


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 Schatzman for Sheriff | | | | 6. Date AUG 28, 2002 | |
| 2. Address 3880 Vest Mill Road Suite 9 | | | | 7. ID Number | |
| 3. City Winston-Salem | | 4. State NC | 5. Zip 27103 | 8. Phone 336-794-0988 | |
| 9. Type of Report 2002 SECOND QUARTER | | | | 10. Period Covered Start 4-21-02 End 6-30-02 | |
| 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 Wes Brooks 760-1120 | | | | | |
| 14. Assistant Treasurer Name(s) | | | | | |
| 15. Custodian of Books Name Wes Brooks 760-1120 | | | | | |
| 16. Bank/Depository/Credit Account Information | | | | | |
| a. Name | b. Purpose | c. Code | d. Period Begin Balance | | |
| Southern Community Bank | Campaign receipts & disbursements | SCB | \$ 8,427.33 | | |
| | | | \$ | | |
| | | | \$ | | |
| | | | \$ | | |
| | | | \$ | | |
| | | | \$ | | |
| | | | \$ | | |
| 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 | | | | 8/28/02 Date | |

CRO-1000

NC State Board of Elections

February 2002

Amended report is 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 on hand 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) | | | |
| <div style="border: 1px solid black; border-radius: 50%; padding: 20px; text-align: center;"> <p>NO NEW INFORMATION</p> </div> | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| 4. Bank/Depository/Credit Account Information | | | |
| a. Name | b. Purpose | c. Code | d. Period Begin Balance |
| | | | \$ |
| | | | \$ |
| | | | \$ |
| | | | \$ |
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| | | | \$ |
| | | | \$ |

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, 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 | | \$8427.33 | | | |
| RECEIPTS | | | | | |
| 6) Contributions from Individuals | (CRO-1210) | \$5891.25 | \$16,391.25 | | |
| 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) | \$ | \$ | | |
| 10) Refunds & Reimbursements to Committee | (CRO-1240) | \$ | \$ | | |
| 11) Other Receipt Sources | (CRO-1250) | | | | |
| 11a) Interest on Bank Accounts | (CRO-1250) | \$10.23 | \$19.66 | | |
| 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) | \$6001.48 | \$16510.96 | | |
| EXPENDITURES | | | | | |
| 13) Disbursements | (CRO-1310) | | | | |
| 13a) Operating Expenditures | (CRO-1310) | \$3881.80 | \$7765.62 | | |
| 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 | (Add lines 13a, 13b, 13c, 14, 15, and 16) | \$4128.05 | \$10,511.87 | | |
| 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) | \$10,300.76 | \$10,300.76 | | |
| Additional Information | | | | | |
| 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 CT, C/4B 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 | |
| | DAVID E BRENNER | SCB | CK | 4/22/02 | <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 | |
| | KENNETH P CARLSON 3108 Buena 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 | |
| | DAVID E BRENNER | SCB | CK | 4/22/02 | <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 | |
| | DAVID E BRENNER | SCB | CK | 4/22/02 | <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 | | | | | | \$ 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 | | | | | | | |
| 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 |
| | GENE PETTY 1920 CHATEAU PLACE DR WIS 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"/> | \$ |
| j. If Amendment, choose change type: | | | | k. Election Cycle Sum to Date | | | |
| LEISURE TIME AMUSEMENT 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 |
| | DENNIS CREEK 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"/> | \$ |
| j. If Amendment, choose change type: | | | | k. Election Cycle Sum to Date | | | |
| REJ. HEINLOI Add 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 | SCB | CK | 4/24/02 | <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 | | | |
| 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 |
| | MAREN MC BRIDE 642 Riverbend Dr Advance, NC 27006 998-8930 | SCB | CK | 4/20/02 | <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"/> | \$ |
| 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 |
| | EUGENE LIVENGOOD 3137 MIDDLEBROOK DR CLEMONT, NC 27012 766-4329 | SCB | CASH CK | 4/20/01 3/26/02 | <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 checked="" type="checkbox"/> | \$ 100.00 |
| 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

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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 | |
| | WILLIAM BRADBURN JR 4903 Dewars Circle Wilmington, NC 28409 | SCB | CK | 4/20/02 | <input type="checkbox"/> | <input type="checkbox"/> | \$ 300.00 | |
| | 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 | | | | \$ 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 | 4/20/02 | <input type="checkbox"/> | <input type="checkbox"/> | \$ 500.00 | |
| | 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 | | | | \$ 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 - PERMIT CK | 4/20/02 1/24/02 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | \$ 246.25 | |
| | b. Job Title/Profession | | | | <input type="checkbox"/> | <input checked="" type="checkbox"/> | \$ 500.00 | |
| | 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 | | | | \$ 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"/> | \$ | |
| | 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 | |
| | | SCB | CK | | <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 | | | | |
| 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 |
| | Sam L. Boake 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 | | | | <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 | | | | \$ 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 |
| | Floyd L Mack 1620 Lewisville Vienna Rd Pfafftown, NC 27040 | SCB | CK | 4/30/02 | <input type="checkbox"/> | <input type="checkbox"/> | \$ 500.00 |
| | 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 | | | | \$ 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 |
| | Harvey L Davis 300 S MLK Jr Drive Winston-Salem, NC 27101-5511 | SCB | CK | 4/30/02 | <input type="checkbox"/> | <input type="checkbox"/> | \$ 200.00 |
| | 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 | | | | \$ 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 Pfafftown, NC 27040 924-4974 | SCB | CK | 5/20/02 | <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"/> | \$ |
| 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 |
| | Linda Smith 4311 Copperfield Ridge Ln Winston-Salem, NC 27106 | SCB | CK | 6/24/02 | <input type="checkbox"/> | <input type="checkbox"/> | \$ 1,000.00 |
| | 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 | | | | \$ 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 | 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 | 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 | 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 | 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 | 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 |
| | 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 <input type="checkbox"/> Delete <input type="checkbox"/> | | \$ | |
| 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 <input type="checkbox"/> Delete <input type="checkbox"/> | | \$ | |
| 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 <input type="checkbox"/> Delete <input type="checkbox"/> | | \$ | |
| 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 <input type="checkbox"/> Delete <input type="checkbox"/> | | \$ | |
| 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 <input type="checkbox"/> Delete <input type="checkbox"/> | | \$ | |

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 | [REDACTED] 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 | [REDACTED] 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 | [REDACTED] 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 | [REDACTED] 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 | [REDACTED] 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: 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"/> | \$ 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: 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"/> | \$ 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: 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"/> | \$ 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: 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"/> | \$ 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: Add <input type="checkbox"/> Delete <input type="checkbox"/> | | | k. Election Cycle Sum to Date \$ | | | |
| 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 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 | 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: | | | | 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 | 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: | | | | 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 | 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: | | | | 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 | 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: | | | | 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 | 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: | | | | k. Election Cycle Sum to Date | | |
| | | Add Delete | | | | \$ | | |
| 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 16 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 P.O. Box 17137 W.S. NC 27116-7137 722-1737 | [REDACTED] | CK | 4/2/02 | <input type="checkbox"/> | \$ 100.00 |
| | | | | | <input type="checkbox"/> | \$ |
| g. Type of Committee Federal <input type="checkbox"/> State <input checked="" type="checkbox"/> County: <u>FORSTH</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"/> | \$ |
| 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"/> | \$ |
| 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"/> | \$ |
| 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"/> | \$ |
| 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)

(This line must be on line 8 of Detailed Summary Page CRO-1100)

\$ 100.00

CRO-1230

NC State Board of Elections

February 2002

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) |
| | Southern Community Bank | SCB | Bank | 4/30/02 |
| | PO Box 26134 | | Credit | 5/31/02 |
| | Winston-Salem, NC 27104 | | | 6/30/02 |
| | 68-8500 | | | |
| | | e. Amount | | |
| | | \$ 3.10 | | |
| | | \$ 3.71 | | |
| | | \$ 3.42 | | |
| f. If Outside Source of Income, explain: | | g. If Amendment, choose change type: | | |
| | | Add Delete | | |
| | | h. If Not-for-Profit, list Fed ID #: | | |
| | | | | |
| 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: | | |
| | | Add Delete | | |
| | | h. If Not-for-Profit, list Fed ID #: | | |
| | | | | |
| 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) |
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| | | | | |
| | | | | |
| | | | | |
| | | e. Amount | | |
| | | \$ | | |
| | | \$ | | |
| | | \$ | | |
| f. If Outside Source of Income, explain: | | g. If Amendment, choose change type: | | |
| | | Add Delete | | |
| | | h. If Not-for-Profit, list Fed ID #: | | |
| | | | | |
| 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: | | |
| | | Add Delete | | |
| | | h. If Not-for-Profit, list Fed ID #: | | |
| | | | | |
| 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: | | |
| | | Add Delete | | |
| | | h. If Not-for-Profit, list Fed ID #: | | |
| | | | | |
| 5. Total only this Page | | | | \$ 10.23 |
| 6. Total of ALL CRO-1250 Related Pages <i>(only show on last page)</i> | | | | \$ 10.23 |
| <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

Page 1 of 1

| | | | | | | | |
|--|---|--|--|---------------------------|---|--|-----------|
| 1. Name of Committee or Fund Schatzman for Sheriff | | | | | | 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 1/14 | 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: Add Delete | | |
| | | | | | | j. Election Cycle Sum To Date \$ 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 | | ADVERTISING | 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: Add Delete | | |
| | | | | | | j. Election Cycle Sum To Date \$ 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 | 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: Add Delete | | |
| | | | | | | j. Election Cycle Sum To Date \$ 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 |
| | | | | SCB | CK | | \$ |
| | b. If Contribution to County Committee, specify: | | c. If Coordinated Party Expense, list office: | | i. If Amendment, choose change type: Add Delete | | |
| | | | | | | j. Election Cycle Sum To Date \$ | |
| 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 |
| | | | | SCB | CK | | \$ |
| | b. If Contribution to County Committee, specify: | | c. If Coordinated Party Expense, list office: | | i. If Amendment, choose change type: Add Delete | | |
| | | | | | | j. Election Cycle Sum To Date \$ | |
| 5. Total only this Page | | | | | | \$3881.80 | |
| 6. Total of ALL CRO-1310 Related Pages (only show on last page) | | | | | | \$3881.80 | |
| (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) | | | | | | | |

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: <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 | | | | | \$ |
| 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 % |
| | NONE | e. Job Title/Profession | | f. Employer's Name/Specific Field |
| | | g. Security Pledged | | |
| | | h. Original Loan Amount | | |
| | | i. Loan Balance | | |
| 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 | | |
| | | h. Original Loan Amount | | |
| | | i. Loan Balance | | |
| 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 | | |
| | | h. Original Loan Amount | | |
| | | i. Loan Balance | | |
| 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 | | |
| | | h. Original Loan Amount | | |
| | | i. Loan Balance | | |
| 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 | | |
| | | h. Original Loan Amount | | |
| | | i. Loan Balance | | |
| 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 | | |
| | | h. Original Loan Amount | | |
| | | i. Loan Balance | | |
| 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 |
| 3. Contributor | b. Type of Contributor <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Party Committee <input type="checkbox"/> Other Political Committee <input type="checkbox"/> Other Receipt Source | f. If Amendment, choose change type: Add <input type="checkbox"/> Delete <input type="checkbox"/> | | g. Election Cycle Sum to Date |
| | | | | \$ 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 |
| | | | | \$ |
| 3. Contributor | b. Type of Contributor <input type="checkbox"/> Individual <input type="checkbox"/> Party Committee <input type="checkbox"/> Other Political Committee <input type="checkbox"/> Other Receipt Source | f. If Amendment, choose change type: Add <input type="checkbox"/> Delete <input type="checkbox"/> | | 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 |
| | | | | \$ |
| 3. Contributor | b. Type of Contributor <input type="checkbox"/> Individual <input type="checkbox"/> Party Committee <input type="checkbox"/> Other Political Committee <input type="checkbox"/> Other Receipt Source | f. If Amendment, choose change type: Add <input type="checkbox"/> Delete <input type="checkbox"/> | | 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 |
| | | | | \$ |
| 3. Contributor | b. Type of Contributor <input type="checkbox"/> Individual <input type="checkbox"/> Party Committee <input type="checkbox"/> Other Political Committee <input type="checkbox"/> Other Receipt Source | f. If Amendment, choose change type: Add <input type="checkbox"/> Delete <input type="checkbox"/> | | 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 |
| | | | | \$ |
| 3. Contributor | b. Type of Contributor <input type="checkbox"/> Individual <input type="checkbox"/> Party Committee <input type="checkbox"/> Other Political Committee <input type="checkbox"/> Other Receipt Source | f. If Amendment, choose change type: Add <input type="checkbox"/> Delete <input type="checkbox"/> | | g. Election Cycle Sum to Date |
| | | | | \$ |

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)