

**COPY**


**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>JULY 2, 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 SECOND QUARTER</b>				10. Period Covered Start <b>4-27-02</b> End <b>6-30-02</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"/> "Booster Fund"					
<input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Soft Money Account <input type="checkbox"/> Building Fund					
<input type="checkbox"/> Other Fund: _____					
13. Treasurer Name <b>Wes Brooks 760-1120</b>					
14. Assistant Treasurer Name(s)					
15. Custodian of Books Name <b>Wes Brooks 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>\$ 8,427.33</b>		
			\$		
			\$		
			\$		
			\$		
			\$		

**CERTIFICATION**

I certify that the Committee is in compliance with all provisions of Article 22A, including that no funds are commingled with funds for a federal or out-of-state PAC. I further say that this report is complete, true and correct.

  
Signature of Appointed Treasurer or Candidate

**7/2/2002**  
Date



## Detailed Summary

1. Name of Committee or Fund		2. Type of Report		3. ID Number	
Schatzman for Sheriff		2002 2NA QTR			
Start of Election Cycle: January 1, 2001		Total this Period	Total this Election Cycle	For Office Use Only	
4) Cash on Hand at Start of Election Cycle			\$ 0		
5) Cash on Hand at Start of Present Reporting Period		\$ 8427.33			
<b>RECEIPTS</b>					
6) Contributions from Individuals	(CRO-1210)	\$ 5891.25	\$ 26,866.25		
7) Contributions from Political Party Committees	(CRO-1220)	\$	\$		
8) Contributions from Other Political Committees	(CRO-1230)	\$ 100.00	\$ 100.00		
9) Loan Proceeds	(CRO-1410)	\$	\$ 2500.00		
10) Refunds & Reimbursements to Committee	(CRO-1240)	\$	\$		
11) Other Receipt Sources	(CRO-1250)				
11a) Interest on Bank Accounts	(CRO-1250)	\$ 10.23	\$ 33.11		
11b) Contributions from Not-for-Profit Organizations	(CRO-1250)	\$	\$		
11c) Outside Sources of Income	(CRO-1250)	\$	\$		
12) TOTAL RECEIPTS		\$ 6001.48	\$ 29,499.36		
(Add lines 6, 7, 8, 9, 10, 11a, 11b, and 11c)					
<b>EXPENDITURES</b>					
13) Disbursements	(CRO-1310)				
13a) Operating Expenditures	(CRO-1310)	\$ 3861.80	\$ 16,452.35		
13b) Contributions to Candidates/Political Committees	(CRO-1310)	\$	\$		
13c) Coordinated Party Expenditures	(CRO-1310)	\$	\$		
14) Loan Repayments	(CRO-1420)	\$	\$ 2500.00		
15) Refunds from Committee	(CRO-1320)	\$	\$		
16) In-Kind Contributions	(CRO-1510)	\$ 246.25	\$ 246.25		
17) TOTAL EXPENDITURES		\$ 4128.05	\$ 19,198.60		
(Add lines 13a, 13b, 13c, 14, 15, and 16)					
18) Cash on Hand at End of Reporting Period		\$ 10,300.76	\$ 10,300.76		
(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)					
<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	
	DAVID E BRENNER 2805 OLD TOWN CITY CLUB RD Winston-Salem, NC 27106 777.8110	SCB	CK	4/22/02	<input type="checkbox"/>	<input type="checkbox"/>	\$ 250.00	
	b. Job Title/Profession						\$	
	c. Employer's Name/Specific Field						\$	
j. If Amendment, choose change type:						k. Election Cycle Sum to Date		
Add 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	
	<del>DAVID E BRENNER</del>	<del>SCB</del>	<del>CK</del>	<del>4/22/02</del>	<del><input type="checkbox"/></del>	<del><input type="checkbox"/></del>	<del>\$</del>	
	b. Job Title/Profession						<del>\$</del>	
	c. Employer's Name/Specific Field						<del>\$</del>	
j. If Amendment, choose change type:						k. Election Cycle Sum to Date		
Add 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	
	KENNETH P CARLSON 3108 BucNa Vista Rd Winston-Salem, NC 27106 722-6880	SCB	CK	4/22/02	<input type="checkbox"/>	<input type="checkbox"/>	\$ 150.00	
	b. Job Title/Profession						\$	
	c. Employer's Name/Specific Field						\$	
j. If Amendment, choose change type:						k. Election Cycle Sum to Date		
Add 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	
	<del>DAVID E BRENNER</del>	<del>SCB</del>	<del>CK</del>	<del>4/22/02</del>	<del><input type="checkbox"/></del>	<del><input type="checkbox"/></del>	<del>\$</del>	
	b. Job Title/Profession						<del>\$</del>	
	c. Employer's Name/Specific Field						<del>\$</del>	
j. If Amendment, choose change type:						k. Election Cycle Sum to Date		
Add 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	
	<del>DAVID E BRENNER</del>	<del>SCB</del>	<del>CK</del>	<del>4/22/02</del>	<del><input type="checkbox"/></del>	<del><input type="checkbox"/></del>	<del>\$</del>	
	b. Job Title/Profession						<del>\$</del>	
	c. Employer's Name/Specific Field						<del>\$</del>	
j. If Amendment, choose change type:						k. Election Cycle Sum to Date		
Add 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	
	<del>DAVID E BRENNER</del>	<del>SCB</del>	<del>CK</del>	<del>4/22/02</del>	<del><input type="checkbox"/></del>	<del><input type="checkbox"/></del>	<del>\$</del>	
	b. Job Title/Profession						<del>\$</del>	
	c. Employer's Name/Specific Field						<del>\$</del>	
j. If Amendment, choose change type:						k. Election Cycle Sum to Date		
Add Delete						\$		
4. Total only this Page							\$ 400.00	
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								
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	
3. Contributor GENIE PETTY 1920 CHATEAU PLACE DR W.S. NC 27103 784-6268		SCB	CK	4/25/02	<input type="checkbox"/>	<input type="checkbox"/>	\$ 250.00	
b. Job Title/Profession					<input type="checkbox"/>	<input type="checkbox"/>	\$	
c. Employer's Name/Specific Field					<input type="checkbox"/>	<input type="checkbox"/>	\$	
LEISURE TIME AMUSEMENT					<input type="checkbox"/>	<input type="checkbox"/>	\$	
j. If Amendment, choose change type:				k. Election Cycle Sum to Date				
Add Delete				\$ 250.00				
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	
3. Contributor DENNIS CHEEK 166 Linbrook Dr. Winston-Salem, NC 27106 768-4949		SCB	CK	4/24/02	<input type="checkbox"/>	<input type="checkbox"/>	\$ 100.00	
b. Job Title/Profession					<input type="checkbox"/>	<input checked="" type="checkbox"/>	\$ 100.00	
c. Employer's Name/Specific Field					<input type="checkbox"/>	<input type="checkbox"/>	\$	
NACHINIST					<input type="checkbox"/>	<input type="checkbox"/>	\$	
j. If Amendment, choose change type:				k. Election Cycle Sum to Date				
Add Delete				\$ 200.00				
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	
3. Contributor <del>XXXXXXXXXX</del>		<del>SCB</del>	<del>CK</del>	<del>4/24/02</del>	<del><input type="checkbox"/></del>	<del><input type="checkbox"/></del>	<del>\$</del>	
b. Job Title/Profession					<del><input type="checkbox"/></del>	<del><input checked="" type="checkbox"/></del>	<del>\$</del>	
c. Employer's Name/Specific Field					<del><input type="checkbox"/></del>	<del><input type="checkbox"/></del>	<del>\$</del>	
j. If Amendment, choose change type:				k. Election Cycle Sum to Date				
Add Delete				\$				
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	
3. Contributor MYREN MC PRIOR 642 Riverbend Dr Advance, NC 27006 998-8930		SCB	CK	4/30/02	<input type="checkbox"/>	<input type="checkbox"/>	\$ 50.00	
b. Job Title/Profession					<input type="checkbox"/>	<input checked="" type="checkbox"/>	\$ 100.00	
c. Employer's Name/Specific Field					<input type="checkbox"/>	<input type="checkbox"/>	\$	
RETIRED					<input type="checkbox"/>	<input type="checkbox"/>	\$	
j. If Amendment, choose change type:				k. Election Cycle Sum to Date				
Add Delete				\$ 150.00				
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	
3. Contributor EUGENE LIVENGOOD 3137 MIDDLEBROOK DR CLEMENS, NC 27012 766-4329		SCB	CASH	4/30/01	<input type="checkbox"/>	<input type="checkbox"/>	\$ 100.00	
b. Job Title/Profession					<input type="checkbox"/>	<input checked="" type="checkbox"/>	\$ 100.00	
c. Employer's Name/Specific Field					<input type="checkbox"/>	<input checked="" type="checkbox"/>	\$ 100.00	
RETIRED					<input type="checkbox"/>	<input type="checkbox"/>	\$	
j. If Amendment, choose change type:				k. Election Cycle Sum to Date				
Add Delete				\$ 300.00				
4. Total only this Page							\$ 500.00	
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	
	WILLIAM BRADBURN JR 4903 Dewars Circle Wilmington, NC 28409	SCB	CK	4/30/02	<input type="checkbox"/>	<input type="checkbox"/>	\$ 300.00	
					<input type="checkbox"/>	<input type="checkbox"/>	\$	
					<input type="checkbox"/>	<input type="checkbox"/>	\$	
	b. Job Title/Profession						\$	
	Insurance Commission						\$	
	c. Employer's Name/Specific Field	j. If Amendment, choose change type:			k. Election Cycle Sum to Date			
	STATE OF N.C.	Add Delete			\$ 300.00			
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 N DAVIS 1521 Barrington Way W.S, NC 27106 760-2778	SCB	CK	4/30/02	<input type="checkbox"/>	<input type="checkbox"/>	\$ 500.00	
					<input type="checkbox"/>	<input type="checkbox"/>	\$	
					<input type="checkbox"/>	<input type="checkbox"/>	\$	
	b. Job Title/Profession						\$	
	Bider Developer						\$	
	c. Employer's Name/Specific Field	j. If Amendment, choose change type:			k. Election Cycle Sum to Date			
	WATERS EDGE	Add 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 W TESH 3565 TESH RD GERMANTON, NC 661-9672	SCB	IN-KIND-TRAVEL	4/30/02	<input checked="" type="checkbox"/>	<input type="checkbox"/>	\$ 246.25	
				1/24/02	<input type="checkbox"/>	<input checked="" type="checkbox"/>	\$ 500.00	
					<input type="checkbox"/>	<input type="checkbox"/>	\$	
	b. Job Title/Profession						\$	
	SECURITY						\$	
	c. Employer's Name/Specific Field	j. If Amendment, choose change type:			k. Election Cycle Sum to Date			
	NOUANT HEALTH	Add Delete			\$ 746.25			
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						\$	
							\$	
	c. Employer's Name/Specific Field	j. If Amendment, choose change type:			k. Election Cycle Sum to Date			
		Add 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						\$	
							\$	
	c. Employer's Name/Specific Field	j. If Amendment, choose change type:			k. Election Cycle Sum to Date			
		Add Delete			\$			
4. Total only this Page							\$ 1046.25	
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

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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	
	722-1757 Sam S. Boone Jr. 601 Glen Echo Trl. Winston-Salem, NC 27106	SCB	CK	4/30/02	<input type="checkbox"/>	<input type="checkbox"/>	\$ 200.00	
	b. Job Title/Profession						\$	
	RETIRED						\$	
c. Employer's Name/Specific Field						j. If Amendment, choose change type:		
						Add Delete		
						k. Election Cycle Sum to Date		
						\$ 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	
	945-5827 Floyd L Mock 1620 Lewisville Vienna Rd Pittsford, NC 27040	SCB	CK	4/30/02	<input type="checkbox"/>	<input type="checkbox"/>	\$ 500.00	
	b. Job Title/Profession						\$	
	BUSINESS OWNER						\$	
c. Employer's Name/Specific Field						j. If Amendment, choose change type:		
MOCK TIRE						Add Delete		
						k. Election Cycle Sum to Date		
						\$ 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	
	765-1148 Harvey L Davis 300 S MLK Jr Drive Winston-Salem, NC 27101-5511	SCB	CK	4/30/02	<input type="checkbox"/>	<input type="checkbox"/>	\$ 300.00	
	b. Job Title/Profession						\$	
	BUSINESS OWNER						\$	
c. Employer's Name/Specific Field						j. If Amendment, choose change type:		
DAVIS Garage						Add Delete		
						k. Election Cycle Sum to Date		
						\$ 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	
	S.C. Folger 3600 Grandview Ct Rd Pittsford, NC 27040 924-4774	SCB	CK	5/20/02	<input type="checkbox"/>	<input type="checkbox"/>	\$ 250.00	
	b. Job Title/Profession						\$	
	RETIRED						\$	
c. Employer's Name/Specific Field						j. If Amendment, choose change type:		
						Add Delete		
						k. Election Cycle Sum to Date		
						\$ 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	
	922-9336 Linda Smith 4311 Copperfield Rd. Ln Winston-Salem, NC 27106	SCB	CK	6/26/02	<input type="checkbox"/>	<input type="checkbox"/>	\$ 1,000.00	
	b. Job Title/Profession						\$	
	Real Estate agent						\$	
c. Employer's Name/Specific Field						j. If Amendment, choose change type:		
RJR						Add Delete		
						k. Election Cycle Sum to Date		
						\$ 1,000.00		
4. Total only this Page							\$2150.00	
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	
	Aggregated individual contribution	[REDACTED] SCB	CASH	4/22/02	<input type="checkbox"/>	<input type="checkbox"/>	\$ 100.00	
	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		
				Add 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	[REDACTED] SCB	CK	4/22/02	<input type="checkbox"/>	<input type="checkbox"/>	\$ 100.00	
	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		
				Add 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	[REDACTED] SCB	CK	4/22/02	<input type="checkbox"/>	<input type="checkbox"/>	\$ 50.00	
	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		
				Add 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	[REDACTED] SCB	CK	4/22/02	<input type="checkbox"/>	<input type="checkbox"/>	\$ 50.00	
	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		
				Add 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	[REDACTED] SCB	CK	4/22/02	<input type="checkbox"/>	<input type="checkbox"/>	\$ 100.00	
	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		
				Add Delete		\$		
4. Total only this Page						\$ 400.00		
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	CK	4/30/02	<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"/>	\$	
	c. Employer's Name/Specific Field	j. If Amendment, choose change type: Add <input type="checkbox"/> Delete <input type="checkbox"/>				k. Election Cycle Sum to Date \$		
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	CK	4/30/02	<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: Add <input type="checkbox"/> Delete <input type="checkbox"/>				k. Election Cycle Sum to Date \$		
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	CK	4/30/02	<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: Add <input type="checkbox"/> Delete <input type="checkbox"/>				k. Election Cycle Sum to Date \$		
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	CK	4/30/02	<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"/>	\$	
	c. Employer's Name/Specific Field	j. If Amendment, choose change type: Add <input type="checkbox"/> Delete <input type="checkbox"/>				k. Election Cycle Sum to Date \$		
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	CK	4/30/02	<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: Add <input type="checkbox"/> Delete <input type="checkbox"/>				k. Election Cycle Sum to Date \$		
4. Total only this Page							\$ 175.00	
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								
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	CK	4/30/02	<input type="checkbox"/>	<input type="checkbox"/>	\$ 25.00	
	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		
				Add 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	CK	4/30/02	<input type="checkbox"/>	<input type="checkbox"/>	\$ 25.00	
	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		
				Add 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	CK	4/30/02	<input type="checkbox"/>	<input type="checkbox"/>	\$ 50.00	
	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		
				Add 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	CK	4/30/02	<input type="checkbox"/>	<input type="checkbox"/>	\$ 15.00	
	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		
				Add 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	CK	4/30/02	<input type="checkbox"/>	<input type="checkbox"/>	\$ 100.00	
	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		
				Add Delete		\$		
4. Total only this Page						\$ 215.00		
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	CK	4/30/02	<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				
		Add 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	CK	4/30/02	<input type="checkbox"/>	<input type="checkbox"/>	\$ 10.00	
					<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				
		Add 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	CK	4/30/02	<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				
		Add 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	CK	4/30/02	<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				
		Add 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	CK	4/30/02	<input type="checkbox"/>	<input type="checkbox"/>	\$ 20.00	
					<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				
		Add Delete		\$				
4. Total only this Page							\$255.00	
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								
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	CK	5/9/02	<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: Add <input type="checkbox"/> Delete <input type="checkbox"/>				k. Election Cycle Sum to Date \$		
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	CK	5/9/02	<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"/>	\$	
	c. Employer's Name/Specific Field	j. If Amendment, choose change type: Add <input type="checkbox"/> Delete <input type="checkbox"/>				k. Election Cycle Sum to Date \$		
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	CK	5/9/02	<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: Add <input type="checkbox"/> Delete <input type="checkbox"/>				k. Election Cycle Sum to Date \$		
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	CK	5/20/02	<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"/>	\$	
	c. Employer's Name/Specific Field	j. If Amendment, choose change type: Add <input type="checkbox"/> Delete <input type="checkbox"/>				k. Election Cycle Sum to Date \$		
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	CK	5/20/02	<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: Add <input type="checkbox"/> Delete <input type="checkbox"/>				k. Election Cycle Sum to Date \$		
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 10 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	[REDACTED] SCB	CK	5/20/02	<input type="checkbox"/>	<input type="checkbox"/>	\$ 50.00	
	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		
				Add 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	[REDACTED] SCB	CK	6/22/02	<input type="checkbox"/>	<input type="checkbox"/>	\$ 100.00	
	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		
				Add 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	[REDACTED] SCB	CK	4/22/02	<input type="checkbox"/>	<input type="checkbox"/>	\$ 50.00	
	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		
				Add 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	[REDACTED] SCB	CK	4/22/02	<input type="checkbox"/>	<input type="checkbox"/>	\$ 100.00	
	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		
				Add 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	[REDACTED] SCB	CK	4/22/02	<input type="checkbox"/>	<input type="checkbox"/>	\$ 100.00	
	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		
				Add Delete		\$		
4. Total only this Page							\$ 400.00	
5. Total of ALL CRO-1210 Pages (only show on last page)							\$ 5891.25	
(This line must be on line 6 of Detailed Summary Page CRO-1100)								

# Contributions from OTHER POLITICAL COMMITTEES

Page 1 of 1

1. Name of Committee or Fund						2. ID Number	
3. 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. In- Kind	f. Amount	
	COMMITTEE TO ELECT KEN RAYMOND PO BOX 17137 WIS, NC 27116-7137 722-1737	[REDACTED]	CK	4/30/02	<input type="checkbox"/> \$ 100.00 <input type="checkbox"/> \$ <input type="checkbox"/> \$ <input type="checkbox"/> \$		
	g. Type of Committee Federal <input type="checkbox"/> State <input checked="" type="checkbox"/> County: <u>FORSYTH</u>		h. If Amendment, choose change type: <input type="checkbox"/> Add <input type="checkbox"/> Delete		i. Election Cycle Sum to Date \$ 100.00		
3. 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. In- Kind	f. Amount	
					<input type="checkbox"/> \$ <input type="checkbox"/> \$ <input type="checkbox"/> \$ <input type="checkbox"/> \$		
	g. Type of Committee Federal <input type="checkbox"/> State <input type="checkbox"/> County: _____		h. If Amendment, choose change type: <input type="checkbox"/> Add <input type="checkbox"/> Delete		i. Election Cycle Sum to Date \$		
3. 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. In- Kind	f. Amount	
					<input type="checkbox"/> \$ <input type="checkbox"/> \$ <input type="checkbox"/> \$ <input type="checkbox"/> \$		
	g. Type of Committee Federal <input type="checkbox"/> State <input type="checkbox"/> County: _____		h. If Amendment, choose change type: <input type="checkbox"/> Add <input type="checkbox"/> Delete		i. Election Cycle Sum to Date \$		
3. 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. In- Kind	f. Amount	
					<input type="checkbox"/> \$ <input type="checkbox"/> \$ <input type="checkbox"/> \$ <input type="checkbox"/> \$		
	g. Type of Committee Federal <input type="checkbox"/> State <input type="checkbox"/> County: _____		h. If Amendment, choose change type: <input type="checkbox"/> Add <input type="checkbox"/> Delete		i. Election Cycle Sum to Date \$		
3. 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. In- Kind	f. Amount	
					<input type="checkbox"/> \$ <input type="checkbox"/> \$ <input type="checkbox"/> \$ <input type="checkbox"/> \$		
	g. Type of Committee Federal <input type="checkbox"/> State <input type="checkbox"/> County: _____		h. If Amendment, choose change type: <input type="checkbox"/> Add <input type="checkbox"/> Delete		i. Election Cycle Sum to Date \$		
4. Total only this Page						\$ 100.00	
5. Total of ALL CRO-1230 Pages (only show on last page)						\$ 100.00	
(This line must be on line 8 of Detailed Summary Page CRO-1100)							

# Other Receipt Sources

Page 1 of 1

1. Name of Committee or Fund				2. ID Number	
Schatzman for Sheriff					
3. Type of Receipt Source <i>(Please use separate CRO-1250 forms for each type of Receipt Source.)</i>					
<input checked="" type="checkbox"/> Interest		<input type="checkbox"/> Contributions from Not-for-Profit Organizations		<input type="checkbox"/> Outside Sources of Income	
4. Contributor	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
	Southern Community Bank	SCB	Bank	4/30/02	\$ 3.10
	0 Box 26134		Credit	5/31/02	\$ 3.71
	Winston-Salem, NC 27104			6/30/02	\$ 3.42
f. If Outside Source of Income, explain:		g. If Amendment, choose change type:		h. If Not-for-Profit, list Fed ID #:	
		Add <input type="checkbox"/> Delete <input type="checkbox"/>			
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
					\$
					\$
					\$
f. If Outside Source of Income, explain:		g. If Amendment, choose change type:		h. If Not-for-Profit, list Fed ID #:	
		Add <input type="checkbox"/> Delete <input type="checkbox"/>			
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
					\$
					\$
					\$
f. If Outside Source of Income, explain:		g. If Amendment, choose change type:		h. If Not-for-Profit, list Fed ID #:	
		Add <input type="checkbox"/> Delete <input type="checkbox"/>			
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
					\$
					\$
					\$
f. If Outside Source of Income, explain:		g. If Amendment, choose change type:		h. If Not-for-Profit, list Fed ID #:	
		Add <input type="checkbox"/> Delete <input type="checkbox"/>			
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
					\$
					\$
					\$
f. If Outside Source of Income, explain:		g. If Amendment, choose change type:		h. If Not-for-Profit, list Fed ID #:	
		Add <input type="checkbox"/> Delete <input type="checkbox"/>			
5. Total only this Page					\$ / 0.23
6. Total of ALL CRO-1250 Related Pages <i>(only show on last page)</i>					\$ / 0.23
<i>(This line goes in line 11a of Detailed Summary Page CRO-1100 if Interest)</i>					
<i>(This line goes in line 11b of Detailed Summary Page CRO-1100 if Not-for-Profit Contribution)</i>					
<i>(This line goes in line 11c of Detailed Summary Page CRO-1100 if Outside Sources of Income)</i>					

## Disbursements

1. Name of Committee or Fund <b>Schatzman for Sheriff</b>						2. ID Number	
3. Type of Disbursement (Please use separate CRO-1310 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 PO Box 5964 WS, NC 27113 336-765-8855		DIRECT [REDACTED] SCB		CK	4/25/02	\$2381.00
	b. If Contribution to County Committee, specify:		c. If Coordinated Party Expense, list office:		i. If Amendment, choose change type:		j. Election Cycle Sum To Date
					Add Delete		\$ 13870.33
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 PO Box 5964 WS, NC 27113 336-765-8855		ADVERTIS [REDACTED] SCB		CK	5/8/02	\$ 777.80
	b. If Contribution to County Committee, specify:		c. If Coordinated Party Expense, list office:		i. If Amendment, choose change type:		j. Election Cycle Sum To Date
					Add Delete		\$ 14648.13
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 PO Box 5964 WS, NC 27113 336-765-8855		YARA SICK [REDACTED] SCB		CK	6/18/02	\$ 723.00
	b. If Contribution to County Committee, specify:		c. If Coordinated Party Expense, list office:		i. If Amendment, choose change type:		j. Election Cycle Sum To Date
					Add Delete		\$ 15371.13
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
				[REDACTED] SCB		CK	\$
	b. If Contribution to County Committee, specify:		c. If Coordinated Party Expense, list office:		i. If Amendment, choose change type:		j. Election Cycle Sum To Date
					Add Delete		\$
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
				[REDACTED] SCB		CK	\$
	b. If Contribution to County Committee, specify:		c. If Coordinated Party Expense, list office:		i. If Amendment, choose change type:		j. Election Cycle Sum To Date
					Add Delete		\$
5. Total only this Page						\$3881.80	
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)						\$3881.80	

# Loan Proceeds

Page \_\_\_\_ of \_\_\_\_

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
	NONE	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: Add <input type="checkbox"/> Delete <input type="checkbox"/>			\$
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: Add <input type="checkbox"/> Delete <input type="checkbox"/>			\$
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: Add <input type="checkbox"/> Delete <input type="checkbox"/>			\$
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: Add <input type="checkbox"/> Delete <input type="checkbox"/>			\$
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: Add <input type="checkbox"/> Delete <input type="checkbox"/>			\$
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: Add <input type="checkbox"/> Delete <input type="checkbox"/>			\$
4. Total only this Page					\$
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)					

# Loan Repayments

Page \_\_\_\_ of \_\_\_\_

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
	NONE	d. Original Loan Amount	e. Remaining Balance of Loan	h. Form of Payment
		\$	\$	i. Repayment Amount
		f. If Amendment, choose change type:		\$
		Add Delete		
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
		\$	\$	i. Repayment Amount
		f. If Amendment, choose change type:		\$
		Add Delete		
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
		\$	\$	i. Repayment Amount
		f. If Amendment, choose change type:		\$
		Add Delete		
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
		\$	\$	i. Repayment Amount
		f. If Amendment, choose change type:		\$
		Add Delete		
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
		\$	\$	i. Repayment Amount
		f. If Amendment, choose change type:		\$
		Add Delete		
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
		\$	\$	i. Repayment Amount
		f. If Amendment, choose change type:		\$
		Add Delete		
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
		\$	\$	i. Repayment Amount
		f. If Amendment, choose change type:		\$
		Add Delete		
4. Total only this Page				\$
5. Total of ALL CRO-1420 Pages (only show on last page)				\$
(This line must be on line 14 of Detailed Summary Page CRO-1100)				

# Outstanding Loans

Page \_\_\_\_ of \_\_\_\_

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 %
	<div style="border: 1px solid black; border-radius: 50%; width: 100px; height: 100px; display: flex; align-items: center; justify-content: center;">             NONE           </div>	e. Job Title/Profession	f. Employer's Name/Specific Field	
		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 %
		e. Job Title/Profession	f. Employer's Name/Specific Field	
		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 %
		e. Job Title/Profession	f. Employer's Name/Specific Field	
		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 %
		e. Job Title/Profession	f. Employer's Name/Specific Field	
		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 %
		e. Job Title/Profession	f. Employer's Name/Specific Field	
		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 %
		e. Job Title/Profession	f. Employer's Name/Specific Field	
		g. Security Pledged		
		j. If Amendment, choose change type: <input type="checkbox"/> Add <input type="checkbox"/> Delete		
4. Total only this Page				\$
5. Total of ALL CRO-1430 Pages (only show on last page)				\$
(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
	THOMAS W TESH 3565 TESH RD GERMANTON, NC 661-9672	1,000 PENCILS	4/30/02	\$ 246.25
				\$
				\$
b. Type of Contributor		f. If Amendment, choose change type:		g. Election Cycle Sum to Date
<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Party Committee <input type="checkbox"/> Other Political Committee <input type="checkbox"/> Other Receipt Source		Add Delete		\$ 246.25
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:		g. Election Cycle Sum to Date
<input type="checkbox"/> Individual <input type="checkbox"/> Party Committee <input type="checkbox"/> Other Political Committee <input type="checkbox"/> Other Receipt Source		Add Delete		\$
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:		g. Election Cycle Sum to Date
<input type="checkbox"/> Individual <input type="checkbox"/> Party Committee <input type="checkbox"/> Other Political Committee <input type="checkbox"/> Other Receipt Source		Add Delete		\$
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:		g. Election Cycle Sum to Date
<input type="checkbox"/> Individual <input type="checkbox"/> Party Committee <input type="checkbox"/> Other Political Committee <input type="checkbox"/> Other Receipt Source		Add Delete		\$
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:		g. Election Cycle Sum to Date
<input type="checkbox"/> Individual <input type="checkbox"/> Party Committee <input type="checkbox"/> Other Political Committee <input type="checkbox"/> Other Receipt Source		Add Delete		\$
4. Total only this Page			\$ 246.25	
5. Total of ALL CRO-1510 Pages (only show on last page)			\$ 246.25	
(This line must be on line 16 of Detailed Summary Page CRO-1100)				