. Election Sum to Date	
				Salem Investment Advisors	\$ 250.00	
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	—	8/17/18	\$ 250.00	
<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	
Susan Albright 206 Kensington Rd. Greensboro, NC 27403 336-703-2030				CPA		
				c. Employer's Name/Specific Field	e. Election Sum to Date	
				Robertson Neal & Co.	\$ 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	—	8/17/18	\$ 250.00	
<input checked="" type="checkbox"/>	100	check	—	3/23/18	\$ 250.00	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 600.00	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$	

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	
Wanda Walker 353 Jonestown Rd, Ste 159 Winston-Salem, NC 27104 336-765-9499			Retired			
			c. Employer's Name/Specific Field			
			N/A		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	—	8/17/18	\$ 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	
Gary Walker 353 Jonestown Rd, Ste 159 Winston-Salem, NC 27104 336-765-9499			Retired			
			c. Employer's Name/Specific Field			
			N/A		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	—	8/17/18	\$ 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	
C. David Gelly 3205 Manchester Ave Winston-Salem, NC 27103 336-493-2673			Author			
			c. Employer's Name/Specific Field			
			self-employed		e. Election Sum to Date	
					\$ 250.00	
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	—	8/23/18	\$ 250.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 1,250.00	
5. Total of ALL CRO-1210 Pages <small>(This line must be on line 6 of Detailed Summary Page CRO-1100)</small>					\$	

Contributions from Individuals

Pg 5 of 16

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	
David Rea 503 Bing Crosby Blvd. Advance, NC 27006 336-768-7230			Investment Advisor		
			c. Employer's Name/Specific Field	e. Election Sum to Date	
			Salem Investments	\$ 250.00	
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	—	9/7/18	\$ 250.00
<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	
Nicholas Verano III 120 Club Oaks Ct. Winston-Salem, NC 27104 336-918-4651			Real Estate Advisor		
			c. Employer's Name/Specific Field	e. Election Sum to Date	
			Sentinel	\$ 250.00	
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	—	9/7/18	\$ 250.00
<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	
Sam Ogburn 2938 Buena Vista Rd Winston-Salem, NC 27106 336-722-1122			Real Estate		
			c. Employer's Name/Specific Field	e. Election Sum to Date	
			Home Real Estate Company	\$ 550.00	
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	—	9/24/18	\$ 250.00
<input checked="" type="checkbox"/>	100	check	—	2/8/18	\$ 300.00
<input type="checkbox"/>					\$
4. Total only this Page					\$ 750.00
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$

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		
Vincent Townsend 1913 Bear Hill Ct Kernersville, NC 27284 336-993-7261		Telecom			
		c. Employer's Name/Specific Field			
		Pay Tel communications, Inc.			
		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	—	9/24/18	\$ 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		
Penny Teague PO Box 24788 Winston-Salem, NC 27114 336-725-2828		none			
		c. Employer's Name/Specific Field			
		none			
		e. Election Sum to Date	\$ 10,000.00		
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	—	9/24/18	\$ 5,000.00
<input checked="" type="checkbox"/>	100	check	—	9/25/17	\$ 5,000.00
<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		
Thomas L. Teague PO Box 24788 Winston-Salem, NC 27114 336-768-6800		Executive			
		c. Employer's Name/Specific Field			
		Salem Leasing			
		e. Election Sum to Date	\$ 10,000.00		
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	—	9/24/18	\$ 5,000.00
<input checked="" type="checkbox"/>	100	check	—	9/21/17	\$ 5,000.00
<input type="checkbox"/>					\$
4. Total only this Page					\$ 11,000.00
5. Total of ALL CRO-1210 Pages					\$
<i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>					

Contributions from Individuals

Pg 7 of 16

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	
Nancy Epperson 3780 Will Scarlet Rd. Winston-Salem, NC 27104 336-265-7438			Retired		
			c. Employer's Name/Specific Field		
			N/A		
			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	—	9/25/18	\$ 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	
Jeffery Ausband 4055 Starford Mill Rd. Germanton, NC 27109 336-829-1216			Retired		
			c. Employer's Name/Specific Field		
			N/A		
			e. Election Sum to Date		
				\$ 700.00	
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	—	9/25/18	\$ 200.00
<input checked="" type="checkbox"/>	100	check	—	10/22/18	\$ 500.00
<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	
Leslie Baker, Jr. 2034 Buena Vista Rd. Winston-Salem, NC 27104 336-725-9124			Retired		
			c. Employer's Name/Specific Field		
			N/A		
			e. Election Sum to Date		
				\$ 6,000.00	
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	—	9/25/18	\$ 1,000.00
<input checked="" type="checkbox"/>	100	check	—	10/4/18	\$ 5,000.00
<input type="checkbox"/>					\$
4. Total only this Page					\$ 1,400.00
5. Total of ALL CRO-1210 Pages <small>(This line must be on line 6 of Detailed Summary Page CRO-1100)</small>					\$

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	
Melissa Blunkall 325 Carolina Circle Winston-Salem, NC 27104 336-830-4126				Owner			
				c. Employer's Name/Specific Field		e. Election Sum to Date	
				Fresh out of the Box		\$ 250.00	
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	—	9/25/18	\$ 250.00		
<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	
James Broyhill 525 N Hawthorne Rd Winston-Salem, NC 27104 336-972-1000				Owner			
				c. Employer's Name/Specific Field		e. Election Sum to Date	
				Broyhill Group		\$ 2,000.00	
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	—	9/25/18	\$ 2,000.00		
<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	
Penn Broyhill 42 Park Boulevard Winston-Salem, NC 27127 336-575-6459				Lawyer			
				c. Employer's Name/Specific Field		e. Election Sum to Date	
				Forsyth County		\$	
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	—	9/25/18	\$ 75.00		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
4. Total only this Page						\$ 2,325.00	
5. Total of ALL CRO-1210 Pages						\$	
(This line must be on line 6 of Detailed Summary Page CRO-1100)							

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	
Kenneth Carlson, Jr. 1281 Chester Road Winston-Salem, NC 27104 336-972-6228			Lawyer		
			c. Employer's Name/Specific Field	e. Election Sum to Date	
			Constangy, Brooks Smith + Prophete, LLP	\$ 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	—	9/25/18	\$ 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	
James Cook 6432 Rideout Way Winston-Salem, NC 27105 336-293-8126			VP		
			c. Employer's Name/Specific Field	e. Election Sum to Date	
			Hanes Brand, Inc	\$ 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	—	9/25/18	\$ 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	
R. L. Dalton, Jr. 2180 Harper Rd. Clemmons, NC 27012 336-407-4882			Retired		
			c. Employer's Name/Specific Field	e. Election Sum to Date	
			N/A	\$ 2,000.00	
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	—	9/25/18	\$ 2,000.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$
4. Total only this Page					\$ 3,000.00
5. Total of ALL CRO-1210 Pages					\$
<i>(This line must be on line 6 of Detailed Summary, Page CRO-1100)</i>					

Contributions from Individuals

Pg 10 of 16 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
Susan Doran 518 Tanners Park Court Winston-Salem, NC 27101 336-263-0572				Staff		
				c. Employer's Name/Specific Field		e. Election Sum to Date
				Forsyth Humane Society		\$ 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	—	9/25/18	\$ 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
Hal Kaplan PO Box 609 Lewisville, NC 27023 336-766-7374				CEO		
				c. Employer's Name/Specific Field		e. Election Sum to Date
				Kaplan Learning		\$ 300.00
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	—	9/25/18	\$ 300.00	
<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
Stephen Phelps 207 Westhaven Circle Winston-Salem, NC 27104 336-978-2985				officer		
				c. Employer's Name/Specific Field		e. Election Sum to Date
				Stephens, Inc.		\$ 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	—	9/25/18	\$ 250.00	
<input checked="" type="checkbox"/>	100	check	—	2/16/18	\$ 250.00	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 650.00	
5. Total of ALL CRO-1210 Pages					\$	
<small>(This line must be on line 6 of Detailed Summary Page CRO-1100)</small>						

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	
Edward Powell 778 Oaklawn Avenue Winston-Salem, NC 27104 336-406-9075			Attorney			
			c. Employer's Name/Specific Field		e. Election Sum to Date	
			Melvin + Powell		\$ 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	—	9/25/18	\$ 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	
Henry Roemer III 366 Arbor Road Winston-Salem, NC 27104 336-723-4311			Attorney			
			c. Employer's Name/Specific Field		e. Election Sum to Date	
			Finger, Roemer, Brown + Mariani, LLP		\$ 250.00	
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	—	9/25/18	\$ 250.00	
<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	
Henry C. Roemer, Jr. 341 Arbor Road Winston-Salem, NC 27104 336-723-4311			Attorney			
			c. Employer's Name/Specific Field		e. Election Sum to Date	
			Finger, Roemer, Brown + Mariani, LLP		\$ 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	—	9/25/18	\$ 1,000.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 1,350.00	
5. Total of ALL CRO-1210 Pages					\$	
<small>(This line must be on line 6 of Detailed Summary Page CRO-1100)</small>						

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		
Dara Silver 1000 W End Blvd Winston-Salem, NC 27104 336-508-2687		Director			
		c. Employer's Name/Specific Field			
		Arts Council of WS			
		e. Election Sum to Date			
		\$ 150.00			
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	—	9/25/18	\$ 150.00
<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		
Thomas Sizemore, Jr. 1984 Runnymede Dr. Winston-Salem, NC 27104 336-765-1681		Retired			
		c. Employer's Name/Specific Field			
		N/A			
		e. Election Sum to Date			
		\$ 3,000.00			
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	—	9/25/18	\$ 2,000.00
<input checked="" type="checkbox"/>	100	check	—	10/26/17	\$ 1,000.00
<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 Spencer 367 Pine Valley Road Winston-Salem, NC 27104 336-722-4129		owner			
		c. Employer's Name/Specific Field			
		JKS			
		e. Election Sum to Date			
		\$ 1,500.00			
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	—	9/26/18	\$ 1,000.00
<input checked="" type="checkbox"/>	100	check	—	12/11/17	\$ 500.00
<input type="checkbox"/>					\$
4. Total only this Page					\$ 3,150.00
5. Total of ALL CRO-1210 Pages					\$
<small>(This line must be on line 6 of Detailed Summary Page CRO-1100)</small>					

Contributions from Individuals

Pg 13 of 16

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		
Cynthia Sutton 709 Roslyn Rd Winston-Salem, NC 27104 336-724-7718		Sr Advisor			
		c. Employer's Name/Specific Field			
		Crosby Scholars			
		e. Election Sum to Date			
		\$ 150.00			
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	—	9/26/18	\$ 150.00
<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		
John Gehring PO Box 575 Walnut Cove, NC 27052 336-591-4318		Attorney			
		c. Employer's Name/Specific Field			
		Self-employed			
		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	—	9/25/18	\$ 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		
John-Mark Mitchell 574 South Stratford Rd. Winston-Salem, NC 27103 336-682-2552		Real Estate			
		c. Employer's Name/Specific Field			
		John-Mark Mitchell's Realty Group			
		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	—	10/8/18	\$ 500.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$
4. Total (only this page)					\$ 1,150.00
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$

Contributions from Individuals

Pg 14 of 16

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) Schatzman for Sheriff						2. ID Number —
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip) John Hoyle 408 Roslyn Rd Winston-Salem, NC 27104 336-971-6480			b. Job Title/Profession Physician		d. Comments	
			c. Employer's Name/Specific Field Novant Health		e. Election Sum to Date \$ 250.00	
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	—	10/8/18	\$ 250.00	
<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) Pamela Sanders 751 N Stratford Rd. Winston-Salem, NC 27104 336-721-9977			b. Job Title/Profession N/A		d. Comments	
			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	—	10/8/18	\$ 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) Thomas L. Deleot 120 Sullivan Way Winston-Salem, NC 27104 800-732-1113			b. Job Title/Profession Insurance		d. Comments	
			c. Employer's Name/Specific Field Benefit Service Company		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	—	10/8/18	\$ 500.00	
<input type="checkbox"/>	100	check	—	10/15/18	\$ 500.00	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 1,350.00	
5. Total of ALL CRO-1210 Pages					\$	
<small>(This line must be on line 6 of Detailed Summary Page CRO-1100)</small>						

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	
Jeffrey Howard 237 Riverbend Drive Mooresville, NC 28117 336-768-7230				Investments			
				c. Employer's Name/Specific Field			
				Salem Investment Counselors, Inc.		e. Election Sum to Date	
						\$ 300.00	
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	—	10/15/18	\$ 300.00		
<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	
Leonard Murray 2812 Allgood Rd Yadkinville, NC 27055				Software			
				c. Employer's Name/Specific Field			
				Curb Forms, Inc.		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	—	10/15/18	\$ 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	
Donald Tisdale 280 Stanton Drive Winston-Salem, NC 27106 336-765-7926				Retired			
				c. Employer's Name/Specific Field			
				N/A		e. Election Sum to Date	
						\$ 1,500.00	
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	—	10/15/18	\$ 500.00		
<input checked="" type="checkbox"/>	100	check	—	4/13/18	\$ 1,000.00		
<input type="checkbox"/>					\$		
4. Total only this Page						\$ 1,300.00	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)						\$	

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	
William T. Schatzman 3450 Kinkles Rd, Winston-Salem, NC 27104 336-917-7127				SHERIFF			
				c. Employer's Name/Specific Field		e. Election Sum to Date	
				Forsyth County		\$ ↓	
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	7/5/2018	\$ 27.26		
<input type="checkbox"/>	100	✓ ✓	Campaign meeting + meal	7/11/2018	\$ 207.40		
<input type="checkbox"/>	100	✓ ✓		7/10/2018	\$ 263.80		
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 T. Schatzman (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"/>	100	✓ ✓	Post Office Box	8/7/2018	\$ 41.00		
<input type="checkbox"/>	100	✓ ✓	Stamps	8/21/2018	\$ 100.00		
<input type="checkbox"/>	100	✓ ✓	Campaign Meeting + meal	9/6/2018	\$ 16.18		
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 T. Schatzman (cont)				✓			
				c. Employer's Name/Specific Field		e. Election Sum to Date	
				✓ ✓		\$ 10,037.36	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>	100	✓ ✓	Campaign Meeting + meal	9/24/18	\$ 57.56		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
4. Total only this Page					\$ 713.20		
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$ 35,088.20		

Contributions from Political Party Committees

Pg 1 of 1

Amendment
 Yes No

Use this form to report contributions from a political party

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. Comments	
Forsyth County Republican Women PO Box 30160 Winston-Salem, NC 27130 336-776-5374					
				c. Election Sum to Date	
				\$ 75.00	
d. Account Code	e. Form of Payment	f. In-Kind Description	g. Date (mm/dd/yyyy)	h. Amount	
100	check	-	8/17/18	\$ 75.00	
				\$	
				\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Comments	
				c. Election Sum to Date	
				\$	
d. Account Code	e. Form of Payment	f. In-Kind Description	g. Date (mm/dd/yyyy)	h. Amount	
				\$	
				\$	
				\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Comments	
				c. Election Sum to Date	
				\$	
d. Account Code	e. Form of Payment	f. In-Kind Description	g. Date (mm/dd/yyyy)	h. Amount	
				\$	
				\$	
				\$	
4. Total only this Page				\$ 75.00	
5. Total of ALL CRO-1220 Pages <small>(This line must be on line 7 of Detailed Summary Page CRO-1100)</small>				\$ 75.00	

Contributions from Other Political Committees

Pg 1 of 1

Amendment
 Yes No

Use this form to report contributions from other candidate, referendum or PAC committees

1. Committee Full Name (and Fund if applicable)				2. ID Number:	
Schatzman for Senate				-	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Type of Committee		d. Comments
Dan Barrett for Senate 184 N Hidden brooke Dr. Advance, NC 27006 336-793-0815			<input checked="" type="checkbox"/> Candidate <input type="checkbox"/> PAC		
			<input type="checkbox"/> Referendum		
			c. Level Registered (Specify)		
			<input type="checkbox"/> Federal <input type="checkbox"/> County:		e. Election Sum to Date
			<input checked="" type="checkbox"/> State <input type="checkbox"/> Municipality:		\$ 500.00
f. Account Code	g. Form of Payment	h. In-Kind Description	i. Date (mm/dd/yyyy)	j. Amount	
100	check	-	9/25/8	\$ 500.00	
				\$	
				\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Type of Committee		d. Comments
			<input type="checkbox"/> Candidate <input type="checkbox"/> PAC		
			<input type="checkbox"/> Referendum		
			c. Level Registered (Specify)		
			<input type="checkbox"/> Federal <input type="checkbox"/> County:		e. Election Sum to Date
			<input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$
f. Account Code	g. Form of Payment	h. In-Kind Description	i. Date (mm/dd/yyyy)	j. Amount	
				\$	
				\$	
				\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Type of Committee		d. Comments
			<input type="checkbox"/> Candidate <input type="checkbox"/> PAC		
			<input type="checkbox"/> Referendum		
			c. Level Registered (Specify)		
			<input type="checkbox"/> Federal <input type="checkbox"/> County:		e. Election Sum to Date
			<input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$
f. Account Code	g. Form of Payment	h. In-Kind Description	i. Date (mm/dd/yyyy)	j. Amount	
				\$	
				\$	
				\$	
4. Total only this Page				\$ 500.00	
5. Total of ALL CRO-1230 Pages <small>(This line must be on line 8 of Detailed Summary Page CRO-1100)</small>				\$ 500.00	

Other Receipt Sources

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.)					
<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					
			\$	↓	
f. Account Code	g. Form of Payment	h. In-Kind Description	i. Date (mm/dd/yyyy)	j. Amount	
100	EFT	—	7/31/18	\$ 6.56	
100	EFT	—	8/31/18	\$ 6.39	
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 (cont)					
			\$	75.49	
f. Account Code	g. Form of Payment	h. In-Kind Description	i. Date (mm/dd/yyyy)	j. Amount	
100	EFT	—	9/28/18	\$ 6.90	
				\$	
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		
			\$		
f. Account Code	g. Form of Payment	h. In-Kind Description	i. Date (mm/dd/yyyy)	j. Amount	
				\$	
				\$	
5. Total only this Page				\$ 19.85	
6. Total of ALL CRO-1250 Pages <small>(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)</small>				\$ 19.85	

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): Schatzman for Sheriff						2. ID Number:	
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) Carter Publishing Co, Kernersville News PO Box 337 Kernersville, NC 27285 336-993-2161				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: \$ 560.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
100	check	A	7/23/2018	\$ 495.00	Advertising		
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip) Postmark, Inc, 390 Cassell Street Winston-Salem, NC 27107 336-722-2886				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: \$ 4,635.40	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
100	check	B	8/6/2018	\$ 3,847.25	mailing		
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip) Sir Speedy 1011 Burke St, Winston-Salem, NC 27101 336-722-4109				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: \$ 519.98	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
100	check	B	9/12/2018	\$ 519.98	CARDS + envelopes		
5. Total only this Page						\$ 4,862.23	
6. Total of ALL CRO-1310 Pages (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)							

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): Schatzman For Sheriff						2. ID Number: —	
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): Wooten Graphics, Inc, Drawer 819 Welcome, NC 27374 336-731-4650				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: \$ 1,460.55	
f. Account Code:	g. Form of Payment:	h. Purpose Code:	i. Date (mm/dd/yyyy):	j. Amount:	k. Required Remarks:		
100	check	0	9/25/2018	\$ 1,460.55	signs + fumes		
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip): M & M Engraving + Graphics 2116 S Main St. Winston-Salem, NC 27127 336-722-3131				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: \$ 448.35	
f. Account Code:	g. Form of Payment:	h. Purpose Code:	i. Date (mm/dd/yyyy):	j. Amount:	k. Required Remarks:		
100	check	0	10/10/2018	\$ 448.35	Shadow Box + plate		
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:	
				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:		
				\$			
5. Total only this Page						\$ 1,908.90	
6. Total of ALL CRO-1310 Pages (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)						\$ 6,771.13	
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 3

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	
William T. Schatzman 3450 Kinklees Rd. Winston-Salem, NC 27104 336-917-7127		<input checked="" type="checkbox"/> Candidate <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Party	
		h. Original Receipt Date	
		7/5/2018	
		e. Level Registered	
		<input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:	
		i. Original Receipt Amount	
		\$ 27.26	
		f. Purpose Code	
		P	
		j. Election Sum to Date	
		\$ ↓	
b. Job Title/Profession	c. Employer's Name/Specific Field	g. Comments	k. Account Code
Sheriff	Forsyth County	-	100
l. Form of Payment	m. Required Remarks	n. Date (mm/dd/yyyy)	o. Amount
check	Campaign Meeting + Meal	7/23/2018	\$ 27.26
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	
William T. Schatzman (cont)		<input checked="" type="checkbox"/> Candidate <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Party	
		h. Original Receipt Date	
		7/11/2018	
		e. Level Registered	
		<input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:	
		i. Original Receipt Amount	
		\$ 207.40	
		f. Purpose Code	
		P	
		j. Election Sum to Date	
		\$ ↓	
b. Job Title/Profession	c. Employer's Name/Specific Field	g. Comments	k. Account Code
✓	✓	✓	100
l. Form of Payment	m. Required Remarks	n. Date (mm/dd/yyyy)	o. Amount
check	Campaign Meeting + Meal	7/23/2018	\$ 207.40
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	
William T. Schatzman (cont)		<input checked="" type="checkbox"/> Candidate <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Party	
		h. Original Receipt Date	
		7/10/2018	
		e. Level Registered	
		<input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:	
		i. Original Receipt Amount	
		\$ 263.80	
		f. Purpose Code	
		P	
		j. Election Sum to Date	
		\$ ↓	
b. Job Title/Profession	c. Employer's Name/Specific Field	g. Comments	k. Account Code
✓	✓	✓	100
l. Form of Payment	m. Required Remarks	n. Date (mm/dd/yyyy)	o. Amount
check	Web site maintenance	8/13/2018	\$ 263.80
4. Total only this Page		\$ 498.46	
5. Total of ALL CRO-1320 Pages (This line must be on line 16 of Detailed Summary Page CRO-1100)		\$	
6. Purpose Codes (List detailed disbursement code in (f) above)			
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)			

Refunds/Reimbursements From the Committee

Pg 2 of 3

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	
William T. Schatzman (con't)		<input checked="" type="checkbox"/> Candidate <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Party	
		h. Original Receipt Date	
		8/7/2018	
		e. Level Registered	
		<input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:	
		i. Original Receipt Amount	
		\$ 4/100	
		f. Purpose Code	
		P	
		j. Election Sum to Date	
		\$ ↓	
b. Job Title/Profession	c. Employer's Name/Specific Field	g. Comments	k. Account Code
Sheriff	Forsyth County	-	100
l. Form of Payment	m. Required Remarks	n. Date (mm/dd/yyyy)	o. Amount
check	Post Office Box	8/13/2018	\$ 4/100
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	
William T. Schatzman (con't)		<input checked="" type="checkbox"/> Candidate <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Party	
		h. Original Receipt Date	
		8/21/2018	
		e. Level Registered	
		<input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:	
		i. Original Receipt Amount	
		\$ 100/100	
		f. Purpose Code	
		P	
		j. Election Sum to Date	
		\$ ↓	
b. Job Title/Profession	c. Employer's Name/Specific Field	g. Comments	k. Account Code
✓	✓ ✓	-	100
l. Form of Payment	m. Required Remarks	n. Date (mm/dd/yyyy)	o. Amount
check	Stamps	9/6/2018	\$ 100/100
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	
William T. Schatzman (con't)		<input checked="" type="checkbox"/> Candidate <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Party	
		h. Original Receipt Date	
		9/6/2018	
		e. Level Registered	
		<input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:	
		i. Original Receipt Amount	
		\$ 16/18	
		f. Purpose Code	
		P	
		j. Election Sum to Date	
		\$ ↓	
b. Job Title/Profession	c. Employer's Name/Specific Field	g. Comments	k. Account Code
✓	✓ ✓	-	100
l. Form of Payment	m. Required Remarks	n. Date (mm/dd/yyyy)	o. Amount
check	CAMPAIGN Meeting + meal	9/6/2018	\$ 16/18
4. Total only this Page		\$ 152/18	
5. Total of ALL CRO-1320 Pages (This line must be on line 16 of Detailed Summary Page CRO-1100)		\$	
6. Purpose Codes (List detailed disbursement code in (f) above)			
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)			

Refunds/Reimbursements From the Committee

Pg 3 of 3

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	
William T. Schatzman (cont)		<input checked="" type="checkbox"/> Candidate <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Party	
		h. Original Receipt Date	
		9/24/2018	
		e. Level Registered	
		<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:	
		i. Original Receipt Amount	
		\$ 57.56	
		f. Purpose Code	
		P	
		j. Election Sum to Date	
		\$ 10,037.36	
b. Job Title/Profession	c. Employer's Name/Specific Field	g. Comments	
Sheriff	Forsyth County	-	
		k. Account Code	
		100	
l. Form of Payment	m. Required Remarks	n. Date (mm/dd/yyyy)	o. Amount
check	campaign meeting + meal	10/2/2018	\$ 57.56
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	
-		<input type="checkbox"/> Candidate <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Party	
		h. Original Receipt Date	
		e. Level Registered	
		<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> 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
			\$
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	
-		<input type="checkbox"/> Candidate <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Party	
		h. Original Receipt Date	
		e. Level Registered	
		<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> 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)		\$ 57.56	
5. Total of ALL CRO-1320 Pages (This line must be on line 16 of Detailed Summary Page CRO-1100)		\$ 713.20	
6. Purpose Codes (List detailed disbursement code in (f) above)			
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

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	c. Comments
William T. Schatzman 3450 Kinklees Rd. 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
			\$ ↓
e. Description		f. Date (mm/dd/yyyy)	g. Fair Market Amount
Campaign meeting & meal		7/5/2018	\$ 27.26
Campaign meeting & meal		7/11/2018	\$ 207.40
GoDaddy Website maintenance		7/16/2018	\$ 263.80
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 T. Schatzman (cont)		<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
			\$ ↓
e. Description		f. Date (mm/dd/yyyy)	g. Fair Market Amount
Post Office Box		8/7/2018	\$ 41.00
Stamps		8/21/2018	\$ 100.00
Campaign meeting & meal		9/6/2018	\$ 16.18
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 T. Schatzman (cont)		<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
			\$ 10,037.36
e. Description		f. Date (mm/dd/yyyy)	g. Fair Market Amount
Campaign meeting & meal		9/24/2018	\$ 59.56
			\$
			\$
4. Total only this Page		\$ 713.20	
5. Total of ALL CRO-1510 Pages (This line must be on line 17 of Detailed Summary Page CRO-1100)		\$ 713.20	

Debts and Obligations Owed By the Committee

pg 1 of 1

Amendment	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
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Use this form to report any unpaid debts or obligations owed by the committee, to include campaign credit card purchases.

1. Committee Full Name (and Fund if applicable)		2. ID Number	
Schatzman for Sheriff		-	
3. Creditor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		Note: All payments made toward debts should be listed on form CRO-1310 with the payee listed as this creditor.	
Horn & Stronach 1125 Fallbrook Lane Lewisville, NC 27023 336-414-4497		b. Description of Creditor Media Consulting	
c. Beginning Balance	d. Total Amount Paid	e. Total Amount Incurred	f. Remaining Balance
\$ - 0 -	\$ - 0 -	\$ 3,167.86	\$ 3,167.86
g. Incurred Debts (what the committee received this period)			
g1. Purchase Place Full Name, Mailing Address & Phone (include city, state, & zip)		g2. Date (mm/dd/yyyy)	g3. Amount
Same		10/5/2018	\$ 3,167.86
		g4. Purpose Code	g5. Required Remarks
		A	Advertising
g1. Purchase Place Full Name, Mailing Address & Phone (include city, state, & zip)		g2. Date (mm/dd/yyyy)	g3. Amount
			\$
		g4. Purpose Code	g5. Required Remarks
g1. Purchase Place Full Name, Mailing Address & Phone (include city, state, & zip)		g2. Date (mm/dd/yyyy)	g3. Amount
			\$
		g4. Purpose Code	g5. Required Remarks
g1. Purchase Place Full Name, Mailing Address & Phone (include city, state, & zip)		g2. Date (mm/dd/yyyy)	g3. Amount
			\$
		g4. Purpose Code	g5. Required Remarks
g1. Purchase Place Full Name, Mailing Address & Phone (include city, state, & zip)		g2. Date (mm/dd/yyyy)	g3. Amount
			\$
		g4. Purpose Code	g5. Required Remarks
4. Total only this Page (This should be the sum of all items g3. from this page)		\$ 3,167.86	
5. Total of ALL CRO-1610 Pages (This line must be on line 22 of Detailed Summary Page CRO-1100)		\$ 3,167.86	
6. Purpose Codes (List detailed expenditure code in (g4.))			
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 (g5.)			