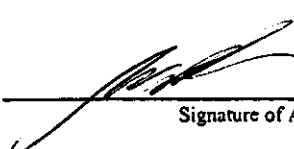


# Disclosure Report Cover Sheet

Please note that this cover sheet cannot be used to amend committee information such as the committee address, treasurer, assistant treasurer, or custodian of books information; or depository information. You must amend the Statement of Organization (CRO-2100) to make those kinds of committee changes.

1. Name of Committee or Fund <b>Schatzman for Sheriff</b>				6. Date <b>AUG 28, 2002</b>	
2. Address <b>3880 Vest Mill Road Suite 9</b>				7. ID Number	
3. City <b>Winston-Salem</b>	4. State <b>NC</b>	5. Zip <b>27103</b>	8. Phone <b>336/794-0988</b>		
9. Type of Report <b>2002 1st QUARTER</b>			10. Period Covered Start <b>1-1-02</b> End <b>4-20-02</b>		11. Amendment <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
12. Type of Committee or Fund (Check one)					
<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"/> Soft Money Account	
<input type="checkbox"/> Other Fund:				<input type="checkbox"/> "Booster Fund"	
				<input type="checkbox"/> Building Fund	
13. Treasurer Name <b>Wes Brooks 336/760-1120</b>					
14. Assistant Treasurer Name(s)					
15. Custodian of Books Name <b>Wes Brooks 336/760-1120</b>					
16. Bank/Depository/Credit Account Information					
a. Name	b. Purpose	c. Code	d. Period Begin Balance		
<b>Southern Community Bank</b>	<b>Campaign receipts &amp; disbursements</b>	<b>SCB</b>	<b>\$ 4341.72</b>		
			\$		
			\$		
			\$		
			\$		
			\$		
			\$		
<b>CERTIFICATION</b> I certify that the Committee is in compliance with all provisions of Article 22A, including that no funds are commingled with funds for a federal or out-of-state PAC. I further say that this report is complete, true and correct.					
 Signature of Appointed Treasurer or Candidate				<b>8/28/02</b> Date	

CRO-1000

NC State Board of Elections

February 2002

Amended report is being filed to correct Form CRO-1100. The beginning cash on hand balance, receipts and expenditures for the "Total this Election Cycle" were incorrect. The ending cash balance did not change.

# Additional Disclosure Report Cover Sheet Information

Page 1 of 1

If there is not enough room on the Disclosure Report Cover Sheet form (CRO-1000) to include all assistant treasurers or accounts use this form to include any additions and attach it to the Cover Sheet form.

1. Name of Committee or Fund	2. ID Number
Schatzman for Sheriff	

3. Assistant Treasurer Name(s)

## 4. Bank/Depository/Credit Account Information

a. Name	b. Purpose	c. Code	d. Period Begin Balance
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$

# Detailed Summary

1. Name of Committee or Fund		2. Type of Report		3. ID Number	
Schatzman for Sheriff		2002 1st QTR			
Start of Election Cycle: January 1, 20 <u>02</u>		Total this Period	Total this Election Cycle	For Office Use Only	
4) Cash on Hand at Start of Election Cycle			\$ 4301.72		
5) Cash on Hand at Start of Present Reporting Period		\$ 4301.72			
<b>RECEIPTS</b>					
6) Contributions from Individuals	(CRO-1210)	\$ 10,500.00	\$ 10,500.00		
7) Contributions from Political Party Committees	(CRO-1220)	\$	\$		
8) Contributions from Other Political Committees	(CRO-1230)	\$	\$		
9) Loan Proceeds	(CRO-1410)	\$	\$		
10) Refunds & Reimbursements to Committee	(CRO-1240)	\$	\$		
11) Other Receipt Sources	(CRO-1250)				
11a) Interest on Bank Accounts	(CRO-1250)	\$ 9.43	\$ 9.43		
11b) Contributions from Not-for-Profit Organizations	(CRO-1250)	\$	\$		
11c) Outside Sources of Income	(CRO-1250)	\$	\$		
12) TOTAL RECEIPTS	(Add lines 6, 7, 8, 9, 10, 11a, 11b, and 11c)	\$ 10,509.43	\$ 10,509.43		
<b>EXPENDITURES</b>					
13) Disbursements	(CRO-1310)				
13a) Operating Expenditures	(CRO-1310)	\$ 3883.82	\$ 3883.82		
13b) Contributions to Candidates/Political Committees	(CRO-1310)	\$	\$		
13c) Coordinated Party Expenditures	(CRO-1310)	\$	\$		
14) Loan Repayments	(CRO-1420)	\$ 2500.00	\$ 2500.00		
15) Refunds from Committee	(CRO-1320)	\$	\$		
16) In-Kind Contributions	(CRO-1510)	\$	\$		
17) TOTAL EXPENDITURES	(Add lines 13a, 13b, 13c, 14, 15, and 16)	\$ 6383.82	\$ 6383.82		
18) Cash on Hand at End of Reporting Period	(For this Period, add lines 5 and 12 together, then subtract line 17) (For this Election Cycle, add lines 4 and 12 together, then subtract line 17)	\$ 8427.33	\$ 8427.33		
<b>Additional Information</b>					
19) Non-Monetary Gifts Given to Committees	(CRO-1330)	\$ 0			
20) Outstanding Loans (including ones from other campaigns)	(CRO-1430)	\$ 0			
21) Debts and Obligations owed BY the Committee	(CRO-1610)	\$ 0			
22) Debts and Obligations owed TO the Committee	(CRO-1620)	\$ 0			
23) Parent Entity's Administrative Support	(CRO-1710)	\$ 0			

## Contributions from INDIVIDUALS

Page 1 of 10

1. Name of Committee or Fund				2. ID Number			
Schatzman for Sheriff							
3. Contributor	a. Full Name, Mailing Address & Phone (include city, state, & zip)	d. Account Number/Code	e. Form of Payment	f. Date (mm/dd/yyyy)	g. In- Kind	h. Prior Report	i. Amount
	Paul D Smith, Sr P.O. Box 11062 Winston-Salem, NC 27116	SCB	CK	11/3/02	<input type="checkbox"/>	<input type="checkbox"/>	\$ 1000.00
	b. Job Title/Profession				<input type="checkbox"/>	<input type="checkbox"/>	\$
	Business owner				<input type="checkbox"/>	<input type="checkbox"/>	\$
c. Employer's Name/Specific Field		j. If Amendment, choose change type:			k. Election Cycle Sum to Date		
Physical Elder Care Inc		<input type="checkbox"/> Add <input type="checkbox"/> Delete			\$ 1000.00		
3. Contributor	a. Full Name, Mailing Address & Phone (include city, state, & zip)	d. Account Number/Code	e. Form of Payment	f. Date (mm/dd/yyyy)	g. In- Kind	h. Prior Report	i. Amount
	John B Brady 3331 Paddington Ln Winston-Salem, NC 27106 765-6992	SCB	CK	11/3/02	<input type="checkbox"/>	<input type="checkbox"/>	\$ 150.00
	b. Job Title/Profession				<input type="checkbox"/>	<input type="checkbox"/>	\$
	Retired				<input type="checkbox"/>	<input type="checkbox"/>	\$
c. Employer's Name/Specific Field		j. If Amendment, choose change type:			k. Election Cycle Sum to Date		
		<input type="checkbox"/> Add <input type="checkbox"/> Delete			\$ 150.00		
3. Contributor	a. Full Name, Mailing Address & Phone (include city, state, & zip)	d. Account Number/Code	e. Form of Payment	f. Date (mm/dd/yyyy)	g. In- Kind	h. Prior Report	i. Amount
	Gary Joe Walker 2338 N Liberty St Winston-Salem, NC 27105 725-8251	SCB	CK	11/3/02	<input type="checkbox"/>	<input type="checkbox"/>	\$ 250.00
	b. Job Title/Profession				<input type="checkbox"/>	<input type="checkbox"/>	\$
	Real estate				<input type="checkbox"/>	<input type="checkbox"/>	\$
c. Employer's Name/Specific Field		j. If Amendment, choose change type:			k. Election Cycle Sum to Date		
Walker Real Estate		<input type="checkbox"/> Add <input type="checkbox"/> Delete			\$ 250.00		
3. Contributor	a. Full Name, Mailing Address & Phone (include city, state, & zip)	d. Account Number/Code	e. Form of Payment	f. Date (mm/dd/yyyy)	g. In- Kind	h. Prior Report	i. Amount
	Joe E. Walker 2338 N. L. liberty St Winston-Salem, NC 27105 725-8251	SCB	CK	11/3/02	<input type="checkbox"/>	<input type="checkbox"/>	\$ 250.00
	b. Job Title/Profession				<input type="checkbox"/>	<input type="checkbox"/>	\$
	Real estate				<input type="checkbox"/>	<input type="checkbox"/>	\$
c. Employer's Name/Specific Field		j. If Amendment, choose change type:			k. Election Cycle Sum to Date		
Walker Real Estate		<input type="checkbox"/> Add <input type="checkbox"/> Delete			\$ 250.00		
3. Contributor	a. Full Name, Mailing Address & Phone (include city, state, & zip)	d. Account Number/Code	e. Form of Payment	f. Date (mm/dd/yyyy)	g. In- Kind	h. Prior Report	i. Amount
	John Scott Cramer 16 Graylyn Pl Winston-Salem, NC 27106 725-0207	SCB	CK	11/3/02	<input type="checkbox"/>	<input type="checkbox"/>	\$ 250.00
	b. Job Title/Profession				<input type="checkbox"/>	<input type="checkbox"/>	\$
	Retired				<input type="checkbox"/>	<input type="checkbox"/>	\$
c. Employer's Name/Specific Field		j. If Amendment, choose change type:			k. Election Cycle Sum to Date		
		<input type="checkbox"/> Add <input type="checkbox"/> Delete			\$ 250.00		
4. Total only this Page							\$ 1900.00
5. Total of ALL CRO-1210 Pages (only show on last page)							\$
(This line must be on line 6 of Detailed Summary Page CRO-1100)							

# Contributions from INDIVIDUALS

Page 2 of 10

1. Name of Committee or Fund				2. ID Number			
Schatzman for Sheriff							
3. Contributor	a. Full Name, Mailing Address & Phone (include city, state, & zip)	d. Account Number/Code	e. Form of Payment	f. Date (mm/dd/yyyy)	g. In-Kind	h. Prior Report	i. Amount
	Carlton Harker 140 Hearthsides Dr Winston-Salem, NC 27104	SCB	CK	1/14/02	<input type="checkbox"/>	<input type="checkbox"/>	\$ 300.00
				3/26/02	<input type="checkbox"/>	<input type="checkbox"/>	\$ 200.00
					<input type="checkbox"/>	<input type="checkbox"/>	\$
b. Job Title/Profession							
Retired							
c. Employer's Name/Specific Field							
j. If Amendment, choose change type:				k. Election Cycle Sum to Date			
<input type="checkbox"/> Add <input type="checkbox"/> Delete				\$ 500.00			
3. Contributor	a. Full Name, Mailing Address & Phone (include city, state, & zip)	d. Account Number/Code	e. Form of Payment	f. Date (mm/dd/yyyy)	g. In-Kind	h. Prior Report	i. Amount
	William Roberts, III 3116 Burkeshore Rd Winston-Salem, NC 27106 727-1272	SCB	CK	1/15/02	<input type="checkbox"/>	<input type="checkbox"/>	\$ 200.00
					<input type="checkbox"/>	<input type="checkbox"/>	\$
					<input type="checkbox"/>	<input type="checkbox"/>	\$
b. Job Title/Profession							
Retired							
c. Employer's Name/Specific Field							
j. If Amendment, choose change type:				k. Election Cycle Sum to Date			
<input type="checkbox"/> Add <input type="checkbox"/> Delete				\$ 200.00			
3. Contributor	a. Full Name, Mailing Address & Phone (include city, state, & zip)	d. Account Number/Code	e. Form of Payment	f. Date (mm/dd/yyyy)	g. In-Kind	h. Prior Report	i. Amount
	William Reynolds 140 N. Stratford Winston-Salem 27104	SCB	CK	1/23/02	<input type="checkbox"/>	<input type="checkbox"/>	\$ 500.00
					<input type="checkbox"/>	<input type="checkbox"/>	\$
					<input type="checkbox"/>	<input type="checkbox"/>	\$
b. Job Title/Profession							
Retired							
c. Employer's Name/Specific Field							
j. If Amendment, choose change type:				k. Election Cycle Sum to Date			
<input type="checkbox"/> Add <input type="checkbox"/> Delete				\$ 500.00			
3. Contributor	a. Full Name, Mailing Address & Phone (include city, state, & zip)	d. Account Number/Code	e. Form of Payment	f. Date (mm/dd/yyyy)	g. In-Kind	h. Prior Report	i. Amount
	Thomas Tesh 3565 Tesh Road Germantown, NC 27019 861-1872	SCB	CK	1/24/02	<input type="checkbox"/>	<input type="checkbox"/>	\$ 500.00
					<input type="checkbox"/>	<input type="checkbox"/>	\$
					<input type="checkbox"/>	<input type="checkbox"/>	\$
b. Job Title/Profession							
Security							
c. Employer's Name/Specific Field							
Novant Health							
j. If Amendment, choose change type:				k. Election Cycle Sum to Date			
<input type="checkbox"/> Add <input type="checkbox"/> Delete				\$ 500.00			
3. Contributor	a. Full Name, Mailing Address & Phone (include city, state, & zip)	d. Account Number/Code	e. Form of Payment	f. Date (mm/dd/yyyy)	g. In-Kind	h. Prior Report	i. Amount
	Marvin Bennett 713 Chocomaury Ct Lewisville, NC 27023 945-4748	SCB	CK	2/7/02	<input type="checkbox"/>	<input type="checkbox"/>	\$ 100.00
		SCB	CK	12/10/01	<input type="checkbox"/>	<input checked="" type="checkbox"/>	\$ 100.00
					<input type="checkbox"/>	<input type="checkbox"/>	\$
b. Job Title/Profession							
National Guard							
c. Employer's Name/Specific Field							
j. If Amendment, choose change type:				k. Election Cycle Sum to Date			
<input type="checkbox"/> Add <input type="checkbox"/> Delete				\$ 200.00			
4. Total only this Page							\$ 1800.00
5. Total of ALL CRO-1210 Pages (only show on last page)							\$
(This line must be on line 6 of Detailed Summary Page CRO-1100)							

# Contributions from INDIVIDUALS

Page 3 of 10

1. Name of Committee or Fund						2. ID Number		
Schatzman for Sheriff								
3. Contributor	a. Full Name, Mailing Address & Phone (include city, state, & zip)	d. Account Number/Code	e. Form of Payment	f. Date (mm/dd/yyyy)	g. In-Kind	h. Prior Report	i. Amount	
	Leon F. Locklear 3971 Seaton Rd Winston-Salem, NC 27104 760-2503	SCB	CK	1/9/02	<input type="checkbox"/>	<input type="checkbox"/>	\$ 2000.00	
					<input type="checkbox"/>	<input type="checkbox"/>	\$	
					<input type="checkbox"/>	<input type="checkbox"/>	\$	
b. Job Title/Profession					<input type="checkbox"/>	<input type="checkbox"/>	\$	
Retired					<input type="checkbox"/>	<input type="checkbox"/>	\$	
c. Employer's Name/Specific Field		j. If Amendment, choose change type:			k. Election Cycle Sum to Date			
		<input type="checkbox"/> Add <input type="checkbox"/> Delete			\$ 2000.00			
3. Contributor	a. Full Name, Mailing Address & Phone (include city, state, & zip)	d. Account Number/Code	e. Form of Payment	f. Date (mm/dd/yyyy)	g. In-Kind	h. Prior Report	i. Amount	
	Charles A. Bunce, Jr. 173 Westhaven Circle Winston-Salem, NC 27104 760-9080	SCB	CK	1/14/02	<input type="checkbox"/>	<input type="checkbox"/>	\$ 500.00	
					<input type="checkbox"/>	<input type="checkbox"/>	\$	
					<input type="checkbox"/>	<input type="checkbox"/>	\$	
b. Job Title/Profession					<input type="checkbox"/>	<input type="checkbox"/>	\$	
Retired					<input type="checkbox"/>	<input type="checkbox"/>	\$	
c. Employer's Name/Specific Field		j. If Amendment, choose change type:			k. Election Cycle Sum to Date			
		<input type="checkbox"/> Add <input type="checkbox"/> Delete			\$ 500.00			
3. Contributor	a. Full Name, Mailing Address & Phone (include city, state, & zip)	d. Account Number/Code	e. Form of Payment	f. Date (mm/dd/yyyy)	g. In-Kind	h. Prior Report	i. Amount	
	Jeffrey R. Herman P.O. Box 5874 Winston-Salem, NC 27101 722-7801	SCB	CK	2/7/02	<input type="checkbox"/>	<input type="checkbox"/>	\$ 500.00	
					<input type="checkbox"/>	<input type="checkbox"/>	\$	
					<input type="checkbox"/>	<input type="checkbox"/>	\$	
b. Job Title/Profession					<input type="checkbox"/>	<input type="checkbox"/>	\$	
Stock broker					<input type="checkbox"/>	<input type="checkbox"/>	\$	
c. Employer's Name/Specific Field		j. If Amendment, choose change type:			k. Election Cycle Sum to Date			
		<input type="checkbox"/> Add <input type="checkbox"/> Delete			\$ 500.00			
3. Contributor	a. Full Name, Mailing Address & Phone (include city, state, & zip)	d. Account Number/Code	e. Form of Payment	f. Date (mm/dd/yyyy)	g. In-Kind	h. Prior Report	i. Amount	
	Zachary Smith 760-1455 2548 Forest Dr Winston-Salem, NC	SCB	CK	2/19/02	<input type="checkbox"/>	<input type="checkbox"/>	\$ 250.00	
					<input type="checkbox"/>	<input type="checkbox"/>	\$	
					<input type="checkbox"/>	<input type="checkbox"/>	\$	
b. Job Title/Profession					<input type="checkbox"/>	<input type="checkbox"/>	\$	
Retired					<input type="checkbox"/>	<input type="checkbox"/>	\$	
c. Employer's Name/Specific Field		j. If Amendment, choose change type:			k. Election Cycle Sum to Date			
		<input type="checkbox"/> Add <input type="checkbox"/> Delete			\$ 250.00			
3. Contributor	a. Full Name, Mailing Address & Phone (include city, state, & zip)	d. Account Number/Code	e. Form of Payment	f. Date (mm/dd/yyyy)	g. In-Kind	h. Prior Report	i. Amount	
	Herbert Thomas 760-1622 P.O. Box 1665 Clemmons, NC 27012	SCB	CK	2/7/02	<input type="checkbox"/>	<input type="checkbox"/>	\$ 250.00	
					<input type="checkbox"/>	<input type="checkbox"/>	\$	
					<input type="checkbox"/>	<input type="checkbox"/>	\$	
b. Job Title/Profession					<input type="checkbox"/>	<input type="checkbox"/>	\$	
Retired					<input type="checkbox"/>	<input type="checkbox"/>	\$	
c. Employer's Name/Specific Field		j. If Amendment, choose change type:			k. Election Cycle Sum to Date			
		<input type="checkbox"/> Add <input type="checkbox"/> Delete			\$ 250.00			
4. Total only this Page						\$ 3500.00		
5. Total of ALL CRO-1210 Pages (only show on last page)						\$		
(This line must be on line 6 of Detailed Summary Page CRO-1100)								

# Contributions from INDIVIDUALS

Page 4 of 10

1. Name of Committee or Fund				2. ID Number			
Schatzman for Sheriff							
3. Contributor	a. Full Name, Mailing Address & Phone (include city, state, & zip)	d. Account Number/Code	e. Form of Payment	f. Date (mm/dd/yyyy)	g. In-Kind	h. Prior Report	i. Amount
	James Spencer 2580 Club Park Rd Winston-Salem, NC 722-4429	SCB	CK	2/19/02	<input type="checkbox"/>	<input type="checkbox"/>	\$ 100.00
		SCB	CK	12/20/01	<input type="checkbox"/>	<input checked="" type="checkbox"/>	\$ 100.00
					<input type="checkbox"/>	<input type="checkbox"/>	\$
b. Job Title/Profession		j. If Amendment, choose change type:		k. Election Cycle Sum to Date			
		Add <input type="checkbox"/> Delete <input type="checkbox"/>		\$ 200.00			
3. Contributor	a. Full Name, Mailing Address & Phone (include city, state, & zip)	d. Account Number/Code	e. Form of Payment	f. Date (mm/dd/yyyy)	g. In-Kind	h. Prior Report	i. Amount
	William Todd 3990 Benton Creek Rd Winston-Salem, NC 924-6328	SCB	CK	2/19/02	<input type="checkbox"/>	<input type="checkbox"/>	\$ 200.00
					<input type="checkbox"/>	<input type="checkbox"/>	\$
					<input type="checkbox"/>	<input type="checkbox"/>	\$
b. Job Title/Profession		j. If Amendment, choose change type:		k. Election Cycle Sum to Date			
Retired		Add <input type="checkbox"/> Delete <input type="checkbox"/>		\$ 200.00			
3. Contributor	a. Full Name, Mailing Address & Phone (include city, state, & zip)	d. Account Number/Code	e. Form of Payment	f. Date (mm/dd/yyyy)	g. In-Kind	h. Prior Report	i. Amount
	HERMAN MAZZEO 1017 Pawker Ct Winston-Salem, NC 659-6293	SCB	CK	2/20/02	<input type="checkbox"/>	<input type="checkbox"/>	\$ 500.00
				10/20/01	<input type="checkbox"/>	<input checked="" type="checkbox"/>	\$ 1000.00
					<input type="checkbox"/>	<input type="checkbox"/>	\$
b. Job Title/Profession		j. If Amendment, choose change type:		k. Election Cycle Sum to Date			
Business owner		Add <input type="checkbox"/> Delete <input type="checkbox"/>		\$ 1500.00			
3. Contributor	a. Full Name, Mailing Address & Phone (include city, state, & zip)	d. Account Number/Code	e. Form of Payment	f. Date (mm/dd/yyyy)	g. In-Kind	h. Prior Report	i. Amount
	Eugene Livingood 3137 Middlebrook Dr Clemmons, NC 766-4329	SCB	CK	2/20/02	<input type="checkbox"/>	<input type="checkbox"/>	\$ 100.00
				4/20/02	<input type="checkbox"/>	<input type="checkbox"/>	\$ 100.00
					<input type="checkbox"/>	<input type="checkbox"/>	\$
b. Job Title/Profession		j. If Amendment, choose change type:		k. Election Cycle Sum to Date			
Retired		Add <input type="checkbox"/> Delete <input type="checkbox"/>		\$ 200.00			
3. Contributor	a. Full Name, Mailing Address & Phone (include city, state, & zip)	d. Account Number/Code	e. Form of Payment	f. Date (mm/dd/yyyy)	g. In-Kind	h. Prior Report	i. Amount
	LC Woodard, Jr 1954 Waccamaw Path Winston-Salem, NC 27127 788-1213	SCB	CK	2/28/02	<input type="checkbox"/>	<input type="checkbox"/>	\$ 500.00
				12/1/01	<input type="checkbox"/>	<input checked="" type="checkbox"/>	\$ 500.00
					<input type="checkbox"/>	<input type="checkbox"/>	\$
b. Job Title/Profession		j. If Amendment, choose change type:		k. Election Cycle Sum to Date			
Business owner		Add <input type="checkbox"/> Delete <input type="checkbox"/>		\$ 1000.00			
c. Employer's Name/Specific Field							

4. Total only this Page \$ 1500.00

5. Total of ALL CRO-1210 Pages (only show on last page) \$

(This line must be on line 6 of Detailed Summary Page CRO-1100)

# Contributions from INDIVIDUALS

Page 5 of 10

1. Name of Committee or Fund						2. ID Number		
Schatzman for Sheriff								
3. Contributor	a. Full Name, Mailing Address & Phone (include city, state, & zip)	d. Account Number/Code	e. Form of Payment	f. Date (mm/dd/yyyy)	g. In-Kind	h. Prior Report	i. Amount	
	William D Huber P.O. Box 20983 Winston-Salem, NC	SCB	CK	2/28/02	<input type="checkbox"/>	<input type="checkbox"/>	\$ 100.00	
		SCP	CK	12/20/01	<input type="checkbox"/>	<input checked="" type="checkbox"/>	\$ 100.00	
					<input type="checkbox"/>	<input type="checkbox"/>	\$	
b. Job Title/Profession					<input type="checkbox"/>	<input type="checkbox"/>	\$	
c. Employer's Name/Specific Field		j. If Amendment, choose change type:			k. Election Cycle Sum to Date			
		<input type="checkbox"/> Add <input type="checkbox"/> Delete			\$ 200.00			
3. Contributor	a. Full Name, Mailing Address & Phone (include city, state, & zip)	d. Account Number/Code	e. Form of Payment	f. Date (mm/dd/yyyy)	g. In-Kind	h. Prior Report	i. Amount	
	STEPHEN MCRAIL 19 DE LAUNT RD WAREFIELD, VA 01880	SCB	CK	3/26/02	<input type="checkbox"/>	<input type="checkbox"/>	\$ 200.00	
					<input type="checkbox"/>	<input type="checkbox"/>	\$	
					<input type="checkbox"/>	<input type="checkbox"/>	\$	
b. Job Title/Profession					<input type="checkbox"/>	<input type="checkbox"/>	\$	
c. Employer's Name/Specific Field		j. If Amendment, choose change type:			k. Election Cycle Sum to Date			
		<input type="checkbox"/> Add <input type="checkbox"/> Delete			\$ 200.00			
3. Contributor	a. Full Name, Mailing Address & Phone (include city, state, & zip)	d. Account Number/Code	e. Form of Payment	f. Date (mm/dd/yyyy)	g. In-Kind	h. Prior Report	i. Amount	
		SCB	CK		<input type="checkbox"/>	<input type="checkbox"/>	\$	
					<input type="checkbox"/>	<input type="checkbox"/>	\$	
					<input type="checkbox"/>	<input type="checkbox"/>	\$	
b. Job Title/Profession					<input type="checkbox"/>	<input type="checkbox"/>	\$	
c. Employer's Name/Specific Field		j. If Amendment, choose change type:			k. Election Cycle Sum to Date			
		<input type="checkbox"/> Add <input type="checkbox"/> Delete			\$			
3. Contributor	a. Full Name, Mailing Address & Phone (include city, state, & zip)	d. Account Number/Code	e. Form of Payment	f. Date (mm/dd/yyyy)	g. In-Kind	h. Prior Report	i. Amount	
		SCB	CK		<input type="checkbox"/>	<input type="checkbox"/>	\$	
					<input type="checkbox"/>	<input type="checkbox"/>	\$	
					<input type="checkbox"/>	<input type="checkbox"/>	\$	
b. Job Title/Profession					<input type="checkbox"/>	<input type="checkbox"/>	\$	
c. Employer's Name/Specific Field		j. If Amendment, choose change type:			k. Election Cycle Sum to Date			
		<input type="checkbox"/> Add <input type="checkbox"/> Delete			\$			
3. Contributor	a. Full Name, Mailing Address & Phone (include city, state, & zip)	d. Account Number/Code	e. Form of Payment	f. Date (mm/dd/yyyy)	g. In-Kind	h. Prior Report	i. Amount	
		SCB	CK		<input type="checkbox"/>	<input type="checkbox"/>	\$	
					<input type="checkbox"/>	<input type="checkbox"/>	\$	
					<input type="checkbox"/>	<input type="checkbox"/>	\$	
b. Job Title/Profession					<input type="checkbox"/>	<input type="checkbox"/>	\$	
c. Employer's Name/Specific Field		j. If Amendment, choose change type:			k. Election Cycle Sum to Date			
		<input type="checkbox"/> Add <input type="checkbox"/> Delete			\$			
4. Total only this Page						\$ 300.00		
5. Total of ALL CRO-1210 Pages (only show on last page)						\$		
(This line must be on line 6 of Detailed Summary Page CRO-1100)								



# Contributions from INDIVIDUALS

Page 6 of 10

1. Name of Committee or Fund				2. ID Number			
Schatzman for Sheriff							
3. Contributor	a. Full Name, Mailing Address & Phone (include city, state, & zip)	d. Account Number/Code	e. Form of Payment	f. Date (mm/dd/yyyy)	g. In-Kind	h. Prior Report	i. Amount
	Aggregated Individual Contribution	SCB	Check	2/22/02	<input type="checkbox"/>	<input type="checkbox"/>	\$ 50.00
					<input type="checkbox"/>	<input type="checkbox"/>	\$
					<input type="checkbox"/>	<input type="checkbox"/>	\$
	b. Job Title/Profession				<input type="checkbox"/>	<input type="checkbox"/>	\$
	c. Employer's Name/Specific Field				<input type="checkbox"/>	<input type="checkbox"/>	\$
				j. If Amendment, choose change type:		k. Election Cycle Sum to Date	
				<input type="checkbox"/> Add <input type="checkbox"/> Delete		\$ 50.00	
3. Contributor	a. Full Name, Mailing Address & Phone (include city, state, & zip)	d. Account Number/Code	e. Form of Payment	f. Date (mm/dd/yyyy)	g. In-Kind	h. Prior Report	i. Amount
	Aggregated Individual Contribution	SCB	Check	4/28/02	<input type="checkbox"/>	<input type="checkbox"/>	\$ 100.00
					<input type="checkbox"/>	<input type="checkbox"/>	\$
					<input type="checkbox"/>	<input type="checkbox"/>	\$
	b. Job Title/Profession				<input type="checkbox"/>	<input type="checkbox"/>	\$
	c. Employer's Name/Specific Field				<input type="checkbox"/>	<input type="checkbox"/>	\$
				j. If Amendment, choose change type:		k. Election Cycle Sum to Date	
				<input type="checkbox"/> Add <input type="checkbox"/> Delete		\$ 100.00	
3. Contributor	a. Full Name, Mailing Address & Phone (include city, state, & zip)	d. Account Number/Code	e. Form of Payment	f. Date (mm/dd/yyyy)	g. In-Kind	h. Prior Report	i. Amount
	Aggregated Individual Contribution	SCB	Check	2/28/02	<input type="checkbox"/>	<input type="checkbox"/>	\$ 100.00
					<input type="checkbox"/>	<input type="checkbox"/>	\$
					<input type="checkbox"/>	<input type="checkbox"/>	\$
	b. Job Title/Profession				<input type="checkbox"/>	<input type="checkbox"/>	\$
	c. Employer's Name/Specific Field				<input type="checkbox"/>	<input type="checkbox"/>	\$
				j. If Amendment, choose change type:		k. Election Cycle Sum to Date	
				<input type="checkbox"/> Add <input type="checkbox"/> Delete		\$ 100.00	
3. Contributor	a. Full Name, Mailing Address & Phone (include city, state, & zip)	d. Account Number/Code	e. Form of Payment	f. Date (mm/dd/yyyy)	g. In-Kind	h. Prior Report	i. Amount
	Aggregated Individual Contribution	SCB	Check	2/7/02	<input type="checkbox"/>	<input type="checkbox"/>	\$ 50.00
					<input type="checkbox"/>	<input type="checkbox"/>	\$
					<input type="checkbox"/>	<input type="checkbox"/>	\$
	b. Job Title/Profession				<input type="checkbox"/>	<input type="checkbox"/>	\$
	c. Employer's Name/Specific Field				<input type="checkbox"/>	<input type="checkbox"/>	\$
				j. If Amendment, choose change type:		k. Election Cycle Sum to Date	
				<input type="checkbox"/> Add <input type="checkbox"/> Delete		\$ 50.00	
3. Contributor	a. Full Name, Mailing Address & Phone (include city, state, & zip)	d. Account Number/Code	e. Form of Payment	f. Date (mm/dd/yyyy)	g. In-Kind	h. Prior Report	i. Amount
	Aggregated Individual Contribution	SCB	Check	2/26/02	<input type="checkbox"/>	<input type="checkbox"/>	\$ 50.00
					<input type="checkbox"/>	<input type="checkbox"/>	\$
					<input type="checkbox"/>	<input type="checkbox"/>	\$
	b. Job Title/Profession				<input type="checkbox"/>	<input type="checkbox"/>	\$
	c. Employer's Name/Specific Field				<input type="checkbox"/>	<input type="checkbox"/>	\$
				j. If Amendment, choose change type:		k. Election Cycle Sum to Date	
				<input type="checkbox"/> Add <input type="checkbox"/> Delete		\$ 50.00	
4. Total only this Page							\$ 350.00
5. Total of ALL CRO-1210 Pages (only show on last page)							\$
(This line must be on line 6 of Detailed Summary Page CRO-1100)							

## Contributions from INDIVIDUALS

Page 7 of 10

1. Name of Committee or Fund							2. ID Number		
Schatzman for Sheriff									
1. Contributor	a. Full Name, Mailing Address & Phone (include city, state, & zip)	d. Account Number/Code	e. Form of Payment	f. Date (mm/dd/yyyy)	g. In- Kind	h. Prior Report	i. Amount		
	Aggregated Individual Contribution	SCB	Check	3/26/02	<input type="checkbox"/>	<input type="checkbox"/>	\$ 25.00		
					<input type="checkbox"/>	<input type="checkbox"/>	\$		
					<input type="checkbox"/>	<input type="checkbox"/>	\$		
	b. Job Title/Profession				<input type="checkbox"/>	<input type="checkbox"/>	\$		
	c. Employer's Name/Specific Field	j. If Amendment, choose change type:			k. Election Cycle Sum to Date				
		<input type="checkbox"/> Add <input type="checkbox"/> Delete			\$ 25.00				
1. Contributor	a. Full Name, Mailing Address & Phone (include city, state, & zip)	d. Account Number/Code	e. Form of Payment	f. Date (mm/dd/yyyy)	g. In- Kind	h. Prior Report	i. Amount		
	Aggregated Individual Contribution	SCB	Check	3/26/02	<input type="checkbox"/>	<input type="checkbox"/>	\$ 75.00		
					<input type="checkbox"/>	<input type="checkbox"/>	\$		
					<input type="checkbox"/>	<input type="checkbox"/>	\$		
	b. Job Title/Profession				<input type="checkbox"/>	<input type="checkbox"/>	\$		
	c. Employer's Name/Specific Field	j. If Amendment, choose change type:			k. Election Cycle Sum to Date				
		<input type="checkbox"/> Add <input type="checkbox"/> Delete			\$ 75.00				
1. Contributor	a. Full Name, Mailing Address & Phone (include city, state, & zip)	d. Account Number/Code	e. Form of Payment	f. Date (mm/dd/yyyy)	g. In- Kind	h. Prior Report	i. Amount		
	Aggregated Individual Contribution	SCB	Check	3/26/02	<input type="checkbox"/>	<input type="checkbox"/>	\$ 25.00		
					<input type="checkbox"/>	<input type="checkbox"/>	\$		
					<input type="checkbox"/>	<input type="checkbox"/>	\$		
	b. Job Title/Profession				<input type="checkbox"/>	<input type="checkbox"/>	\$		
	c. Employer's Name/Specific Field	j. If Amendment, choose change type:			k. Election Cycle Sum to Date				
		<input type="checkbox"/> Add <input type="checkbox"/> Delete			\$ 25.00				
1. Contributor	a. Full Name, Mailing Address & Phone (include city, state, & zip)	d. Account Number/Code	e. Form of Payment	f. Date (mm/dd/yyyy)	g. In- Kind	h. Prior Report	i. Amount		
	Aggregated Individual Contribution	SCB	Check	3/26/02	<input type="checkbox"/>	<input type="checkbox"/>	\$ 50.00		
					<input type="checkbox"/>	<input type="checkbox"/>	\$		
					<input type="checkbox"/>	<input type="checkbox"/>	\$		
	b. Job Title/Profession				<input type="checkbox"/>	<input type="checkbox"/>	\$		
	c. Employer's Name/Specific Field	j. If Amendment, choose change type:			k. Election Cycle Sum to Date				
		<input type="checkbox"/> Add <input type="checkbox"/> Delete			\$ 50.00				
1. Contributor	a. Full Name, Mailing Address & Phone (include city, state, & zip)	d. Account Number/Code	e. Form of Payment	f. Date (mm/dd/yyyy)	g. In- Kind	h. Prior Report	i. Amount		
	Aggregated Individual Contribution	SCB	Check	3/26/02	<input type="checkbox"/>	<input type="checkbox"/>	\$ 50.00		
					<input type="checkbox"/>	<input type="checkbox"/>	\$		
					<input type="checkbox"/>	<input type="checkbox"/>	\$		
	b. Job Title/Profession				<input type="checkbox"/>	<input type="checkbox"/>	\$		
	c. Employer's Name/Specific Field	j. If Amendment, choose change type:			k. Election Cycle Sum to Date				
		<input type="checkbox"/> Add <input type="checkbox"/> Delete			\$ 50.00				
4. Total only this Page							\$ 225.00		
5. Total of ALL CRO-1210 Pages (only show on last page)							\$		
(This line must be on line 6 of Detailed Summary Page CRO-1100)									

# Contributions from INDIVIDUALS

Page 8 of 10

1. Name of Committee or Fund				2. ID Number			
Schatzman for Sheriff							
3. Contributor	a. Full Name, Mailing Address & Phone (include city, state, & zip)	d. Account Number/Code	e. Form of Payment	f. Date (mm/dd/yyyy)	g. In-Kind	h. Prior Report	i. Amount
	Aggregated Individual Contribution	SCB	Check	1/3/02	<input type="checkbox"/>	<input type="checkbox"/>	\$ 100.00 ✓
					<input type="checkbox"/>	<input type="checkbox"/>	\$
					<input type="checkbox"/>	<input type="checkbox"/>	\$
	b. Job Title/Profession				<input type="checkbox"/>	<input type="checkbox"/>	\$
	c. Employer's Name/Specific Field	j. If Amendment, choose change type:			k. Election Cycle Sum to Date		
		<input type="checkbox"/> Add <input type="checkbox"/> Delete			\$ 100.00		
3. Contributor	a. Full Name, Mailing Address & Phone (include city, state, & zip)	d. Account Number/Code	e. Form of Payment	f. Date (mm/dd/yyyy)	g. In-Kind	h. Prior Report	i. Amount
	Aggregated Individual Contribution	SCB	Check	1/3/02	<input type="checkbox"/>	<input type="checkbox"/>	\$ 100.00 ✓
					<input type="checkbox"/>	<input type="checkbox"/>	\$
					<input type="checkbox"/>	<input type="checkbox"/>	\$
	b. Job Title/Profession				<input type="checkbox"/>	<input type="checkbox"/>	\$
	c. Employer's Name/Specific Field	j. If Amendment, choose change type:			k. Election Cycle Sum to Date		
		<input type="checkbox"/> Add <input type="checkbox"/> Delete			\$ 100.00		
3. Contributor	a. Full Name, Mailing Address & Phone (include city, state, & zip)	d. Account Number/Code	e. Form of Payment	f. Date (mm/dd/yyyy)	g. In-Kind	h. Prior Report	i. Amount
	Aggregated Individual Contribution	SCB	Check	1/4/02	<input type="checkbox"/>	<input type="checkbox"/>	\$ 100.00 ✓
					<input type="checkbox"/>	<input type="checkbox"/>	\$
					<input type="checkbox"/>	<input type="checkbox"/>	\$
	b. Job Title/Profession				<input type="checkbox"/>	<input type="checkbox"/>	\$
	c. Employer's Name/Specific Field	j. If Amendment, choose change type:			k. Election Cycle Sum to Date		
		<input type="checkbox"/> Add <input type="checkbox"/> Delete			\$ 100.00		
3. Contributor	a. Full Name, Mailing Address & Phone (include city, state, & zip)	d. Account Number/Code	e. Form of Payment	f. Date (mm/dd/yyyy)	g. In-Kind	h. Prior Report	i. Amount
	Aggregated Individual Contribution	SCB	Check	1/4/02	<input type="checkbox"/>	<input type="checkbox"/>	\$ 25.00 ✓
					<input type="checkbox"/>	<input type="checkbox"/>	\$
					<input type="checkbox"/>	<input type="checkbox"/>	\$
	b. Job Title/Profession				<input type="checkbox"/>	<input type="checkbox"/>	\$
	c. Employer's Name/Specific Field	j. If Amendment, choose change type:			k. Election Cycle Sum to Date		
		<input type="checkbox"/> Add <input type="checkbox"/> Delete			\$ 25.00		
3. Contributor	a. Full Name, Mailing Address & Phone (include city, state, & zip)	d. Account Number/Code	e. Form of Payment	f. Date (mm/dd/yyyy)	g. In-Kind	h. Prior Report	i. Amount
	Aggregated Individual Contribution	SCB	Check	1/4/02	<input type="checkbox"/>	<input type="checkbox"/>	\$ 50.00 ✓
					<input type="checkbox"/>	<input type="checkbox"/>	\$
					<input type="checkbox"/>	<input type="checkbox"/>	\$
	b. Job Title/Profession				<input type="checkbox"/>	<input type="checkbox"/>	\$
	c. Employer's Name/Specific Field	j. If Amendment, choose change type:			k. Election Cycle Sum to Date		
		<input type="checkbox"/> Add <input type="checkbox"/> Delete			\$ 50.00		
4. Total only this Page							\$ 375.00
5. Total of ALL CRO-1210 Pages (only show on last page)							\$
(This line must be on line 6 of Detailed Summary Page CRO-1100)							

## Contributions from INDIVIDUALS

Page 2 of 10

1. Name of Committee or Fund				2. ID Number			
Schatzman for Sheriff							
3. Contributor	a. Full Name, Mailing Address & Phone (include city, state, & zip)	d. Account Number/Code	e. Form of Payment	f. Date (mm/dd/yyyy)	g. In-Kind	h. Prior Report	i. Amount
	Aggregated Individual Contribution	SCB	Check	1/18/02	<input type="checkbox"/>	<input type="checkbox"/>	\$ 50.00
					<input type="checkbox"/>	<input type="checkbox"/>	\$
					<input type="checkbox"/>	<input type="checkbox"/>	\$
	b. Job Title/Profession				<input type="checkbox"/>	<input type="checkbox"/>	\$
	c. Employer's Name/Specific Field	j. If Amendment, choose change type:			k. Election Cycle Sum to Date		
		<input type="checkbox"/> Add <input type="checkbox"/> Delete			\$ 50.00		
3. Contributor	a. Full Name, Mailing Address & Phone (include city, state, & zip)	d. Account Number/Code	e. Form of Payment	f. Date (mm/dd/yyyy)	g. In-Kind	h. Prior Report	i. Amount
	Aggregated Individual Contribution	SCB	Check	1/24/02	<input type="checkbox"/>	<input type="checkbox"/>	\$ 25.00
					<input type="checkbox"/>	<input type="checkbox"/>	\$
					<input type="checkbox"/>	<input type="checkbox"/>	\$
	b. Job Title/Profession				<input type="checkbox"/>	<input type="checkbox"/>	\$
	c. Employer's Name/Specific Field	j. If Amendment, choose change type:			k. Election Cycle Sum to Date		
		<input type="checkbox"/> Add <input type="checkbox"/> Delete			\$ 25.00		
3. Contributor	a. Full Name, Mailing Address & Phone (include city, state, & zip)	d. Account Number/Code	e. Form of Payment	f. Date (mm/dd/yyyy)	g. In-Kind	h. Prior Report	i. Amount
	Aggregated Individual Contribution	SCB	Check	2/7/02	<input type="checkbox"/>	<input type="checkbox"/>	\$ 100.00
					<input type="checkbox"/>	<input type="checkbox"/>	\$
					<input type="checkbox"/>	<input type="checkbox"/>	\$
	b. Job Title/Profession				<input type="checkbox"/>	<input type="checkbox"/>	\$
	c. Employer's Name/Specific Field	j. If Amendment, choose change type:			k. Election Cycle Sum to Date		
		<input type="checkbox"/> Add <input type="checkbox"/> Delete			\$ 100.00		
3. Contributor	a. Full Name, Mailing Address & Phone (include city, state, & zip)	d. Account Number/Code	e. Form of Payment	f. Date (mm/dd/yyyy)	g. In-Kind	h. Prior Report	i. Amount
	Aggregated Individual Contribution	SCB	Check	2/7/02	<input type="checkbox"/>	<input type="checkbox"/>	\$ 100.00
					<input type="checkbox"/>	<input type="checkbox"/>	\$
					<input type="checkbox"/>	<input type="checkbox"/>	\$
	b. Job Title/Profession				<input type="checkbox"/>	<input type="checkbox"/>	\$
	c. Employer's Name/Specific Field	j. If Amendment, choose change type:			k. Election Cycle Sum to Date		
		<input type="checkbox"/> Add <input type="checkbox"/> Delete			\$ 100.00		
3. Contributor	a. Full Name, Mailing Address & Phone (include city, state, & zip)	d. Account Number/Code	e. Form of Payment	f. Date (mm/dd/yyyy)	g. In-Kind	h. Prior Report	i. Amount
	Aggregated Individual Contribution	SCB	Check	2/15/02	<input type="checkbox"/>	<input type="checkbox"/>	\$ 50.00
					<input type="checkbox"/>	<input type="checkbox"/>	\$
					<input type="checkbox"/>	<input type="checkbox"/>	\$
	b. Job Title/Profession				<input type="checkbox"/>	<input type="checkbox"/>	\$
	c. Employer's Name/Specific Field	j. If Amendment, choose change type:			k. Election Cycle Sum to Date		
		<input type="checkbox"/> Add <input type="checkbox"/> Delete			\$ 50.00		
4. Total only this Page							\$ 325.00
5. Total of ALL CRO-1210 Pages (only show on last page)							\$
(This line must be on line 6 of Detailed Summary Page CRO-1100)							

## Contributions from INDIVIDUALS

Page 1 of 1

1. Name of Committee or Fund						2. ID Number		
Schatzman for Sheriff								
3. Contributor	a. Full Name, Mailing Address & Phone (include city, state, & zip)	d. Account Number/Code	e. Form of Payment	f. Date (mm/dd/yyyy)	g. In-Kind	h. Prior Report	i. Amount	
	Aggregated Individual Contribution	SCB	Check	3/26/02	<input type="checkbox"/>	<input type="checkbox"/>	\$ 100.00	
					<input type="checkbox"/>	<input type="checkbox"/>	\$	
					<input type="checkbox"/>	<input type="checkbox"/>	\$	
	b. Job Title/Profession					<input type="checkbox"/>	\$	
	c. Employer's Name/Specific Field	j. If Amendment, choose change type:				k. Election Cycle Sum to Date		
		<input type="checkbox"/> Add <input type="checkbox"/> Delete				\$ 100.00		
3. Contributor	a. Full Name, Mailing Address & Phone (include city, state, & zip)	d. Account Number/Code	e. Form of Payment	f. Date (mm/dd/yyyy)	g. In-Kind	h. Prior Report	i. Amount	
	Aggregated Individual Contribution	SCB	Check	3/26/02	<input type="checkbox"/>	<input type="checkbox"/>	\$ 100.00	
					<input type="checkbox"/>	<input type="checkbox"/>	\$	
					<input type="checkbox"/>	<input type="checkbox"/>	\$	
	b. Job Title/Profession					<input type="checkbox"/>	\$	
	c. Employer's Name/Specific Field	j. If Amendment, choose change type:				k. Election Cycle Sum to Date		
		<input type="checkbox"/> Add <input type="checkbox"/> Delete				\$ 100.00		
3. Contributor	a. Full Name, Mailing Address & Phone (include city, state, & zip)	d. Account Number/Code	e. Form of Payment	f. Date (mm/dd/yyyy)	g. In-Kind	h. Prior Report	i. Amount	
	Aggregated Individual Contribution	SCB	Check	3/7/02	<input type="checkbox"/>	<input type="checkbox"/>	\$ 25.00	
					<input type="checkbox"/>	<input type="checkbox"/>	\$	
					<input type="checkbox"/>	<input type="checkbox"/>	\$	
	b. Job Title/Profession					<input type="checkbox"/>	\$	
	c. Employer's Name/Specific Field	j. If Amendment, choose change type:				k. Election Cycle Sum to Date		
		<input type="checkbox"/> Add <input type="checkbox"/> Delete				\$ 25.00		
3. Contributor	a. Full Name, Mailing Address & Phone (include city, state, & zip)	d. Account Number/Code	e. Form of Payment	f. Date (mm/dd/yyyy)	g. In-Kind	h. Prior Report	i. Amount	
	Aggregated Individual Contribution	SCB	Check		<input type="checkbox"/>	<input type="checkbox"/>	\$	
					<input type="checkbox"/>	<input type="checkbox"/>	\$	
					<input type="checkbox"/>	<input type="checkbox"/>	\$	
	b. Job Title/Profession					<input type="checkbox"/>	\$	
	c. Employer's Name/Specific Field	j. If Amendment, choose change type:				k. Election Cycle Sum to Date		
		<input type="checkbox"/> Add <input type="checkbox"/> Delete				\$		
3. Contributor	a. Full Name, Mailing Address & Phone (include city, state, & zip)	d. Account Number/Code	e. Form of Payment	f. Date (mm/dd/yyyy)	g. In-Kind	h. Prior Report	i. Amount	
	Aggregated Individual Contribution	SCB	Check		<input type="checkbox"/>	<input type="checkbox"/>	\$	
					<input type="checkbox"/>	<input type="checkbox"/>	\$	
					<input type="checkbox"/>	<input type="checkbox"/>	\$	
	b. Job Title/Profession					<input type="checkbox"/>	\$	
	c. Employer's Name/Specific Field	j. If Amendment, choose change type:				k. Election Cycle Sum to Date		
		<input type="checkbox"/> Add <input type="checkbox"/> Delete				\$		

4. Total only this Page

\$225.00

5. Total of ALL CRO-1210 Pages

(only show on last page)

(This line must be on line 6 of Detailed Summary Page CRO-1100)

\$1,050.00

## Other Receipt Sources

Page 1 of 1

1. Name of Committee or Fund <b>SCHATZMAN FOR SHERIFF</b>		2. ID Number		
3. Type of Receipt Source (Please use separate CRO-1250 forms for each type of Receipt Source.)				
<input checked="" type="checkbox"/> Interest <input type="checkbox"/> Contributions from Not-for-Profit Organizations <input type="checkbox"/> Outside Sources of Income				
4. Contributor	a. Full Name, Mailing Address & Phone (include city, state, and zip)	b. Account Number/Code	c. Form of Payment	d. Date (mm/dd/yyyy)
	e. Amount			
4. Contributor	a. Full Name, Mailing Address & Phone (include city, state, and zip)	b. Account Number/Code	c. Form of Payment	d. Date (mm/dd/yyyy)
	e. Amount			
4. Contributor	a. Full Name, Mailing Address & Phone (include city, state, and zip)	b. Account Number/Code	c. Form of Payment	d. Date (mm/dd/yyyy)
	e. Amount			
4. Contributor	a. Full Name, Mailing Address & Phone (include city, state, and zip)	b. Account Number/Code	c. Form of Payment	d. Date (mm/dd/yyyy)
	e. Amount			
4. Contributor	a. Full Name, Mailing Address & Phone (include city, state, and zip)	b. Account Number/Code	c. Form of Payment	d. Date (mm/dd/yyyy)
	e. Amount			
4. Contributor	a. Full Name, Mailing Address & Phone (include city, state, and zip)	b. Account Number/Code	c. Form of Payment	d. Date (mm/dd/yyyy)
	e. Amount			
5. Total only this Page				
6. Total of ALL CRO-1250 Related Pages (only show on last page)				
(This line goes in line 11a of Detailed Summary Page CRO-1100 if Interest)				
(This line goes in line 11b of Detailed Summary Page CRO-1100 if Not-for-Profit Contribution)				
(This line goes in line 11c of Detailed Summary Page CRO-1100 if Outside Sources of Income)				

# Disbursements

Page 1 of 1

1. Name of Committee or Fund						2. ID Number	
Schatzman for Sheriff							
3. Type of Disbursement (Please use separate CRO-1330 forms for each type of Disbursements.)							
<input checked="" type="checkbox"/> Operating Expenses <input type="checkbox"/> Contributions to Candidates/Political Committees <input type="checkbox"/> Coordinated Party Expenditures							
4. Payee	a. Full Name, Mailing Address & Phone (include city, state, and zip)		d. Purpose	e. Account Number/Code	f. Form of Payment	g. Date (mm/dd/yyyy)	h. Amount
	The Positive Influence POB 5964 W-S, NC 27113 765-8855		DIRECT MAIL	SCB	CK	2/25/02	\$1290.95
	b. If Contribution to County Committee, specify:		c. If Coordinated Party Expense, list office:		i. If Amendment, choose change type: <input type="checkbox"/> Add <input type="checkbox"/> Delete		
						j. Election Cycle Sum To Date \$ 9805.40	
4. Payee	a. Full Name, Mailing Address & Phone (include city, state, and zip)		d. Purpose	e. Account Number/Code	f. Form of Payment	g. Date (mm/dd/yyyy)	h. Amount
	BUREAU OF ELECTIONS 680 W 4TH ST WS, NC 27101 727-2662		FILING FEE	SCB	CK	2/18/02	\$ 658.94
	b. If Contribution to County Committee, specify:		c. If Coordinated Party Expense, list office:		i. If Amendment, choose change type: <input type="checkbox"/> Add <input type="checkbox"/> Delete		
						j. Election Cycle Sum To Date \$ 658.94	
4. Payee	a. Full Name, Mailing Address & Phone (include city, state, and zip)		d. Purpose	e. Account Number/Code	f. Form of Payment	g. Date (mm/dd/yyyy)	h. Amount
	RILEY SCHATZMAN 345 KIRKLEES RD WINSTON-SALEM, NC 27104 794-0988		LINCOLN DON DINNER	SCB	CK	3/1/02	\$250.00
	b. If Contribution to County Committee, specify:		c. If Coordinated Party Expense, list office:		i. If Amendment, choose change type: <input type="checkbox"/> Add <input type="checkbox"/> Delete		
						j. Election Cycle Sum To Date \$ 250.00	
4. Payee	a. Full Name, Mailing Address & Phone (include city, state, and zip)		d. Purpose	e. Account Number/Code	f. Form of Payment	g. Date (mm/dd/yyyy)	h. Amount
	The Positive Influence POB 5964 W-S, NC 27113 765-8855		DIRECT MAIL	SCB	CK	3/20/02	\$1376.59
	b. If Contribution to County Committee, specify:		c. If Coordinated Party Expense, list office:		i. If Amendment, choose change type: <input type="checkbox"/> Add <input type="checkbox"/> Delete		
						j. Election Cycle Sum To Date \$ 11,181.99	
4. Payee	a. Full Name, Mailing Address & Phone (include city, state, and zip)		d. Purpose	e. Account Number/Code	f. Form of Payment	g. Date (mm/dd/yyyy)	h. Amount
	The Positive Influence POB 5964 W-S, NC 27113 765-8855		DIRECT MAIL	SCB	CK	1/22/02	\$307.34
	b. If Contribution to County Committee, specify:		c. If Coordinated Party Expense, list office:		i. If Amendment, choose change type: <input type="checkbox"/> Add <input type="checkbox"/> Delete		
						j. Election Cycle Sum To Date \$ 11,489.33	
5. Total only this Page							\$3882.82
6. Total of ALL CRO-1310 Related Pages (only show on last page)							\$
(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)							\$3882.82

# Loan Proceeds

Page 1 of 1

1. Name of Committee or Fund				2. ID Number	
Schatzman for Sheriff					
3. Lender	a. Full Name, Mailing Address & Phone (include city, state, and zip)	b. Start Date (mm/dd/yyyy)	c. End Date (mm/dd/yyyy)	d. Interest Rate %	i. Account Number/Code
		e. Job Title/Profession	f. Employer's Name/Specific Field		j. Form of Payment
		g. Security Pledged			k. Amount
		h. If Amendment, choose change type: <input type="checkbox"/> Add <input type="checkbox"/> Delete			\$
3. Lender	a. Full Name, Mailing Address & Phone (include city, state, and zip)	b. Start Date (mm/dd/yyyy)	c. End Date (mm/dd/yyyy)	d. Interest Rate %	i. Account Number/Code
		e. Job Title/Profession	f. Employer's Name/Specific Field		j. Form of Payment
		g. Security Pledged			k. Amount
		h. If Amendment, choose change type: <input type="checkbox"/> Add <input type="checkbox"/> Delete			\$
3. Lender	a. Full Name, Mailing Address & Phone (include city, state, and zip)	b. Start Date (mm/dd/yyyy)	c. End Date (mm/dd/yyyy)	d. Interest Rate %	i. Account Number/Code
		e. Job Title/Profession	f. Employer's Name/Specific Field		j. Form of Payment
		g. Security Pledged			k. Amount
		h. If Amendment, choose change type: <input type="checkbox"/> Add <input type="checkbox"/> Delete			\$
3. Lender	a. Full Name, Mailing Address & Phone (include city, state, and zip)	b. Start Date (mm/dd/yyyy)	c. End Date (mm/dd/yyyy)	d. Interest Rate %	i. Account Number/Code
		e. Job Title/Profession	f. Employer's Name/Specific Field		j. Form of Payment
		g. Security Pledged			k. Amount
		h. If Amendment, choose change type: <input type="checkbox"/> Add <input type="checkbox"/> Delete			\$
3. Lender	a. Full Name, Mailing Address & Phone (include city, state, and zip)	b. Start Date (mm/dd/yyyy)	c. End Date (mm/dd/yyyy)	d. Interest Rate %	i. Account Number/Code
		e. Job Title/Profession	f. Employer's Name/Specific Field		j. Form of Payment
		g. Security Pledged			k. Amount
		h. If Amendment, choose change type: <input type="checkbox"/> Add <input type="checkbox"/> Delete			\$
3. Lender	a. Full Name, Mailing Address & Phone (include city, state, and zip)	b. Start Date (mm/dd/yyyy)	c. End Date (mm/dd/yyyy)	d. Interest Rate %	i. Account Number/Code
		e. Job Title/Profession	f. Employer's Name/Specific Field		j. Form of Payment
		g. Security Pledged			k. Amount
		h. If Amendment, choose change type: <input type="checkbox"/> Add <input type="checkbox"/> Delete			\$
4. Total only this Page					\$ 0
5. Total of ALL CRO-1410 Pages (only show on last page) (This line must be on line 9 of Detailed Summary Page CRO-1100)					\$ 0



# Loan Repayments

Page 1 of 1

1. Name of Committee or Fund				2. ID Number	
Schatzman for Sheriff					
3. Lender	a. Full Name, Mailing Address & Phone (include city, state, and zip)	b. Original Loan Date (mm/dd/yyyy)	c. Repayment Date (mm/dd/yyyy)	g. Account Number/Code	
	WILLIAM SCHATZMAN 345 KIRKCEES RD WINSTON-SALEM, NC 27104 794-0988	8/8/01	1/14/02		
	d. Original Loan Amount	e. Remaining Balance of Loan	h. Form of Payment		
	\$ 2500.00	\$ - 0 -	CHECK		
	f. If Amendment, choose change type: <input type="checkbox"/> Add <input type="checkbox"/> Delete			i. Repayment Amount \$ 2500.00	
3. Lender	a. Full Name, Mailing Address & Phone (include city, state, and zip)	b. Original Loan Date (mm/dd/yyyy)	c. Repayment Date (mm/dd/yyyy)	g. Account Number/Code	
	d. Original Loan Amount	e. Remaining Balance of Loan	h. Form of Payment		
	\$	\$			
	f. If Amendment, choose change type: <input type="checkbox"/> Add <input type="checkbox"/> Delete			i. Repayment Amount \$	
3. Lender	a. Full Name, Mailing Address & Phone (include city, state, and zip)	b. Original Loan Date (mm/dd/yyyy)	c. Repayment Date (mm/dd/yyyy)	g. Account Number/Code	
	d. Original Loan Amount	e. Remaining Balance of Loan	h. Form of Payment		
	\$	\$			
	f. If Amendment, choose change type: <input type="checkbox"/> Add <input type="checkbox"/> Delete			i. Repayment Amount \$	
3. Lender	a. Full Name, Mailing Address & Phone (include city, state, and zip)	b. Original Loan Date (mm/dd/yyyy)	c. Repayment Date (mm/dd/yyyy)	g. Account Number/Code	
	d. Original Loan Amount	e. Remaining Balance of Loan	h. Form of Payment		
	\$	\$			
	f. If Amendment, choose change type: <input type="checkbox"/> Add <input type="checkbox"/> Delete			i. Repayment Amount \$	
3. Lender	a. Full Name, Mailing Address & Phone (include city, state, and zip)	b. Original Loan Date (mm/dd/yyyy)	c. Repayment Date (mm/dd/yyyy)	g. Account Number/Code	
	d. Original Loan Amount	e. Remaining Balance of Loan	h. Form of Payment		
	\$	\$			
	f. If Amendment, choose change type: <input type="checkbox"/> Add <input type="checkbox"/> Delete			i. Repayment Amount \$	
3. Lender	a. Full Name, Mailing Address & Phone (include city, state, and zip)	b. Original Loan Date (mm/dd/yyyy)	c. Repayment Date (mm/dd/yyyy)	g. Account Number/Code	
	d. Original Loan Amount	e. Remaining Balance of Loan	h. Form of Payment		
	\$	\$			
	f. If Amendment, choose change type: <input type="checkbox"/> Add <input type="checkbox"/> Delete			i. Repayment Amount \$	
3. Lender	a. Full Name, Mailing Address & Phone (include city, state, and zip)	b. Original Loan Date (mm/dd/yyyy)	c. Repayment Date (mm/dd/yyyy)	g. Account Number/Code	
	d. Original Loan Amount	e. Remaining Balance of Loan	h. Form of Payment		
	\$	\$			
	f. If Amendment, choose change type: <input type="checkbox"/> Add <input type="checkbox"/> Delete			i. Repayment Amount \$	
4. Total only this Page				\$ 2500.00	
5. Total of ALL CRO-1420 Pages (only show on last page)				\$ 2500.00	
(This line must be on line 14 of Detailed Summary Page CRO-1100)					

# Outstanding Loans

Page 1 of 1

1. Name of Committee or Fund			2. ID Number		
Schatzman for Sheriff					
3. Lender	a. Full Name, Mailing Address & Phone (include city, state, and zip)	b. Start Date (mm/dd/yyyy)	c. End Date (mm/dd/yyyy)	d. Interest Rate %	h. Original Loan Amount \$
	e. Job Title/Profession	f. Employer's Name/Specific Field		i. Loan Balance	
	g. Security Pledged				
	j. If Amendment, choose change type: <input type="checkbox"/> Add <input type="checkbox"/> Delete				
3. Lender	a. Full Name, Mailing Address & Phone (include city, state, and zip)	b. Start Date (mm/dd/yyyy)	c. End Date (mm/dd/yyyy)	d. Interest Rate %	h. Original Loan Amount \$
	e. Job Title/Profession	f. Employer's Name/Specific Field		i. Loan Balance	
	g. Security Pledged				
	j. If Amendment, choose change type: <input type="checkbox"/> Add <input type="checkbox"/> Delete				
3. Lender	a. Full Name, Mailing Address & Phone (include city, state, and zip)	b. Start Date (mm/dd/yyyy)	c. End Date (mm/dd/yyyy)	d. Interest Rate %	h. Original Loan Amount \$
	e. Job Title/Profession	f. Employer's Name/Specific Field		i. Loan Balance	
	g. Security Pledged				
	j. If Amendment, choose change type: <input type="checkbox"/> Add <input type="checkbox"/> Delete				
3. Lender	a. Full Name, Mailing Address & Phone (include city, state, and zip)	b. Start Date (mm/dd/yyyy)	c. End Date (mm/dd/yyyy)	d. Interest Rate %	h. Original Loan Amount \$
	e. Job Title/Profession	f. Employer's Name/Specific Field		i. Loan Balance	
	g. Security Pledged				
	j. If Amendment, choose change type: <input type="checkbox"/> Add <input type="checkbox"/> Delete				
3. Lender	a. Full Name, Mailing Address & Phone (include city, state, and zip)	b. Start Date (mm/dd/yyyy)	c. End Date (mm/dd/yyyy)	d. Interest Rate %	h. Original Loan Amount \$
	e. Job Title/Profession	f. Employer's Name/Specific Field		i. Loan Balance	
	g. Security Pledged				
	j. If Amendment, choose change type: <input type="checkbox"/> Add <input type="checkbox"/> Delete				
3. Lender	a. Full Name, Mailing Address & Phone (include city, state, and zip)	b. Start Date (mm/dd/yyyy)	c. End Date (mm/dd/yyyy)	d. Interest Rate %	h. Original Loan Amount \$
	e. Job Title/Profession	f. Employer's Name/Specific Field		i. Loan Balance	
	g. Security Pledged				
	j. If Amendment, choose change type: <input type="checkbox"/> Add <input type="checkbox"/> Delete				
3. Lender	a. Full Name, Mailing Address & Phone (include city, state, and zip)	b. Start Date (mm/dd/yyyy)	c. End Date (mm/dd/yyyy)	d. Interest Rate %	h. Original Loan Amount \$
	e. Job Title/Profession	f. Employer's Name/Specific Field		i. Loan Balance	
	g. Security Pledged				
	j. If Amendment, choose change type: <input type="checkbox"/> Add <input type="checkbox"/> Delete				
4. Total only this Page					\$ 0
5. Total of ALL CRO-1430 Pages (only show on last page)					\$ 0
(This line must be on line 20 of Detailed Summary Page CRO-1100)					

# In-Kind Contributions

Page 1 of 1

1. Name of Committee or Fund		2. ID Number	
Schatzman for Sheriff			
3. Contributor	a. Full Name, Mailing Address & Phone (include city, state, and zip)	c. Description	d. Date (mm/dd/yyyy)
			e. Fair Market Amount
			\$
			\$
b. Type of Contributor		f. If Amendment, choose change type:	
<input type="checkbox"/> Individual <input type="checkbox"/> Party Committee <input type="checkbox"/> Other Political Committee <input type="checkbox"/> Other Receipt Source		<input type="checkbox"/> Add <input type="checkbox"/> Delete	
		g. Election Cycle Sum to Date	
		\$	
3. Contributor	a. Full Name, Mailing Address & Phone (include city, state, and zip)	c. Description	d. Date (mm/dd/yyyy)
			e. Fair Market Amount
			\$
			\$
b. Type of Contributor		f. If Amendment, choose change type:	
<input type="checkbox"/> Individual <input type="checkbox"/> Party Committee <input type="checkbox"/> Other Political Committee <input type="checkbox"/> Other Receipt Source		<input type="checkbox"/> Add <input type="checkbox"/> Delete	
		g. Election Cycle Sum to Date	
		\$	
3. Contributor	a. Full Name, Mailing Address & Phone (include city, state, and zip)	c. Description	d. Date (mm/dd/yyyy)
			e. Fair Market Amount
			\$
			\$
b. Type of Contributor		f. If Amendment, choose change type:	
<input type="checkbox"/> Individual <input type="checkbox"/> Party Committee <input type="checkbox"/> Other Political Committee <input type="checkbox"/> Other Receipt Source		<input type="checkbox"/> Add <input type="checkbox"/> Delete	
		g. Election Cycle Sum to Date	
		\$	
3. Contributor	a. Full Name, Mailing Address & Phone (include city, state, and zip)	c. Description	d. Date (mm/dd/yyyy)
			e. Fair Market Amount
			\$
			\$
b. Type of Contributor		f. If Amendment, choose change type:	
<input type="checkbox"/> Individual <input type="checkbox"/> Party Committee <input type="checkbox"/> Other Political Committee <input type="checkbox"/> Other Receipt Source		<input type="checkbox"/> Add <input type="checkbox"/> Delete	
		g. Election Cycle Sum to Date	
		\$	
3. Contributor	a. Full Name, Mailing Address & Phone (include city, state, and zip)	c. Description	d. Date (mm/dd/yyyy)
			e. Fair Market Amount
			\$
			\$
b. Type of Contributor		f. If Amendment, choose change type:	
<input type="checkbox"/> Individual <input type="checkbox"/> Party Committee <input type="checkbox"/> Other Political Committee <input type="checkbox"/> Other Receipt Source		<input type="checkbox"/> Add <input type="checkbox"/> Delete	
		g. Election Cycle Sum to Date	
		\$	
4. Total only this Page		\$ 0	
5. Total of ALL CRO-1510 Pages (only show on last page)		\$ 0	
(This line must be on line 16 of Detailed Summary Page CRO-1100)			