

Disclosure Report Cover Sheet

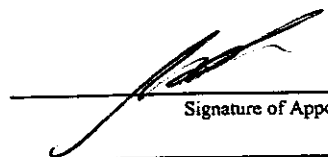
COPY

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 | | | | 6. Date | |
| Schatzman for Sheriff | | | | OCT 28, 2002 | |
| 2. Address | | | | 7. ID Number | |
| 3880 Vest Mill Road - Suite 9 | | | | | |
| 3. City | 4. State | 5. Zip | 8. Phone | | |
| Winston-Salem | NC | 27103 | 336-794-0988 | | |
| 9. Type of Report | | | 10. Period Covered | | 11. Amendment |
| 3RD QUARTER PLUS REPORT | | | Start 8-25-02 End 10-19-02 | | <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 | \$ 15,674.71 | | |
| | | | \$ | | |
| | | | \$ | | |
| | | | \$ | | |
| | | | \$ | | |
| | | | \$ | | |

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.

 WES BROOKS
Signature of Appointed Treasurer or Candidate

10/28/02
Date

Detailed Summary

| | | | | | |
|---|------------|-------------------|---------------------------|---------------------|--|
| 1. Name of Committee or Fund | | 2. Type of Report | | 3. ID Number | |
| Schatzman for Sheriff | | 3rd QTR PLUS | | | |
| 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 | | | \$ 4,301.72 | | |
| 5) Cash on Hand at Start of Present Reporting Period | | \$ 15,674.71 | | | |
| RECEIPTS | | | | | |
| 6) Contributions from Individuals | (CRO-1210) | \$ 53,675.00 | \$ 77,491.25 | | |
| 7) Contributions from Political Party Committees | (CRO-1220) | \$ | \$ | | |
| 8) Contributions from Other Political Committees | (CRO-1230) | \$ | \$ 100.00 | | |
| 9) Loan Proceeds | (CRO-1410) | \$ 5,000.00 | \$ 5,000.00 | | |
| 10) Refunds & Reimbursements to Committee | (CRO-1240) | \$ | \$ | | |
| 11) Other Receipt Sources | (CRO-1250) | | | | |
| 11a) Interest on Bank Accounts | (CRO-1250) | \$ 5.97 | \$ 29.82 | | |
| 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) | | \$ 58,680.97 | \$ 82,621.07 | | |
| EXPENDITURES | | | | | |
| 13) Disbursements | (CRO-1310) | | | | |
| 13a) Operating Expenditures | (CRO-1310) | \$ 33,108.07 | \$ 42,478.93 | | |
| 13b) Contributions to Candidates/Political Committees | (CRO-1310) | \$ | \$ | | |
| 13c) Coordinated Party Expenditures | (CRO-1310) | \$ | \$ | | |
| 14) Loan Repayments | (CRO-1420) | \$ 5,000.00 | \$ 7,500.00 | | |
| 15) Refunds from Committee | (CRO-1320) | \$ | \$ | | |
| 16) In-Kind Contributions | (CRO-1510) | \$ | \$ 696.25 | | |
| 17) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, and 16) | | \$ 38,108.07 | \$ 50,675.18 | | |
| 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) | | \$ 36,247.61 | \$ 36,247.61 | | |
| 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 | | | |

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.

[illegible][illegible]

Contributions from INDIVIDUALS

Page 1 of 39

| 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 | |
| | Antia Anderson 364 Kings Highway North Haven, Conn 06473 203.239.7089 | [REDACTED] | CK | 8/29/02 | <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 | | | | | | \$ | | |
| 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] | CK | 8/29/02 | <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 | |
| | Kevin Genty 15 Cedarcroft Dr Madison, Conn 203.982.3822 | [REDACTED] | CK | 8/29/02 | <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 | | | | | | \$ | | |
| 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 | |
| | Nils Gerber 200 Brookstown Ave # 304 WNC 27101 748.1400 | [REDACTED] | CK | 8/29/02 | <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 | | | | | | \$ | | |
| 3. Contributor | a. Full Name, Mailing Address & Phone (include city, state, & zip) | d. Account Number/Code | e. Form of Payment | f. Date (mm/dd/yyyy) | g. In-Kind | h. Prior Report | i. Amount | |
| | Joe Hall 817 B Carter St Eden, NC 27288 336.627.4950 | [REDACTED] | CK | 8/29/02 | <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 | | | | | | \$ | | |
| 4. Total only this Page | | | | | | \$ 1100.00 | | |
| 5. Total of ALL CRO-1210 Pages | | | | | | \$ | | |
| (This line must be on line 6 of Detailed Summary Page CRO-1100) | | | | | | | | |

Contributions from INDIVIDUALS

Page 2 of 37

| 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 | | |
| | Floyd Mock 1620 Lewisville Vienna Rd Pittsboro, NC 27040 336.945.5827 | [REDACTED] | CK | 8/29/02 | <input type="checkbox"/> | <input type="checkbox"/> | \$ 500.00 | | |
| | b. Job Title/Profession | | | | | | | \$ | |
| | c. Employer's Name/Specific Field | | | | | | | \$ | |
| j. If Amendment, choose change type: | | | | | | | k. Election Cycle Sum to Date | | |
| Add Delete | | | | | | | \$ | | |
| 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 | | |
| | Jim Robinson 156 Harper St Winston-Salem, N.C. 27104 336.768.6595 | [REDACTED] | CK | 8/29/02 | <input type="checkbox"/> | <input type="checkbox"/> | \$ 500.00 | | |
| | b. Job Title/Profession | | | | | | | \$ | |
| | c. Employer's Name/Specific Field | | | | | | | \$ | |
| j. If Amendment, choose change type: | | | | | | | k. Election Cycle Sum to Date | | |
| Add Delete | | | | | | | \$ | | |
| 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 Whidden 5777 Brookway Dr WSNC 27105 336.767.6643 | [REDACTED] | CK | 8/29/02 | <input type="checkbox"/> | <input type="checkbox"/> | \$ 300.00 | | |
| | b. Job Title/Profession | | | | | | | \$ | |
| | c. Employer's Name/Specific Field | | | | | | | \$ | |
| j. If Amendment, choose change type: | | | | | | | k. Election Cycle Sum to Date | | |
| Add Delete | | | | | | | \$ | | |
| 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] | CK | 8/29/02 | <input type="checkbox"/> | <input type="checkbox"/> | \$ 100.00 | | |
| | b. Job Title/Profession | | | | | | | \$ | |
| | c. Employer's Name/Specific Field | | | | | | | \$ | |
| j. If Amendment, choose change type: | | | | | | | k. Election Cycle Sum to Date | | |
| Add Delete | | | | | | | \$ | | |
| 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] | CK | 9/5/02 | <input type="checkbox"/> | <input type="checkbox"/> | \$ 100.00 | | |
| | b. Job Title/Profession | | | | | | | \$ | |
| | c. Employer's Name/Specific Field | | | | | | | \$ | |
| j. If Amendment, choose change type: | | | | | | | k. Election Cycle Sum to Date | | |
| Add Delete | | | | | | | \$ | | |
| 4. Total only this Page | | | | | | | \$ 1500.00 | | |
| 5. Total of ALL CRO-1210 Pages (only show on last page) | | | | | | | \$ | | |
| (This line must be on line 6 of Detailed Summary Page CRO-1100) | | | | | | | | | |

Contributions from INDIVIDUALS

| 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 50.00 | | |
| | Aggregated Individual Contribution | [REDACTED] | CK | 7/5/02 | <input type="checkbox"/> | <input checked="" type="checkbox"/> | \$ 50.00 | | |
| | | | | | <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 100.00 | | |
| | Aggregated Individual Contribution | [REDACTED] | CK | 9/5/02 | <input type="checkbox"/> | <input type="checkbox"/> | \$ 100.00 | | |
| | | | | | <input type="checkbox"/> | <input type="checkbox"/> | \$ | | |
| | | | | | <input type="checkbox"/> | <input type="checkbox"/> | \$ | | |
| b. Job Title/Profession | | | | | | | \$ | | |
| 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 300.00 | | |
| | Penneith Carlson, Jr. 1281 Chester Rd Winston-Salem, NC 27104 336.750.0707 | [REDACTED] | CK | 9/5/02 | <input type="checkbox"/> | <input checked="" type="checkbox"/> | \$ 300.00 | | |
| | <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 200.00 | | |
| | Michael Grace 390 Gaither Rd Winston-Salem, NC 27101 336.725.9428 | [REDACTED] | CK | 9/5/02 | <input type="checkbox"/> | <input type="checkbox"/> | \$ 200.00 | | |
| | <input type="checkbox"/> | | | | <input type="checkbox"/> | \$ | | | |
| | <input type="checkbox"/> | | | | <input type="checkbox"/> | \$ | | | |
| b. Job Title/Profession | | | | | | | \$ | | |
| 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 250.00 | | |
| | Robert D. Hirschaw 150 Kimmel Park Dr #200 SAS, NC 27114 | [REDACTED] | CK | 7/5/02 | <input type="checkbox"/> | <input type="checkbox"/> | \$ 250.00 | | |
| | <input type="checkbox"/> | | | | <input type="checkbox"/> | \$ | | | |
| | <input type="checkbox"/> | | | | <input type="checkbox"/> | \$ | | | |
| b. Job Title/Profession | | | | | | | \$ | | |
| 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 | | | | | | | \$ 900.00 | | |
| 5. Total of ALL CRO-1210 Pages (only show on last page) | | | | | | | \$ | | |
| (This line must be on line 6 of Detailed Summary Page CRO-1100) | | | | | | | | | |

Contributions from INDIVIDUALS

Page 4 of 39

| 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] | CK | 9/5/02 | <input type="checkbox"/> | <input checked="" 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 | | |
| | C. Ramey 4108 Stillwater Dr INS NC 27106 659-9754 | [REDACTED] | CK | 9/5/02 | <input type="checkbox"/> | <input checked="" type="checkbox"/> | \$ 200.00 | | |
| | | | | | <input type="checkbox"/> | <input type="checkbox"/> | \$ | | |
| | | | | | <input type="checkbox"/> | <input type="checkbox"/> | \$ | | |
| b. Job Title/Profession | | | | | <input type="checkbox"/> | <input type="checkbox"/> | \$ | | |
| c. Employer's Name/Specific Field | j. If Amendment, choose change type: | | | | k. Election Cycle Sum to Date | | | | |
| | 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 | | |
| | | [REDACTED] | CK | | <input type="checkbox"/> | <input type="checkbox"/> | \$ | | |
| | | | | | <input type="checkbox"/> | <input type="checkbox"/> | \$ | | |
| | | | | | <input type="checkbox"/> | <input type="checkbox"/> | \$ | | |
| b. Job Title/Profession | | | | | <input type="checkbox"/> | <input type="checkbox"/> | \$ | | |
| c. Employer's Name/Specific Field | j. If Amendment, choose change type: | | | | k. Election Cycle Sum to Date | | | | |
| | 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 | | |
| | | [REDACTED] | CK | | <input type="checkbox"/> | <input type="checkbox"/> | \$ | | |
| | | | | | <input type="checkbox"/> | <input type="checkbox"/> | \$ | | |
| | | | | | <input type="checkbox"/> | <input type="checkbox"/> | \$ | | |
| b. Job Title/Profession | | | | | <input type="checkbox"/> | <input type="checkbox"/> | \$ | | |
| c. Employer's Name/Specific Field | j. If Amendment, choose change type: | | | | k. Election Cycle Sum to Date | | | | |
| | 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 | | |
| | | [REDACTED] | CK | | <input type="checkbox"/> | <input type="checkbox"/> | \$ | | |
| | | | | | <input type="checkbox"/> | <input type="checkbox"/> | \$ | | |
| | | | | | <input type="checkbox"/> | <input type="checkbox"/> | \$ | | |
| b. Job Title/Profession | | | | | <input type="checkbox"/> | <input type="checkbox"/> | \$ | | |
| c. Employer's Name/Specific Field | j. If Amendment, choose change type: | | | | k. Election Cycle Sum to Date | | | | |
| | Add Delete | | | | \$ | | | | |
| 4. Total only this Page | | | | | | | \$ 250.00 | | |
| 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 39

| 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] | CK | 9/5/02 | <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 | [REDACTED] | CK | 9/5/02 | <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 | | |
| | James J. Spencer 2580 Club PK Rd W/ S NC 27104 | [REDACTED] | CK | 9/5/02 | <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 | [REDACTED] | CK | 9/5/02 | <input type="checkbox"/> | <input type="checkbox"/> | \$ 100 | | |
| | | | | | <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 | [REDACTED] | CK | 9/5/02 | <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 | | | | | \$ | | | |
| 4. Total only this Page | | | | | | | \$ 450.00 | | |
| 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 37

| 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 | |
| | Maurice Bennett 713 Chockechny Ct Lewisville, NC 27023 336.416.6256 | [REDACTED] | CK | 9/6/02 | <input type="checkbox"/> | <input type="checkbox"/> | \$ 100 | |
| | 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] | CK | 9/6/02 | <input type="checkbox"/> | <input type="checkbox"/> | \$ 50 | |
| | 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 | |
| | Jerry Mathis 4345 S. main St W-S, NC 27127 336 788-6174 | [REDACTED] | CK | 9/6/02 | <input type="checkbox"/> | <input type="checkbox"/> | \$ 200 | |
| | 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] | CK | 9/6/02 | <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 | |
| | Kirk Turner 6301 Stadium Dr. Clemmons, NC 27012 336 766-9111 | [REDACTED] | CK | 9/6/02 | <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 | | \$ | | |
| 4. Total only this Page | | | | | | \$ 700.00 | | |
| 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

| 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 | |
| | Curtis O'Connor 250 State Street North Haven, CN 06473 203.230.0233 | [REDACTED] | CK | 9/17/02 | <input type="checkbox"/> | <input type="checkbox"/> | \$ 200 | |
| | 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] | CK | 9/17/02 | <input type="checkbox"/> | <input type="checkbox"/> | \$ 50 | |
| | 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 | |
| | Carlton Harker 140 Heartside Dr W-S, NC 27104 336.765.3049 | [REDACTED] | CK | 9/17/02 | <input type="checkbox"/> | <input checked="" 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 | | | | \$ | | | | |
| 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] | CK | 9/17/02 | <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 | |
| | William Reynolds II 140 N. Stratford Rd W-S, NC 27104 | [REDACTED] | CK | 9/17/02 | <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 | | | | \$ | | | | |
| 4. Total only this Page | | | | | | | \$ 1,350.00 | |
| 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

| 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 100.00 |
| | Aggregated Individual Contribution | [REDACTED] | CK | 9/17/02 | <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 300.00 |
| | Carol Anderson 1023 Main St, South Kernersville NC 336 996-9965 | [REDACTED] | CK | 9/23/02 | <input type="checkbox"/> | <input type="checkbox"/> | \$ 300 |
| | 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 50.00 |
| | Aggregated Individual Contribution | [REDACTED] | CK | 9/23/02 | <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 100.00 |
| | Aggregated Individual Contribution | [REDACTED] | CK | 9/23/02 | <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 500.00 |
| | George Clary III 200 W. First St Winston-Salem, NC 27101 | [REDACTED] | CK | 9/23/02 | <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 | | | | \$ | | | |
| 4. Total only this Page | | | | | | | \$ 1,050.00 |
| 5. Total of ALL CRO-1210 Pages (only show on last page) | | | | | | | \$ |
| (This line must be on line 6 of Detailed Summary Page CRO-1100) | | | | | | | |

Contributions from INDIVIDUALS

Page 1 of 39

| 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 | | |
| | Norman Dancy, JR. 3232 Country Club R W.S, NC 27104 336.9168.1925 | [REDACTED] | CK | 9/23/02 | <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 | | | | | | | \$ | | |
| 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 | | |
| | Marilyn Hayes 2831 Galsworthy Dr W.S, NC 27106 336.727.1363 | [REDACTED] | CK | 9/23/02 | <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 | | | | | | | \$ | | |
| 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] | CK | 9/23/02 | <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] | CK | 9/23/02 | <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 | | |
| | Rebecca Kovalich 606 Brentwood Ct W.S, NC 27104 336.765.5533 | [REDACTED] | CK | 9/23/02 | <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 | | | | | | | \$ | | |
| 4. Total only this Page | | | | | | | \$ 1,100.00 | | |
| 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 39

| 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 | | |
| | Gerald Long 7631 Lnsater Rd Clemmons, NC 27012 336.945.3776 | | CK | 9/23/02 | <input type="checkbox"/> | <input type="checkbox"/> | \$ 1000.00 | | |
| | 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 | | |
| | Charles Lynch 461 Chadbourn Ct 243 NC 27104 | | CK | 9/23/02 | <input type="checkbox"/> | <input type="checkbox"/> | \$ 500 | | |
| | 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 | | CK | 9/23/02 | <input type="checkbox"/> | <input type="checkbox"/> | \$ 50 | | |
| | 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 | | CK | 9/23/02 | <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 | | |
| | Heiman Mazzco 1017 Pawtr Court W-S, NC 27104 336.659.6293 | | CK | 9/23/02 | <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 | | | | | | | \$ | | |
| 4. Total only this Page | | | | | | | \$2075.00 | | |
| 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 11 of 39

| 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 | |
| | Eugene McCarthy 704 Survey Path Trail W-S, NC 27104 336.765.9064 | [REDACTED] | CK | 9/23/02 | <input type="checkbox"/> | <input type="checkbox"/> | \$ 500.00 | |
| | | | | | <input type="checkbox"/> | <input type="checkbox"/> | \$ | |
| | | | | | <input type="checkbox"/> | <input type="checkbox"/> | \$ | |
| | b. Job Title/Profession | | | | | | \$ | |
| | c. Employer's Name/Specific Field | j. If Amendment, choose change type: | | | | k. Election Cycle Sum to Date | | |
| | RJR | 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] | CK | 9/23/02 | <input type="checkbox"/> | <input type="checkbox"/> | \$ 100.00 | |
| | | | | | <input type="checkbox"/> | <input type="checkbox"/> | \$ | |
| | | | | | <input type="checkbox"/> | <input type="checkbox"/> | \$ | |
| | b. Job Title/Profession | | | | | | \$ | |
| | 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 | [REDACTED] | CK | 9/23/02 | <input type="checkbox"/> | <input type="checkbox"/> | \$ 100 | |
| | | | | | <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 | |
| | Aggregated Individual Contribution | [REDACTED] | CK | 9/23/02 | <input type="checkbox"/> | <input type="checkbox"/> | \$ 100 | |
| | | | | | <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 | |
| | Aggregated Individual Contribution | [REDACTED] | CK | 9/23/02 | <input type="checkbox"/> | <input type="checkbox"/> | \$ 100 | |
| | | | | | <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 | | | | | | | \$ 900.00 | |
| 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 12 of 39

| 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] | CK | 9/25/02 | <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 | | |
| | D.O. Southern 3725 Clemmons Rd Clemmons, NC 27012 | [REDACTED] | CK | 9/23/02 | <input type="checkbox"/> | <input type="checkbox"/> | \$ 500.00 | | |
| | | | | | <input type="checkbox"/> | <input type="checkbox"/> | \$ | | |
| | | | | | <input type="checkbox"/> | <input type="checkbox"/> | \$ | | |
| b. Job Title/Profession | | | | | <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 | | |
| | James Y Spencer 2580 Club PK Rd W-S, NC 27104 336 722.4439 | [REDACTED] | CK | 9/23/02 | <input type="checkbox"/> | <input type="checkbox"/> | \$ 100 | | |
| | | | | | <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 | [REDACTED] | CK | 9/23/02 | <input type="checkbox"/> | <input type="checkbox"/> | \$ 100 | | |
| | | | | | <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 | [REDACTED] | CK | 9/30/02 | <input type="checkbox"/> | <input type="checkbox"/> | \$ 100 | | |
| | | | | | <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 | | | | | | | \$ 850.00 | | |
| 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 12 of 39

| 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 |
| | George Brannock 3232 Merion Ct Winston-Salem, NC 27104 336.765.4044 | [REDACTED] | CK | 9/30/02 | <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 | | | | \$ | | | |
| 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] | CK | 9/30/02 | <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 | | | | \$ | | | |
| 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] | CK | 9/30/02 | <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 | | | | \$ | | | |
| 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] | CK | 9/30/02 | <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 | | | | \$ | | | |
| 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 |
| | Ronald Joyce 4787 Kinneman Rd W-S, NC 27103 | [REDACTED] | CK | 9/30/02 | <input type="checkbox"/> | <input type="checkbox"/> | \$ 1000.00 |
| | 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 | | | | | | | \$ 1500.00 |
| 5. Total of ALL CRO-1210 Pages (only show on last page) | | | | | | | \$ |
| (This line must be on line 6 of Detailed Summary Page CRO-1100) | | | | | | | |

Contributions from INDIVIDUALS

| 1. Name of Committee or Fund | | | | 2. ID Number | | | |
|---|--|---------------------------|-----------------------|-------------------------------|--------------------------|-------------------------------------|------------|
| Schatzman for Sheriff | | | | | | | |
| 1. Contributor | a. Full Name, Mailing Address & Phone (include city, state, & zip) | d. Account Number/Code | e. Form of Payment | f. Date (mm/dd/yyyy) | g. In- Kind | h. Prior Report | i. Amount |
| | A. Steve Pierce P.O. Box 1487 Kernersville, NC 27285 336 595.2839 | [REDACTED] | CK | 9/30/02 | <input type="checkbox"/> | <input type="checkbox"/> | \$ 1000.00 |
| | 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 |
| | Stephen G. Parker 375 Roslyn Rd W-S, NC 27104 336 724-6078 | [REDACTED] | CK | 9/30/02 | <input type="checkbox"/> | <input type="checkbox"/> | \$ 1000.00 |
| | 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 |
| | H.J. Rummel Jr. 3521 York Rd W-S, NC 27104 | [REDACTED] | CK | 9/30/02 | <input type="checkbox"/> | <input checked="" type="checkbox"/> | \$ 4000.00 |
| | 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 |
| | Zachary Smith 2548 Forest Dr W-S, NC 27104 | [REDACTED] | CK | 9/30 | <input type="checkbox"/> | <input checked="" 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 |
| | Gary Joe Walker 2338 N. Liberty St. Winston-Salem, NC 27105 | [REDACTED] | CK | 9/30/02 | <input type="checkbox"/> | <input type="checkbox"/> | \$ 1000.00 |
| | 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 | | | | | | | \$ 7100.00 |
| 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

| 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 | | |
| | Aggregate Contribution Mickey's Kitchen Waltertown, NC | | Cash | 10/8/02 | <input type="checkbox"/> | <input type="checkbox"/> | \$ 85.00 | | |
| | | | | | <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 | | 722 | | j. If Amendment, choose change type: Add Delete | | 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 | | |
| | Gabriel Avram P.O. Box 11633 WS, NC 27116 336 725-2797 | | CK | 10/14/02 | <input type="checkbox"/> | <input type="checkbox"/> | \$ 100.00 | | |
| | | | | | <input type="checkbox"/> | <input type="checkbox"/> | \$ | | |
| | | | | | <input type="checkbox"/> | <input type="checkbox"/> | \$ | | |
| b. Job Title/Profession | | Retired | | | <input type="checkbox"/> | <input type="checkbox"/> | \$ | | |
| c. Employer's Name/Specific Field | | | | j. If Amendment, choose change type: Add Delete | | 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 | | CK | 10/14/02 | <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 Delete | | 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 | | |
| | William Bradbury Jr 1133 Crab Orchard Dr Raleigh, NC 27606 919 795-9002 | | CK | 10/14/02 | <input type="checkbox"/> | <input type="checkbox"/> | \$ 400.00 | | |
| | | | | | <input type="checkbox"/> | <input type="checkbox"/> | \$ | | |
| | | | | | <input type="checkbox"/> | <input type="checkbox"/> | \$ | | |
| b. Job Title/Profession | | Director of Investigation | | | <input type="checkbox"/> | <input type="checkbox"/> | \$ | | |
| c. Employer's Name/Specific Field | | NC DOJ | | j. If Amendment, choose change type: Add Delete | | 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 | | CK | 10/14/02 | <input type="checkbox"/> | <input checked="" type="checkbox"/> | \$ 25.00 | | |
| | | | | | <input type="checkbox"/> | <input checked="" 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 Delete | | k. Election Cycle Sum to Date \$ 75.00 | | | |
| 4. Total only this Page | | | | | | | \$ 660.00 | | |
| 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

| 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 Brenner 2805 Old Town Club Rd Winston-Salem, NC 27106 336 777 8110 | [REDACTED] | CK | 10/14/02 | <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 | | | | | | | \$ | | |
| 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] | CK | 10/14/02 | <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] | CK | 10/14/02 | <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] | CK | 10/14/02 | <input type="checkbox"/> | <input type="checkbox"/> | \$ 100 | | |
| | 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 | | |
| | Jason Caserta 6330 Linda Drive Lewisville, NC 27023 336 946 2756 | [REDACTED] | CK | 10/14/02 | <input type="checkbox"/> | <input checked="" 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 | | | | | | | \$ | | |
| 4. Total only this Page | | | | | | | \$ 450.00 | | |
| 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

| 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 /00.00 | |
| | Aggregated Individual Contribution | [REDACTED] | CK | 12/14/02 | <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 500.00 | |
| | Dennis Check 166 Linbrook Dr W.S, NC 27106 336 768 4949 | [REDACTED] | CK | 10/14/02 | <input type="checkbox"/> | <input checked="" type="checkbox"/> | \$ 500.00 | |
| | | | | | <input type="checkbox"/> | <input type="checkbox"/> | \$ | |
| | | | | | <input type="checkbox"/> | <input type="checkbox"/> | \$ | |
| b. Job Title/Profession | | | | <input type="checkbox"/> | <input type="checkbox"/> | \$ | | |
| 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 /00.00 | |
| | Aggregated Individual Contribution | [REDACTED] | CK | 10/14/02 | <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 /00.00 | |
| | Aggregated Individual Contribution | [REDACTED] | CK | 12/14/02 | <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 25.00 | |
| | Aggregated Individual Contribution | [REDACTED] | CK | 12/14/02 | <input type="checkbox"/> | <input type="checkbox"/> | \$ 25.00 | |
| | | | | | <input type="checkbox"/> | <input type="checkbox"/> | \$ | |
| | | | | | <input type="checkbox"/> | <input type="checkbox"/> | \$ | |
| b. Job Title/Profession | | | | <input type="checkbox"/> | <input type="checkbox"/> | \$ | | |
| c. Employer's Name/Specific Field | j. If Amendment, choose change type: | | | | k. Election Cycle Sum to Date | | | |
| | Add Delete | | | | \$ | | | |
| 4. Total only this Page | | | | | | | \$ 825.00 | |
| 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

| 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 / \$0.00 |
| | David Cottrell 1147 Riverbend Dr Advance, NC 27006 732.5449 | [REDACTED] | CK | 10/14/02 | <input type="checkbox"/> | <input type="checkbox"/> | \$ 100 |
| | b. Job Title/Profession | | | | <input type="checkbox"/> | <input checked="" 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 / \$0.00 |
| | John Leath-Cramer 16 Graylyn Pl WIS NC 27106 723.0201 | [REDACTED] | CK | 10/14/02 | <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 | | | | \$ | | | |
| 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 / \$0.00 |
| | Aggregated Individual Contribution | [REDACTED] | CK | 10/14/02 | <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 / \$0.00 |
| | Eugene Ooub 2560 Bittin Rd Winston NC 27106 336.750 0323 | [REDACTED] | CK | 10/14/02 | <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 / \$0.00 |
| | Graham P Oozier III 3009 Buena Vista Rd Winston NC 27106 | [REDACTED] | CK | 10/14/02 | <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 | | | | | | | \$ 1,450.00 |
| 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) | | | | | | | |

CRO-1210

NC State Board of Elections

February 2002

RECEIVED
NOV 15 02
SOUTH CAROLINA
BOARD OF ELECTIONS

Contributions from INDIVIDUALS

Page 19 of 37

| 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 | | |
| | C Stephen Oula 414 Cascade Drive High Pt NC 27265 | [REDACTED] | CK | 10/14/02 | <input type="checkbox"/> | <input type="checkbox"/> | \$ 1000.00 | | |
| | | | | | <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 | | | |
| | Stem Leasing | 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] | CK | 10/14/02 | <input type="checkbox"/> | <input type="checkbox"/> | \$ 95.00 | | |
| | | | | | <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 | [REDACTED] | CK | 10/14/02 | <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 | [REDACTED] | CK | 10/14/02 | <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 | [REDACTED] | CK | 10/14/02 | <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 | | | | \$ | | | |
| 4. Total only this Page | | | | | | | \$ 1,270.00 | | |
| 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 20 of 39

| 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 | | |
| | EV Ferrell Jr. 4500 Chinaberry Ln WIS, NC 27106 | [REDACTED] | CK | 10/14/02 | <input type="checkbox"/> | <input type="checkbox"/> | \$ 1000.00 | | |
| | 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 | | |
| | S.C. Folger 3600 Grandview Club Rd Pittsford, NC 27040 | [REDACTED] | CK | 10/14/02 | <input type="checkbox"/> | <input checked="" 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 | | | | | | | \$ | | |
| 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 | | |
| | Dale Folwell 299 Westview Dr WIS, NC 27104 748 0046 | [REDACTED] | CK | 10/14/02 | <input type="checkbox"/> | <input type="checkbox"/> | \$ 300 | | |
| | 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 | | |
| | Joe Hall 817 B Carter St Eden, NC 27288 627.4940 | [REDACTED] | CK | 10/14/02 | <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 | | | | | | | \$ | | |
| 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] | CK | 10/14/02 | <input type="checkbox"/> | <input type="checkbox"/> | \$ 20.00 | | |
| | 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 | | | | | | | \$ 1,870.00 | | |
| 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 21 of 39

| 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] | CK | 10/14/02 | <input type="checkbox"/> | <input type="checkbox"/> | \$ 100 | |
| | | | | | <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 | [REDACTED] | CK | 10/14/02 | <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 | |
| | Jerry Jordan 2500 Jefferson Ave W-S, NC 27101 722-7430 | [REDACTED] | CK | 10/14/02 | <input type="checkbox"/> | <input type="checkbox"/> | \$ 150.00 | |
| | | | | | <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 | [REDACTED] | CK | 10/14/02 | <input type="checkbox"/> | <input checked="" type="checkbox"/> | \$ 50 | |
| | | | | | <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 | [REDACTED] | CK | 10/14/02 | <input type="checkbox"/> | <input checked="" 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 | | | | \$ | | | |
| 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 22 of 39

| 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 /00.00 | |
| | Wade Lowery 755 Pine Valley Rd W-S, NC 27106 723 4127 | [REDACTED] | CK | 10/14/02 | <input type="checkbox"/> | <input checked="" 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 /250.00 | |
| | Charles Lynch 461 Chadbourne Ct W-S, NC 27104 | [REDACTED] | CK | 10/14/02 | <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 | | \$ | | |
| 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 /00.00 | |
| | William McInnes 6801 Whitby Ct Clemmons, NC 27012 | [REDACTED] | CK | 10/14/02 | <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 /00.00 | |
| | Aggregated Individual Contribution | [REDACTED] | CK | 10/14/02 | <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 /00.00 | |
| | Aggregated Individual Contribution | [REDACTED] | CK | 10/14/02 | <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 | | | | | | \$ 650.00 | | |
| 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

| 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 /00.00 | | |
| | Aggregated Individual Contribution | [REDACTED] | CK | 10/14/02 | <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 /00.00 | | |
| | Aggregated Individual Contribution | [REDACTED] | CK | 10/14/02 | <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 80.00 | | |
| | Aggregated Individual Contribution | [REDACTED] | CK | 10/14/02 | <input type="checkbox"/> | <input type="checkbox"/> | \$ 80.00 | | |
| | | | | | <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 95.00 | | |
| | Gene Petty 1920 Chatham Ridge Dr W-S, NC 27102 336-784-6268 | [REDACTED] | CK | 10/14/02 | <input type="checkbox"/> | <input type="checkbox"/> | \$ 95.00 | | |
| | | | | | <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 200.00 | | |
| | H.C. Roemer 341 Arbor Rd WS NC 723.4370 | [REDACTED] | CK | 10/14/02 | <input type="checkbox"/> | <input type="checkbox"/> | \$ 200.00 | | |
| | | | | | <input type="checkbox"/> | <input type="checkbox"/> | \$ | | |
| | | | | | <input type="checkbox"/> | <input type="checkbox"/> | \$ | | |
| b. Job Title/Profession | | | <input type="checkbox"/> | <input type="checkbox"/> | \$ | | | | |
| c. Employer's Name/Specific Field | j. If Amendment, choose change type: | | | | k. Election Cycle Sum to Date | | | | |
| | Add Delete | | | | \$ | | | | |
| 4. Total only this Page | | | | | | | \$ 575.00 | | |
| 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 24 of 39

| 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] | CK | 10/14/02 | <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 | | S | | | | | |
| 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 | |
| | Russell See II 2330 Westover Dr W-S, NC 27102 | [REDACTED] | CK | 10/14/02 | <input type="checkbox"/> | <input type="checkbox"/> | \$ 100.00 | |
| | b. Job Title/Profession SECURITY | [REDACTED] | | | <input type="checkbox"/> | <input type="checkbox"/> | \$ | |
| | | | | | <input type="checkbox"/> | <input type="checkbox"/> | \$ | |
| <input type="checkbox"/> | | | | | <input type="checkbox"/> | \$ | | |
| c. Employer's Name/Specific Field | j. If Amendment, choose change type: | | k. Election Cycle Sum to Date | | | | | |
| PSA | Add Delete | | S | | | | | |
| 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] | CK | 10/14/02 | <input type="checkbox"/> | <input type="checkbox"/> | \$ 25.00 | |
| | | | | | <input type="checkbox"/> | <input type="checkbox"/> | \$ | |
| | | | | | <input type="checkbox"/> | <input type="checkbox"/> | \$ | |
| b. Job Title/Profession | | | | <input type="checkbox"/> | <input type="checkbox"/> | \$ | | |
| c. Employer's Name/Specific Field | j. If Amendment, choose change type: | | k. Election Cycle Sum to Date | | | | | |
| | Add Delete | | S | | | | | |
| 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 Teah 3545 Teah Rd Germanton, NC 27019 336.661.9672 | [REDACTED] | CK | 10/14/02 | <input type="checkbox"/> | <input checked="" type="checkbox"/> | \$ 500.00 | |
| | b. Job Title/Profession BUSINESS DEVELOPER | [REDACTED] | | | <input type="checkbox"/> | <input type="checkbox"/> | \$ | |
| | | | | | <input type="checkbox"/> | <input type="checkbox"/> | \$ | |
| <input type="checkbox"/> | | | | | <input type="checkbox"/> | \$ | | |
| c. Employer's Name/Specific Field | j. If Amendment, choose change type: | | k. Election Cycle Sum to Date | | | | | |
| Salem Leasing | Add Delete | | S | | | | | |
| 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 Teague P.O. Box 24788 Winston-Salem, NC 27114 336.768.6800 | [REDACTED] | CK | 10/14/02 | <input type="checkbox"/> | <input type="checkbox"/> | \$ 4000.00 | |
| | b. Job Title/Profession BUSINESS DEVELOPER | [REDACTED] | | | <input type="checkbox"/> | <input type="checkbox"/> | \$ | |
| | | | | | <input type="checkbox"/> | <input type="checkbox"/> | \$ | |
| <input type="checkbox"/> | | | | | <input type="checkbox"/> | \$ | | |
| c. Employer's Name/Specific Field | j. If Amendment, choose change type: | | k. Election Cycle Sum to Date | | | | | |
| Salem Leasing | Add Delete | | S | | | | | |
| 4. Total only this Page | | | | | | | \$ 4725.00 | |
| 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 25 of 39

| 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 | | |
| | Herbert Thomas, Jr. P.O. Box 1665 Clemmons, NC 27012 766-1622 | [REDACTED] | CK | 10/14/02 | <input type="checkbox"/> | <input type="checkbox"/> | \$ 1000.00 | | |
| | 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: Add Delete | | 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 | [REDACTED] | CK | 10/14/02 | <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: Add Delete | | 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 | | |
| | Scott Trethaway 1004 Muirfield Ave Clemmons, NC 27012 | [REDACTED] | CK | 10/14/02 | <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: Add Delete | | 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 | [REDACTED] | CK | 10/14/02 | <input type="checkbox"/> | <input type="checkbox"/> | \$ 100 | | |
| | 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: Add Delete | | 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 | [REDACTED] | CK | 10/14/02 | <input type="checkbox"/> | <input type="checkbox"/> | \$ 25 | | |
| | 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: Add Delete | | k. Election Cycle Sum to Date | | | |
| | | | | | | \$ | | | |
| 4. Total only this Page | | | | | | | \$ 1200.00 | | |
| 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 26 of 39

| 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 / \$00.00 | | |
| | Larry Wise 8009 Kilcash Ct Climmoms, NC 27012 336.766.3262 | [REDACTED] | CK | 12/14/02 | <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 / \$00.00 | | |
| | Aggregated Individual Contribution | [REDACTED] | CK | 12/14/02 | <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 / \$000.00 | | |
| | L.C. Woolard, Sr. 1954 Waccamaw Path W-S, NC 27137 788.1213 | [REDACTED] | CK | 12/14/02 | <input type="checkbox"/> | <input checked="" type="checkbox"/> | \$ 1000.00 | | |
| | 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 / \$00.00 | | |
| | Cheff Yarborough 7957 Laskey Forest Rd Lewisville, NC 27023 336.945.4080 | [REDACTED] | CK | 12/14/02 | <input type="checkbox"/> | <input type="checkbox"/> | \$ 200 | | |
| | 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 / \$00.00 | | |
| | Aggregated Individual Contribution | [REDACTED] | Cash | 10/16/02 | <input type="checkbox"/> | <input checked="" 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 | | | | | | | \$ 1500.00 | | |
| 5. Total of ALL CRO-1210 Pages (only show on last page) | | | | | | | \$ | | |
| (This line must be on line 6 of Detailed Summary Page CRO-1100) | | | | | | | | | |

Contributions from INDIVIDUALS

| 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] | Cash | 10/16/02 | <input type="checkbox"/> | <input checked="" type="checkbox"/> | \$ 50 | | |
| | | | | | <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 | [REDACTED] | Cash | 10/16/02 | <input type="checkbox"/> | <input checked="" 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 | [REDACTED] | Cash | 10/16/02 | <input type="checkbox"/> | <input checked="" 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 | [REDACTED] | Cash | 10/16/02 | <input type="checkbox"/> | <input checked="" 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 | | |
| | Kenneth Adkins 111 Well springs Ct Pfeffertown, NC 27040 945-1116 | [REDACTED] | CK | 10/16/02 | <input type="checkbox"/> | <input checked="" type="checkbox"/> | \$ 1000.00 | | |
| | | | | | <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 | | | | | | | \$ 1300.00 | | |
| 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

| 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 | | |
| | Anitra Anderson 364 Kings Hwy North Salem, CO 80472 203-239-7089 | [REDACTED] | CK | 10/16/02 | <input type="checkbox"/> | <input checked="" 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 | | | | | | | \$ 450.00 | | |
| 3. Contributor | a. Full Name, Mailing Address & Phone (include city, state, & zip) | d. Account Number/Code | e. Form of Payment | f. Date (mm/dd/yyyy) | g. In-Kind | h. Prior Report | i. Amount | | |
| | Aggregated Individual Contribution | [REDACTED] | CK | 10/16/02 | <input type="checkbox"/> | <input checked="" 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 | | |
| | Kenneth P. Carlson 3108 Buena Vista Rd. W-S, NC 27106 722-6880 | [REDACTED] | CK | 10/16/02 | <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 | | |
| | Don C. Caudle 2615 Country Club WS NC 27104 722-3806 | [REDACTED] | CK | 10/16/02 | <input type="checkbox"/> | <input checked="" 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 | | | | | | | \$ | | |
| 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 | | |
| | Robert Drdak 121 Tall Pines Ct Lake Wylie, SC 29710 903-835-9007 | [REDACTED] | CK | 10/16/02 | <input type="checkbox"/> | <input checked="" 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 | | | | | | | \$ | | |
| 4. Total only this Page | | | | | | | \$ 875.00 | | |
| 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

| 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 /00.00 | |
| 3. Contributor | | | CK | 10/16/02 | <input type="checkbox"/> | <input checked="" type="checkbox"/> | \$ 100.00 | |
| Aggregated Individual Contribution | | | | | <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 | | | \$ | | | |
| 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 /00.00 | |
| 3. Contributor | | | CK | 10/16/02 | <input type="checkbox"/> | <input checked="" type="checkbox"/> | \$ 100.00 | |
| Aggregated Individual Contribution | | | | | <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 | | | \$ | | | |
| 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 /00.00 | |
| 3. Contributor | | | CK | 10/16/02 | <input type="checkbox"/> | <input checked="" type="checkbox"/> | \$ 500.00 | |
| Ron O. Hubble 255 Bellefonte Ct Lewisville NC 27023 | | | | | <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 | | | |
| Retired | | Add Delete | | | \$ | | | |
| Bara Lee | | | | | | | | |
| 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 /00.00 | |
| 3. Contributor | | | CK | 10/16/02 | <input type="checkbox"/> | <input checked="" type="checkbox"/> | \$ 100.00 | |
| William D. Huber 12815 McLeod Rd Huntersville, NC 28078 | | | | | <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 | | | |
| Computer Specialist | | Add Delete | | | \$ | | | |
| Wachovia Bank | | | | | | | | |
| 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 /00.00 | |
| 3. Contributor | | | CK | 10/16/02 | <input type="checkbox"/> | <input checked="" type="checkbox"/> | \$ 100.00 | |
| Ernest J Kelly 305 Stead Court WS NC 27104 794-1787 | | | | | <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 | | | |
| Sales man | | Add Delete | | | \$ | | | |
| Merlin Systems Inc | | | | | | | | |
| 4. Total only this Page | | | | | | | \$ 900.00 | |
| 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 30 of 39

| 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] | CK | 10/16/02 | <input type="checkbox"/> | <input checked="" 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 | | S | | | | | |
| 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 | |
| | Colby Mosier 17039 Silver Gull Dr Fort Mill, SC 29708 (803) 547-1955 | [REDACTED] | CK | 10/16/02 | <input type="checkbox"/> | <input checked="" type="checkbox"/> | \$ 250.00 | |
| | b. Job Title/Profession | [REDACTED] | | | <input type="checkbox"/> | <input type="checkbox"/> | \$ | |
| | | | | | <input type="checkbox"/> | <input type="checkbox"/> | \$ | |
| <input type="checkbox"/> | | | | | <input type="checkbox"/> | \$ | | |
| c. Employer's Name/Specific Field | j. If Amendment, choose change type: | | k. Election Cycle Sum to Date | | | | | |
| FBI | Add Delete | | S | | | | | |
| 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] | CK | 10/16/02 | <input type="checkbox"/> | <input checked="" 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 | | S | | | | | |
| 3. Contributor | a. Full Name, Mailing Address & Phone (include city, state, & zip) | d. Account Number/Code | e. Form of Payment | f. Date (mm/dd/yyyy) | g. In-Kind | h. Prior Report | i. Amount | |
| | Paul O Smith Sr. P.O. Box 11062 W-S NC 27116 | [REDACTED] | CK | 10/16/02 | <input type="checkbox"/> | <input checked="" type="checkbox"/> | \$ 1200.00 | |
| | b. Job Title/Profession | [REDACTED] | | | <input type="checkbox"/> | <input type="checkbox"/> | \$ | |
| | | | | | <input type="checkbox"/> | <input type="checkbox"/> | \$ | |
| <input type="checkbox"/> | | | | | <input type="checkbox"/> | \$ | | |
| c. Employer's Name/Specific Field | j. If Amendment, choose change type: | | k. Election Cycle Sum to Date | | | | | |
| Business Developer Phys. Elder care | Add Delete | | S | | | | | |
| 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 | |
| | J Raymond Smith II 3401 Italy Dr W-S, NC 27143 | [REDACTED] | CK | 10/16/02 | <input type="checkbox"/> | <input checked="" type="checkbox"/> | \$ 250.00 | |
| | b. Job Title/Profession | [REDACTED] | | | <input type="checkbox"/> | <input type="checkbox"/> | \$ | |
| | | | | | <input type="checkbox"/> | <input type="checkbox"/> | \$ | |
| <input type="checkbox"/> | | | | | <input type="checkbox"/> | \$ | | |
| c. Employer's Name/Specific Field | j. If Amendment, choose change type: | | k. Election Cycle Sum to Date | | | | | |
| Water Edge | Add Delete | | S | | | | | |
| 4. Total only this Page | | | | | | | \$ 1850.00 | |
| 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

| 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 500.00 | | |
| | James G. Chrysson 1045 Burke St W-S NC 27101 725-8546 | [REDACTED] | CK | 10/16/02 | <input type="checkbox"/> | <input checked="" type="checkbox"/> | \$ 500.00 | | |
| | | | | | <input type="checkbox"/> | <input type="checkbox"/> | \$ | | |
| | | | | | <input type="checkbox"/> | <input type="checkbox"/> | \$ | | |
| | b. Job Title/Profession | j. If Amendment, choose change type: | | | | k. Election Cycle Sum to Date | | | |
| | Vice President | Add Delete | | | | \$ | | | |
| | c. Employer's Name/Specific Field | | | | | | | | |
| | CS Development | | | | | | | | |
| 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 500.00 | | |
| | Paul Chrysson 1045 Burke St W-S NC 725-8546 | [REDACTED] | CK | 10/16/02 | <input type="checkbox"/> | <input checked="" type="checkbox"/> | \$ 500.00 | | |
| | | | | | <input type="checkbox"/> | <input type="checkbox"/> | \$ | | |
| | | | | | <input type="checkbox"/> | <input type="checkbox"/> | \$ | | |
| | b. Job Title/Profession | j. If Amendment, choose change type: | | | | k. Election Cycle Sum to Date | | | |
| | Pres | Add Delete | | | | \$ | | | |
| | c. Employer's Name/Specific Field | | | | | | | | |
| | CS Development | | | | | | | | |
| 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 75.00 | | |
| | Aggregated Individual Contribution | [REDACTED] | CK | 10/16/02 | <input type="checkbox"/> | <input checked="" type="checkbox"/> | \$ 75.00 | | |
| | | | | | <input type="checkbox"/> | <input type="checkbox"/> | \$ | | |
| | | | | | <input type="checkbox"/> | <input type="checkbox"/> | \$ | | |
| | b. Job Title/Profession | j. If Amendment, choose change type: | | | | k. Election Cycle Sum to Date | | | |
| | | Add Delete | | | | \$ | | | |
| | c. Employer's Name/Specific Field | | | | | | | | |
| | | | | | | | | | |
| 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 250.00 | | |
| | John Cocklersee Jr 2308 Robinhood Rd W-S NC 27104 722-1698 | [REDACTED] | CK | 10/16/02 | <input type="checkbox"/> | <input checked="" type="checkbox"/> | \$ 250.00 | | |
| | | | | | <input type="checkbox"/> | <input type="checkbox"/> | \$ | | |
| | | | | | <input type="checkbox"/> | <input type="checkbox"/> | \$ | | |
| | b. Job Title/Profession | j. If Amendment, choose change type: | | | | k. Election Cycle Sum to Date | | | |
| | Lawyer | Add Delete | | | | \$ | | | |
| | c. Employer's Name/Specific Field | | | | | | | | |
| | Cell, OH + DAVIS | | | | | | | | |
| 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 150.00 | | |
| | Morris Crafton 3841 Guinevere Ln W-S, NC 27104 765-6907 | [REDACTED] | CK | 10/16/02 | <input type="checkbox"/> | <input checked="" type="checkbox"/> | \$ 150.00 | | |
| | | | | | <input type="checkbox"/> | <input type="checkbox"/> | \$ | | |
| | | | | | <input type="checkbox"/> | <input type="checkbox"/> | \$ | | |
| | b. Job Title/Profession | j. If Amendment, choose change type: | | | | k. Election Cycle Sum to Date | | | |
| | RETIRED | Add Delete | | | | \$ | | | |
| | c. Employer's Name/Specific Field | | | | | | | | |
| | | | | | | | | | |
| 4. Total only this Page | | | | | | | \$ 1,475.00 | | |
| 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 32 of 37

| 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] | CK | 10/16/02 | <input type="checkbox"/> | <input checked="" 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 | [REDACTED] | CK | 10/16/02 | <input type="checkbox"/> | <input checked="" 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 | | |
| | J. Terry Bumgarner P.O. Box 217 W. Kelboro, NC 28697 | [REDACTED] | CK | 10/16/02 | <input type="checkbox"/> | <input checked="" type="checkbox"/> | \$ 500.00 | | |
| | | | | | <input type="checkbox"/> | <input type="checkbox"/> | \$ | | |
| | | | | | <input type="checkbox"/> | <input type="checkbox"/> | \$ | | |
| b. Job Title/Profession | | | | | | | <input type="checkbox"/> | <input type="checkbox"/> | \$ |
| 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 | | |
| | T. Vernon Foster 3940 Beechridge Rd W-5, NC 27106 924 2205 | [REDACTED] | CK | 10/16/02 | <input type="checkbox"/> | <input checked="" type="checkbox"/> | \$ 200.00 | | |
| | | | | | <input type="checkbox"/> | <input type="checkbox"/> | \$ | | |
| | | | | | <input type="checkbox"/> | <input type="checkbox"/> | \$ | | |
| b. Job Title/Profession | | | | | | | <input type="checkbox"/> | <input type="checkbox"/> | \$ |
| c. Employer's Name/Specific Field | j. If Amendment, choose change type: | | | | | | k. Election Cycle Sum to Date | | |
| | 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 | | |
| | Omnia Fowler 135 Isleworth Ct Advance, NC 27006 918.1041 | [REDACTED] | CK | 10/16/02 | <input type="checkbox"/> | <input checked="" type="checkbox"/> | \$ 500.00 | | |
| | | | | | <input type="checkbox"/> | <input type="checkbox"/> | \$ | | |
| | | | | | <input type="checkbox"/> | <input type="checkbox"/> | \$ | | |
| b. Job Title/Profession | | | | | | | <input type="checkbox"/> | <input type="checkbox"/> | \$ |
| 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 | | | | | | | \$ 1400.00 | | |
| 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

| 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 | |
| | J Kirk Glenn, Jr Winston-Salem, NC | [REDACTED] | CK | 10/16/02 | <input type="checkbox"/> | <input checked="" type="checkbox"/> | \$ 2000.00 | |
| | | | | | <input type="checkbox"/> | <input type="checkbox"/> | \$ | |
| | | | | | <input type="checkbox"/> | <input type="checkbox"/> | \$ | |
| | b. Job Title/Profession | | | | | | \$ | |
| | Retired - President | | | | | | \$ | |
| | c. Employer's Name/Specific Field | j. If Amendment, choose change type: | | | k. Election Cycle Sum to Date | | | |
| | Quality One | 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 | |
| | Madison Chambers Glenn 2710 Bartram Rd W-S, NC 27106 723.0257 | [REDACTED] | CK | 10/16/02 | <input type="checkbox"/> | <input checked="" type="checkbox"/> | \$ 2000.00 | |
| | | | | | <input type="checkbox"/> | <input type="checkbox"/> | \$ | |
| | | | | | <input type="checkbox"/> | <input type="checkbox"/> | \$ | |
| | b. Job Title/Profession | | | | | | \$ | |
| | Housewife | | | | | | \$ | |
| | 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 | [REDACTED] | CK | 10/16/02 | <input type="checkbox"/> | <input checked="" type="checkbox"/> | \$ 100.00 | |
| | | | | | <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 | |
| | Michael Hodowanek 8077 Glenarr, P.O. Clemmons, NC 27012 712.0692 | [REDACTED] | CK | 10/16/02 | <input type="checkbox"/> | <input checked="" type="checkbox"/> | \$ 500.00 | |
| | | | | | <input type="checkbox"/> | <input type="checkbox"/> | \$ | |
| | | | | | <input type="checkbox"/> | <input type="checkbox"/> | \$ | |
| | b. Job Title/Profession | | | | | | \$ | |
| | RETIRED | | | | | | \$ | |
| | c. Employer's Name/Specific Field | j. If Amendment, choose change type: | | | k. Election Cycle Sum to Date | | | |
| | REI SERVICES INC | 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] | CK | 10/16/02 | <input type="checkbox"/> | <input checked="" type="checkbox"/> | \$ 100.00 | |
| | | | | | <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 | | | | | | | \$ 4700.00 | |
| 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

| 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 | | |
| | Jack Kroustals 1251 Yorkshire Rd Winston-Salem, NC 27106 765.4610 | | CK | 10/16/02 | <input type="checkbox"/> | <input checked="" 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 | | | | | | | \$ | | |
| 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 | | |
| | Otto Lirpfer 380 Buckingham Rd Winston-Salem, NC 27104 996.5908 | | CK | 10/16/02 | <input type="checkbox"/> | <input checked="" 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 | | | | | | | \$ | | |
| 3. Contributor | a. Full Name, Mailing Address & Phone (include city, state, & zip) | d. Account Number/Code | e. Form of Payment | f. Date (mm/dd/yyyy) | g. In- Kind | h. Prior Report | i. Amount | | |
| | Charles Lukky 230 Ashton Pl. 00r W-S NC 27106 | | CK | 10/16/02 | <input type="checkbox"/> | <input checked="" 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 | | CK | 10/16/02 | <input type="checkbox"/> | <input checked="" 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 | | CK | 10/16/02 | <input type="checkbox"/> | <input checked="" 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 | | | | | | | \$ 750.00 | | |
| 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

| 1. Name of Committee or Fund | | | | | | 2. ID Number | | |
|---|--|---------------------------|-----------------------|-------------------------|--------------------------|-------------------------------------|-----------|--|
| Schatzman for Sheriff | | | | | | | | |
| 1. Contributor | a. Full Name, Mailing Address & Phone (include city, state, & zip) | d. Account Number/Code | e. Form of Payment | f. Date (mm/dd/yyyy) | g. In- Kind | h. Prior Report | i. Amount | |
| | Floyd Mock 1620 Lewisville/Vienne Rd Pfefftown, NC 27040 945.5827 | [REDACTED] | CK | 10/16/02 | <input type="checkbox"/> | <input checked="" 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 | | | | | | \$ 750.00 | | |
| 3. Contributor | a. Full Name, Mailing Address & Phone (include city, state, & zip) | d. Account Number/Code | e. Form of Payment | f. Date (mm/dd/yyyy) | g. In- Kind | h. Prior Report | i. Amount | |
| | Aggregated Individual Contribution | [REDACTED] | CK | 10/16/02 | <input type="checkbox"/> | <input checked="" 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 | |
| | Billy Prim 104 Cambridge Pl Dr WIS NC 27104 * 794.2013 | [REDACTED] | CK | 10/16/02 | <input type="checkbox"/> | <input checked="" 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 | | | | | | \$ | | |
| 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 | |
| | Steve Sessions 5090 Styers Ferry Rd Lewisville, NC 27023 | [REDACTED] | CK | 10/16/02 | <input type="checkbox"/> | <input checked="" 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 | | | | | | \$ | | |
| 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] | CK | 10/16/02 | <input type="checkbox"/> | <input checked="" 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 | | | | | | \$ 900.00 | | |
| 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

| 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 / 100.00 | | |
| | Aggregated Individual Contribution | [REDACTED] | CK | 10/16/02 | <input type="checkbox"/> | <input checked="" 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 | | S | | | | |
| 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 / 1000.00 | | |
| | Bobby Skate 250 W. First St W-S, NC 27101 722.0376 | [REDACTED] | CK | 10/16/02 | <input type="checkbox"/> | <input checked="" type="checkbox"/> | \$ 1000.00 | | |
| | | | | | <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 | | S | | | | |
| 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 / 100.00 | | |
| | Aggregated Individual Contribution | [REDACTED] | CK | 10/16/02 | <input type="checkbox"/> | <input checked="" 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 | | S | | | | |
| 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 / 50.00 | | |
| | Aggregated Individual Contribution | [REDACTED] | CK | 10/16/02 | <input type="checkbox"/> | <input checked="" 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 | | S | | | | |
| 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 / 25.00 | | |
| | Aggregated Individual Contribution | [REDACTED] | CK | 10/16/02 | <input type="checkbox"/> | <input checked="" type="checkbox"/> | \$ 25.00 | | |
| | | | | | <input type="checkbox"/> | <input type="checkbox"/> | \$ | | |
| | | | | | <input type="checkbox"/> | <input type="checkbox"/> | \$ | | |
| b. Job Title/Profession | | | | | <input type="checkbox"/> | <input type="checkbox"/> | \$ | | |
| c. Employer's Name/Specific Field | j. If Amendment, choose change type: | | | | k. Election Cycle Sum to Date | | | | |
| | Add | | Delete | | S | | | | |
| 4. Total only this Page | | | | | | | \$ 1275.00 | | |
| 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

| 1. Name of Committee or Fund | | | | | | | 2. ID Number | | |
|---|---|------------------------|--------------------|-------------------------------|--------------------------|-------------------------------------|--------------|--|--|
| Schatzman for Sheriff | | | | | | | | | |
| 3. Contributor | a. Full Name, Mailing Address & Phone (include city, state, & zip) | d. Account Number/Code | e. Form of Payment | f. Date (mm/dd/yyyy) | g. In-Kind | h. Prior Report | i. Amount | | |
| | James Yopp 1095 Fieldwood Ln Winston-Salem, NC 27106 724-9961 | [REDACTED] | CK | 10/16/02 | <input type="checkbox"/> | <input checked="" 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 | | | | S | | | | | |
| 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] | CK | 10/17/02 | <input type="checkbox"/> | <input checked="" 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 | | | | S | | | | | |
| 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 | | |
| | Frank Driscoll 12 Graylyn Place Winston-Salem, NC 27106 336-722-0661 | [REDACTED] | CK | 10/11/02 | <input type="checkbox"/> | <input checked="" 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 | | | | S | | | | | |
| 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] | CK | 10/17/02 | <input type="checkbox"/> | <input checked="" 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 | | | | S | | | | | |
| 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 | | |
| | Carl Loye 460 Crossing Creek Drive Belows Creek, NC 27009 299-8376 * | [REDACTED] | CK | 10/17/02 | <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 | | | | S | | | | | |
| 4. Total only this Page | | | | | | | \$ 1200.00 | | |
| 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 38 of 39

| 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] | CK | 10/17/02 | <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 | | S | | | | | | |
| 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] | CK | 10/17/02 | <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 | | S | | | | | | |
| 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 | | |
| | Christy Spencer 4440 Greenbrier Farm Rd WIS NC 27106 924.6939 | [REDACTED] | CK | 10/17/02 | <input type="checkbox"/> | <input type="checkbox"/> | \$ 250.00 | | |
| | | | | | <input type="checkbox"/> | <input type="checkbox"/> | \$ | | |
| | | | | | <input type="checkbox"/> | <input type="checkbox"/> | \$ | | |
| b. Job Title/Profession | | | | | <input type="checkbox"/> | <input type="checkbox"/> | \$ | | |
| c. Employer's Name/Specific Field | j. If Amendment, choose change type: | | k. Election Cycle Sum to Date | | | | | | |
| | Add Delete | | S | | | | | | |
| 3. Contributor | a. Full Name, Mailing Address & Phone (include city, state, & zip) | d. Account Number/Code | e. Form of Payment | f. Date (mm/dd/yyyy) | g. In-Kind | h. Prior Report | i. Amount | | |
| | Stephen Strawsburg 364 Buckingham Rd WIS NC 27104 | [REDACTED] | CK | 10/17/02 | <input type="checkbox"/> | <input type="checkbox"/> | \$ 150.00 | | |
| | | | | | <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 | | S | | | | | | |
| 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] | CK | 10/17/02 | <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 | | S | | | | | | |
| 4. Total only this Page | | | | | | | \$ 550.00 | | |
| 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

| 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 / \$0.00 | |
| | Aggregated Individual Contribution | [REDACTED] | CK | 10/17/02 | <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 | |
| | [REDACTED] | [REDACTED] | CK | | <input type="checkbox"/> | <input type="checkbox"/> | \$ | |
| | | | | | <input type="checkbox"/> | <input type="checkbox"/> | \$ | |
| | | | | | <input type="checkbox"/> | <input type="checkbox"/> | \$ | |
| b. Job Title/Profession | | | | <input type="checkbox"/> | <input type="checkbox"/> | \$ | | |
| c. Employer's Name/Specific Field | j. If Amendment, choose change type: | | | | k. Election Cycle Sum to Date | | | |
| | 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 | |
| | [REDACTED] | [REDACTED] | CK | | <input type="checkbox"/> | <input type="checkbox"/> | \$ | |
| | | | | | <input type="checkbox"/> | <input type="checkbox"/> | \$ | |
| | | | | | <input type="checkbox"/> | <input type="checkbox"/> | \$ | |
| b. Job Title/Profession | | | | <input type="checkbox"/> | <input type="checkbox"/> | \$ | | |
| c. Employer's Name/Specific Field | j. If Amendment, choose change type: | | | | k. Election Cycle Sum to Date | | | |
| | 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 | |
| | [REDACTED] | [REDACTED] | CK | | <input type="checkbox"/> | <input type="checkbox"/> | \$ | |
| | | | | | <input type="checkbox"/> | <input type="checkbox"/> | \$ | |
| | | | | | <input type="checkbox"/> | <input type="checkbox"/> | \$ | |
| b. Job Title/Profession | | | | <input type="checkbox"/> | <input type="checkbox"/> | \$ | | |
| c. Employer's Name/Specific Field | j. If Amendment, choose change type: | | | | k. Election Cycle Sum to Date | | | |
| | 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 | |
| | [REDACTED] | [REDACTED] | CK | | <input type="checkbox"/> | <input type="checkbox"/> | \$ | |
| | | | | | <input type="checkbox"/> | <input type="checkbox"/> | \$ | |
| | | | | | <input type="checkbox"/> | <input type="checkbox"/> | \$ | |
| b. Job Title/Profession | | | | <input type="checkbox"/> | <input type="checkbox"/> | \$ | | |
| c. Employer's Name/Specific Field | j. If Amendment, choose change type: | | | | k. Election Cycle Sum to Date | | | |
| | 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 | |
| | [REDACTED] | [REDACTED] | CK | | <input type="checkbox"/> | <input type="checkbox"/> | \$ | |
| | | | | | <input type="checkbox"/> | <input type="checkbox"/> | \$ | |
| | | | | | <input type="checkbox"/> | <input type="checkbox"/> | \$ | |
| b. Job Title/Profession | | | | <input type="checkbox"/> | <input type="checkbox"/> | \$ | | |
| c. Employer's Name/Specific Field | j. If Amendment, choose change type: | | | | k. Election Cycle Sum to Date | | | |
| | Add Delete | | | | \$ | | | |
| 4. Total only this Page | | | | | | | \$ 100.00 | |
| 5. Total of ALL CRO-1210 Pages (only show on last page) | | | | | | | \$ 53,675.00 | |
| (This line must be on line 6 of Detailed Summary Page CRO-1100) | | | | | | | | |

Other Receipt Sources

| | | | | | | |
|--|---|--|-----------------------|--------------------------------------|-------------------------------------|--|
| 1. Name of Committee or Fund | | | | | 2. ID Number | |
| Schatzman for Sheriff | | | | | | |
| 3. Type of Receipt Source (Please use separate CRO-1250 forms for each type of Receipt Source.) | | | | | | |
| <input checked="" type="checkbox"/> Interest <input type="checkbox"/> Contributions from Not-for-Profit Organizations <input type="checkbox"/> Outside Sources of Income | | | | | | |
| 4. Contributor | 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 PO Box 26134 Winston-Salem, NC 27104 68-8500 | [REDACTED] | Bank Credit | 8/30/02 9/30/02 | \$ 5.97 \$ 2.82 \$ 3.15 \$ | |
| f. If Outside Source of Income, explain: | | g. If Amendment, choose change type: | | h. If Not-for-Profit, list Fed ID #: | | |
| | | <input type="checkbox"/> Add <input type="checkbox"/> Delete | | | | |
| 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 #: | | |
| | | <input type="checkbox"/> Add <input type="checkbox"/> Delete | | | | |
| 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 #: | | |
| | | <input type="checkbox"/> Add <input type="checkbox"/> Delete | | | | |
| 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 #: | | |
| | | <input type="checkbox"/> Add <input type="checkbox"/> Delete | | | | |
| 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 #: | | |
| | | <input type="checkbox"/> Add <input type="checkbox"/> Delete | | | | |
| 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 #: | | |
| | | <input type="checkbox"/> Add <input type="checkbox"/> Delete | | | | |
| 5. Total only this Page | | | | | \$ 5.97 | |
| 6. Total of ALL CRO-1250 Related Pages (only show on last page) | | | | | \$ 5.97 | |
| (This line goes in line 11a of Detailed Summary Page CRO-1100 if Interest) | | | | | | |
| (This line goes in line 11b of Detailed Summary Page CRO-1100 if Not-for-Profit Contribution) | | | | | | |
| (This line goes in line 11c of Detailed Summary Page CRO-1100 if Outside Sources of Income) | | | | | | |

Disbursements

| 1. Name of Committee or Fund | | | | | | 2. ID Number | |
|--|--|---|---------------------------|--|-------------------------|-------------------------------|--|
| Schatzman for Sheriff | | | | | | | |
| 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 | | | |
| 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 | |
| 4. Payee HORN & STREMAN 315 N S PRUCE ST WS NC 27101 721-2992 | | DIRECT MAIL AD | [REDACTED] | CK | 8/28/02 | \$428.22 | |
| 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 | |
| | | | | <input type="checkbox"/> Add <input type="checkbox"/> Delete | | \$ 428.22 | |
| 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 | |
| 4. Payee BILL SCHATZMAN 3450 KIRKLEES RD WS NC 27104 794-0988 | | CABLE TV AD | [REDACTED] | CK | 8/28/02 | \$4378.35 | |
| 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 | |
| | | | | <input type="checkbox"/> Add <input type="checkbox"/> Delete | | \$ 4378.35 | |
| 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 | |
| 4. Payee BILL SCHATZMAN 3450 KIRKLEES RD WS NC 27104 794-0988 | | MAGNETIC CAR SIGNS | [REDACTED] | CK | 8/28/02 | \$ 696.51 | |
| 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 | |
| | | | | <input type="checkbox"/> Add <input type="checkbox"/> Delete | | \$ 574.86 | |
| 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 | |
| 4. Payee THE POSITIVE INFLUENCE PO Box 5964 WS NC 27113 765-8855 | | DIRECT MAIL | [REDACTED] | CK | | \$254.32 | |
| 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 | |
| | | | | <input type="checkbox"/> Add <input type="checkbox"/> Delete | | \$ 254.32 | |
| 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 | |
| 4. Payee BILL SCHATZMAN 3450 KIRKLEES RD WS NC 27104 794-0988 | | ADVERTISING STAKES | [REDACTED] | CK | 9/18/02 | \$ 419.08 | |
| 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 | |
| | | | | <input type="checkbox"/> Add <input type="checkbox"/> Delete | | \$ 5706.94 | |
| 5. Total only this Page | | | | | | \$10241.48 | |
| 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) | | | | | | | |

Disbursements

| 1. Name of Committee or Fund | | | | | | 2. ID Number | |
|--|---|--|--|---|--------------------------------------|-------------------------|-------------------------------|
| Schatzman for Sheriff | | | | | | | |
| 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 ARTS COUNCIL DARTMOUTH 226 N MARSHALL ST WS, NC 27101 725-8916 | | RENT | [REDACTED] | CK | 10/10/02 | \$150.00 |
| 4. Payee | 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 | | \$150.00 |
| 4. Payee | a. Full Name, Mailing Address & Phone (include city, state, and zip) | | d. Purpose | e. Account Number/Code | f. Form of Payment | g. Date (mm/dd/yyyy) | h. Amount |
| | WES BROOKS 1310 ASHLEY BROOK LN WS, NC 27103 760-1120 | | POSTAGE | [REDACTED] | CK | 10/9/02 | \$197.95 |
| 4. Payee | 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 | | \$197.95 |
| 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 |
| | HERN & STRICKACH 315 N SPRUCE ST WS, NC 27101 721-2992 | | ADVERTISING | [REDACTED] | CK | 10/15/02 | \$2,295.01 |
| 4. Payee | 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 | | \$25,575.23 |
| 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 |
| | BILL SCHATZMAN 3450 KIRKUPPI RD WS, NC 27104 794-0988 | | PRIMARY NIGHT RECEPTION | [REDACTED] | CK | 10/16/02 | \$1,223.63 |
| 4. Payee | 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 | | \$6930.57 |
| 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] | CK | | \$ |
| 4. Payee | 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 | | | | | | | \$22,866.59 |
| 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) | | | | | | | \$3,108.07 |

Loan Proceeds

| 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 |
| | WILLIAM T SCHATZMAN 3450 KIRKLESS RD WIL NC 2704 794. 0988 | 8/29/02 | | | |
| | e. Job Title/Profession | f. Employer's Name/Specific Field | | j. Form of Payment | |
| | SECURITY | SCHATZMAN PAPER | | CHECK | |
| | g. Security Pledged | | | k. Amount | |
| h. If Amendment, choose change type: <input type="checkbox"/> Add <input type="checkbox"/> Delete | | | | \$5,000.00 | |
| 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 | | | | | \$5,000.00 |
| 5. Total of ALL CRO-1410 Pages (only show on last page) | | | | | \$5,000.00 |
| (This line must be on line 9 of Detailed Summary Page CRO-1100) | | | | | |

Outstanding Loans

| 1. Name of Committee or Fund | | | | 2. ID Number | |
|--|---|--|-----------------------------------|--------------------|----------------------------|
| Schatzman for Sheriff | | | | | |
| 3. Lender | a. Full Name, Mailing Address & Phone (include city, state, and zip) | b. Start Date (mm/dd/yyyy) | c. End Date (mm/dd/yyyy) | d. Interest Rate % | h. Original Loan Amount \$ |
| | * NONE * | e. Job Title/Profession | f. Employer's Name/Specific Field | | i. Loan Balance |
| | | g. Security Pledged | | | \$ |
| | | j. If Amendment, choose change type: <input type="checkbox"/> Add <input type="checkbox"/> Delete | | | |
| | | | | | |
| 3. Lender | a. Full Name, Mailing Address & Phone (include city, state, and zip) | b. Start Date (mm/dd/yyyy) | c. End Date (mm/dd/yyyy) | d. Interest Rate % | h. Original Loan Amount \$ |
| | | e. Job Title/Profession | f. Employer's Name/Specific Field | | i. Loan Balance |
| | | g. Security Pledged | | | \$ |
| | | j. If Amendment, choose change type: <input type="checkbox"/> Add <input type="checkbox"/> Delete | | | |
| | | | | | |
| 3. Lender | a. Full Name, Mailing Address & Phone (include city, state, and zip) | b. Start Date (mm/dd/yyyy) | c. End Date (mm/dd/yyyy) | d. Interest Rate % | h. Original Loan Amount \$ |
| | | e. Job Title/Profession | f. Employer's Name/Specific Field | | i. Loan Balance |
| | | g. Security Pledged | | | \$ |
| | | j. If Amendment, choose change type: <input type="checkbox"/> Add <input type="checkbox"/> Delete | | | |
| | | | | | |
| 3. Lender | a. Full Name, Mailing Address & Phone (include city, state, and zip) | b. Start Date (mm/dd/yyyy) | c. End Date (mm/dd/yyyy) | d. Interest Rate % | h. Original Loan Amount \$ |
| | | e. Job Title/Profession | f. Employer's Name/Specific Field | | i. Loan Balance |
| | | g. Security Pledged | | | \$ |
| | | j. If Amendment, choose change type: <input type="checkbox"/> Add <input type="checkbox"/> Delete | | | |
| | | | | | |
| 3. Lender | a. Full Name, Mailing Address & Phone (include city, state, and zip) | b. Start Date (mm/dd/yyyy) | c. End Date (mm/dd/yyyy) | d. Interest Rate % | h. Original Loan Amount \$ |
| | | e. Job Title/Profession | f. Employer's Name/Specific Field | | i. Loan Balance |
| | | g. Security Pledged | | | \$ |
| | | j. If Amendment, choose change type: <input type="checkbox"/> Add <input type="checkbox"/> Delete | | | |
| | | | | | |
| 3. Lender | a. Full Name, Mailing Address & Phone (include city, state, and zip) | b. Start Date (mm/dd/yyyy) | c. End Date (mm/dd/yyyy) | d. Interest Rate % | h. Original Loan Amount \$ |
| | | e. Job Title/Profession | f. Employer's Name/Specific Field | | i. Loan Balance |
| | | g. Security Pledged | | | \$ |
| | | j. If Amendment, choose change type: <input type="checkbox"/> Add <input type="checkbox"/> Delete | | | |
| | | | | | |
| 4. Total only this Page | | | | | \$ |
| 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) | | | | | |

Loan Repayments

| 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 | |
| | BILL SCHATZMAN 345E KIRKLEES RD LIS, NC 27104 794-0988 | 8/29/02 | 10/16/02 | | |
| | | d. Original Loan Amount | e. Remaining Balance of Loan | h. Form of Payment | |
| | | \$ 5,000.00 | \$ - 0 - | CHECK | |
| | | f. If Amendment, choose change type: <input type="checkbox"/> Add <input type="checkbox"/> Delete | | i. Repayment Amount | |
| | | | | \$ 5,000.00 | |
| 3. Lender | a. Full Name, Mailing Address & Phone (include city, state, and zip) | b. Original Loan Date (mm/dd/yyyy) | c. Repayment Date (mm/dd/yyyy) | g. Account Number/Code | |
| | | | | | |
| | d. Original Loan Amount | e. Remaining Balance of Loan | h. Form of Payment | | |
| | \$ | \$ | | | |
| | f. If Amendment, choose change type: <input type="checkbox"/> Add <input type="checkbox"/> Delete | | i. Repayment Amount | | |
| | | | | \$ | |
| 3. Lender | a. Full Name, Mailing Address & Phone (include city, state, and zip) | b. Original Loan Date (mm/dd/yyyy) | c. Repayment Date (mm/dd/yyyy) | g. Account Number/Code | |
| | | | | | |
| | d. Original Loan Amount | e. Remaining Balance of Loan | h. Form of Payment | | |
| | \$ | \$ | | | |
| | f. If Amendment, choose change type: <input type="checkbox"/> Add <input type="checkbox"/> Delete | | i. Repayment Amount | | |
| | | | | \$ | |
| 3. Lender | a. Full Name, Mailing Address & Phone (include city, state, and zip) | b. Original Loan Date (mm/dd/yyyy) | c. Repayment Date (mm/dd/yyyy) | g. Account Number/Code | |
| | | | | | |
| | d. Original Loan Amount | e. Remaining Balance of Loan | h. Form of Payment | | |
| | \$ | \$ | | | |
| | f. If Amendment, choose change type: <input type="checkbox"/> Add <input type="checkbox"/> Delete | | i. Repayment Amount | | |
| | | | | \$ | |
| 3. Lender | a. Full Name, Mailing Address & Phone (include city, state, and zip) | b. Original Loan Date (mm/dd/yyyy) | c. Repayment Date (mm/dd/yyyy) | g. Account Number/Code | |
| | | | | | |
| | d. Original Loan Amount | e. Remaining Balance of Loan | h. Form of Payment | | |
| | \$ | \$ | | | |
| | f. If Amendment, choose change type: <input type="checkbox"/> Add <input type="checkbox"/> Delete | | i. Repayment Amount | | |
| | | | | \$ | |
| 3. Lender | a. Full Name, Mailing Address & Phone (include city, state, and zip) | b. Original Loan Date (mm/dd/yyyy) | c. Repayment Date (mm/dd/yyyy) | g. Account Number/Code | |
| | | | | | |
| | d. Original Loan Amount | e. Remaining Balance of Loan | h. Form of Payment | | |
| | \$ | \$ | | | |
| | f. If Amendment, choose change type: <input type="checkbox"/> Add <input type="checkbox"/> Delete | | i. Repayment Amount | | |
| | | | | \$ | |
| 4. Total only this Page | | | | \$ 5000.00 | |
| 5. Total of ALL CRO-1420 Pages (only show on last page) | | | | \$ 5000.00 | |
| (This line must be on line 14 of Detailed Summary Page CRO-1100) | | | | | |