

**COPY**

FORSYTH COUNTY

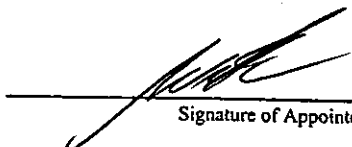
**Disclosure Report Cover Sheet**

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

1. Name of Committee or Fund <b>Schatzman for Sheriff</b>				6. Date <b>7/21/03</b>	
2. Address <b>% Wes Brooks 1313 Ashteybrook Lane</b>				7. ID Number	
3. City <b>Winston-Salem</b>		4. State <b>NC</b>	5. Zip <b>27103</b>	8. Phone <b>336-760-1120</b>	
9. Type of Report <b>2003 MID YEAR SEMI-ANNUAL</b>				10. Period Covered Start End <b>1/1/03</b> <b>6/30/03</b>	11. Amendment Yes No <b>No</b>
12. Type of Committee or Fund (Check one)					
<input checked="" type="checkbox"/> Candidate Campaign <input type="checkbox"/> Party <input type="checkbox"/> Joint Fundraiser <input type="checkbox"/> "Booster Fund"					
<input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Soft Money Account <input type="checkbox"/> Building Fund					
Other Fund: _____					
13. Treasurer Name <b>Wes Brooks 760-1120</b>					
14. Assistant Treasurer Name(s)					
15. Custodian of Books Name <b>Wes Brooks 760-1120</b>					
16. Bank/Depository/Credit Account Information					
a. Name	b. Purpose	c. Code	d. Period Begin Balance		
<b>Southern Community Bank</b>	<b>Campaign receipts &amp; disbursements</b>	<b>SCB</b>	<b>\$ 9806.86</b>		
			\$		
			\$		
			\$		
			\$		
			\$		
			\$		

**CERTIFICATION**

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

  
\_\_\_\_\_  
Signature of Appointed Treasurer or Candidate

**7/21/03**  
\_\_\_\_\_  
Date



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## Detailed Summary

1. Name of Committee or Fund	2. Type of Report	3. ID Number	
Schatzman for Sheriff	SENI-ANNUAL		
Start of Election Cycle: January 1, 20 <u>03</u>	Total this Period	Total this Election Cycle	For Office Use Only
4) Cash on Hand at Start of Election Cycle		\$ 9806.86	
5) Cash on Hand at Start of Present Reporting Period	\$ 9806.86		
<b>RECEIPTS</b>			
6) Contributions from Individuals (CRO-1210)	\$ 99.00	\$ 99.00	
7) Contributions from Political Party Committees (CRO-1220)	\$ 0	\$ 0	
8) Contributions from Other Political Committees (CRO-1230)	\$ 0	\$ 0	
9) Loan Proceeds (CRO-1410)	\$ 0	\$ 0	
10) Refunds & Reimbursements to Committee (CRO-1240)	\$ 0	\$ 0	
11) Other Receipt Sources (CRO-1250)			
11a) Interest on Bank Accounts (CRO-1250)	\$ 2.05	\$ 2.05	
11b) Contributions from Not-for-Profit Organizations (CRO-1250)	\$ 0	\$ 0	
11c) Outside Sources of Income (CRO-1250)	\$ 0	\$ 0	
12) TOTAL RECEIPTS (Add lines 6, 7, 8, 9, 10, 11a, 11b, and 11c)	\$ 101.05	\$ 101.05	
<b>EXPENDITURES</b>			
13) Disbursements (CRO-1310)			
13a) Operating Expenditures (CRO-1310)	\$ 1838.48	\$ 1838.48	
13b) Contributions to Candidates/Political Committees (CRO-1310)	\$ 250.00	\$ 250.00	
13c) Coordinated Party Expenditures (CRO-1310)	\$ 0	\$ 0	
14) Loan Repayments (CRO-1420)	\$ 0	\$ 0	
15) Refunds from Committee (CRO-1320)	\$ 0	\$ 0	
16) In-Kind Contributions (CRO-1510)	\$ 0	\$ 0	
17) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, and 16)	\$ 2088.48	\$ 2088.48	
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)	\$ 7819.43	\$ 7819.43	
<b>Additional Information</b>			
19) Non-Monetary Gifts Given to Committees (CRO-1330)	\$ 0		
20) Outstanding Loans (including ones from other campaigns) (CRO-1430)	\$ 0		
21) Debts and Obligations owed BY the Committee (CRO-1610)	\$ 0		
22) Debts and Obligations owed TO the Committee (CRO-1620)	\$ 0		
23) Parent Entity's Administrative Support (CRO-1710)	\$ 0		

## Contributions from INDIVIDUALS

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Page 1 of 1

1. Name of Committee or Fund				2. ID Number			
Schatzman for Sheriff							
3. Contributor	a. Full Name, Mailing Address & Phone (include city, state, & zip)	d. Account Number/Code	e. Form of Payment	f. Date (mm/dd/yyyy)	g. In- Kind	h. Prior Report	i. Amount
	Aggregated individual contribution	██████████ SCB	CK	1/5/03			\$ 99.00
	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	██████████ SCB	CK				\$
	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	██████████ SCB	CK				\$
	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	██████████ SCB	CK				\$
	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	██████████ SCB	CK				\$
	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	██████████ SCB	CK				\$
	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							\$ 99.00
5. Total of ALL CRO-1210 Pages (only show on last page)							\$ 99.00
(This line must be on line 6 of Detailed Summary Page CRO-1100)							\$ 99.00

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## Contributions from OTHER POLITICAL COMMITTEES

Page 1 of 1

1. Name of Committee or Fund						2. ID Number	
3. Contributor	a. Full Name, Mailing Address & Phone (include city, state, and zip)		b. Account Number/Code	c. Form of Payment	d. Date (mm/dd/yyyy)	e. In-Kind	f. Amount
	<div style="border: 1px solid black; border-radius: 50%; width: 100px; height: 100px; margin: 0 auto; display: flex; align-items: center; justify-content: center;"> <span style="font-size: 2em; font-family: cursive;">NONE</span> </div>						\$
							\$
g. Type of Committee Federal    State    County: _____		h. If Amendment, choose change type: Add    Delete		i. Election Cycle Sum to Date \$			
3. Contributor	a. Full Name, Mailing Address & Phone (include city, state, and zip)		b. Account Number/Code	c. Form of Payment	d. Date (mm/dd/yyyy)	e. In-Kind	f. Amount
							\$
							\$
g. Type of Committee Federal    State    County: _____		h. If Amendment, choose change type: Add    Delete		i. Election Cycle Sum to Date \$			
3. Contributor	a. Full Name, Mailing Address & Phone (include city, state, and zip)		b. Account Number/Code	c. Form of Payment	d. Date (mm/dd/yyyy)	e. In-Kind	f. Amount
							\$
							\$
g. Type of Committee Federal    State    County: _____		h. If Amendment, choose change type: Add    Delete		i. Election Cycle Sum to Date \$			
3. Contributor	a. Full Name, Mailing Address & Phone (include city, state, and zip)		b. Account Number/Code	c. Form of Payment	d. Date (mm/dd/yyyy)	e. In-Kind	f. Amount
							\$
							\$
g. Type of Committee Federal    State    County: _____		h. If Amendment, choose change type: Add    Delete		i. Election Cycle Sum to Date \$			
3. Contributor	a. Full Name, Mailing Address & Phone (include city, state, and zip)		b. Account Number/Code	c. Form of Payment	d. Date (mm/dd/yyyy)	e. In-Kind	f. Amount
							\$
							\$
g. Type of Committee Federal    State    County: _____		h. If Amendment, choose change type: Add    Delete		i. Election Cycle Sum to Date \$			

4. Total only this Page

\$ 0

5. Total of ALL CRO-1230 Pages

(only show on last page)

\$ 0

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

CRO-1230

NC State Board of Elections

February 2002

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## Other Receipt Sources

Page 1 of 1

1. Name of Committee or Fund <b>Schatzman for Sheriff</b>				2. ID Number	
3. Type of Receipt Source <i>(Please use separate CRO-1250 forms for each type of Receipt Source.)</i>					
<input checked="" type="checkbox"/> Interest Contributions from Not-for-Profit Organizations					
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	SCB	Bank Credit	11/1/93 6/30/03	\$ 2.05 \$ \$
	f. If Outside Source of Income, explain:				
	g. If Amendment, choose change type: Add Delete				
	h. If Not-for-Profit, list Fed ID #:				
4. Contributor	a. Full Name, Mailing Address & Phone (include city, state, and zip)	b. Account Number/Code	c. Form of Payment	d. Date (mm/dd/yyyy)	e. Amount
					\$ \$ \$
	f. If Outside Source of Income, explain:				
	g. If Amendment, choose change type: Add Delete				
	h. If Not-for-Profit, list Fed ID #:				
4. Contributor	a. Full Name, Mailing Address & Phone (include city, state, and zip)	b. Account Number/Code	c. Form of Payment	d. Date (mm/dd/yyyy)	e. Amount
					\$ \$ \$
	f. If Outside Source of Income, explain:				
	g. If Amendment, choose change type: Add Delete				
	h. If Not-for-Profit, list Fed ID #:				
4. Contributor	a. Full Name, Mailing Address & Phone (include city, state, and zip)	b. Account Number/Code	c. Form of Payment	d. Date (mm/dd/yyyy)	e. Amount
					\$ \$ \$
	f. If Outside Source of Income, explain:				
	g. If Amendment, choose change type: Add Delete				
	h. If Not-for-Profit, list Fed ID #:				
4. Contributor	a. Full Name, Mailing Address & Phone (include city, state, and zip)	b. Account Number/Code	c. Form of Payment	d. Date (mm/dd/yyyy)	e. Amount
					\$ \$ \$
	f. If Outside Source of Income, explain:				
	g. If Amendment, choose change type: Add Delete				
	h. If Not-for-Profit, list Fed ID #:				
5. Total only this Page					\$ 2.05
6. Total of ALL CRO-1250 Related Pages <i>(only show on last page)</i>					\$ 2.05
<i>(This line goes in line 11a of Detailed Summary Page CRO-1100 if Interest)</i> <i>(This line goes in line 11b of Detailed Summary Page CRO-1100 if Not-for-Profit Contribution)</i> <i>(This line goes in line 11c of Detailed Summary Page CRO-1100 if Outside Sources of Income)</i>					

## Disbursements

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1. Name of Committee or Fund <b>Schatzman for Sheriff</b>						2. ID Number	
3. Type of Disbursement (Please use separate CRO-1310 forms for each type of Disbursements.)							
<input checked="" type="checkbox"/> Operating Expenses      Contributions to Candidates/Political Committees      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
	<b>Bill Schatzman</b> 748-3642 <b>3450 Kirklees Rd</b> <b>Winston-Salem, NC 27104</b>		TRAVEL REIMBURSEMENT	[REDACTED] SCB	CK	1/31/03	\$567.90
	b. If Contribution to County Committee, specify:		c. If Coordinated Party Expense, list office:		i. If Amendment, choose change type: Add      Delete		
4. Payee	a. Full Name, Mailing Address & Phone (include city, state, and zip)		d. Purpose	e. Account Number/Code	f. Form of Payment	g. Date (mm/dd/yyyy)	h. Amount
	<b>Bill Schatzman</b> 748-3642 <b>3450 Kirklees Rd</b> <b>Winston-Salem, NC 27104</b>		LINCOLN DAY DINNER	[REDACTED] SCB	CK	2/27/03	\$500.00
	b. If Contribution to County Committee, specify:		c. If Coordinated Party Expense, list office:		i. If Amendment, choose change type: Add      Delete		
4. Payee	a. Full Name, Mailing Address & Phone (include city, state, and zip)		d. Purpose	e. Account Number/Code	f. Form of Payment	g. Date (mm/dd/yyyy)	h. Amount
	[REDACTED]		[REDACTED]	[REDACTED] SCB	CK	[REDACTED]	\$
	b. If Contribution to County Committee, specify:		c. If Coordinated Party Expense, list office:		i. If Amendment, choose change type: Add      Delete		
4. Payee	a. Full Name, Mailing Address & Phone (include city, state, and zip)		d. Purpose	e. Account Number/Code	f. Form of Payment	g. Date (mm/dd/yyyy)	h. Amount
	<b>Bill Schatzman</b> 748-3642 <b>3450 Kirklees Rd</b> <b>Winston-Salem, NC 27104</b>		CONFERENCE	[REDACTED] SCB	CK	6/30/03	\$770.58
	b. If Contribution to County Committee, specify:		c. If Coordinated Party Expense, list office:		i. If Amendment, choose change type: Add      Delete		
4. Payee	a. Full Name, Mailing Address & Phone (include city, state, and zip)		d. Purpose	e. Account Number/Code	f. Form of Payment	g. Date (mm/dd/yyyy)	h. Amount
	[REDACTED]		[REDACTED]	[REDACTED] SCB	CK	[REDACTED]	\$
	b. If Contribution to County Committee, specify:		c. If Coordinated Party Expense, list office:		i. If Amendment, choose change type: Add      Delete		
5. Total only this Page						\$1838.48	
6. Total of ALL CRO-1310 Related Pages (only show on last page)						\$1838.48	
(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

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Page 1 of 1

1. Name of Committee or Fund Schatzman for Sheriff						2. ID Number	
3. Type of Disbursement Operating Expenses <input checked="" type="checkbox"/> (Please use separate CRO-1310 forms for each type of Disbursements.) Contributions to Candidates/Political Committees <input type="checkbox"/> Coordinated Party Expenditures <input type="checkbox"/>							
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 748-3642 3450 Kirklees Rd Winston-Salem, NC 27104		NC REPUBLICAN WOMEN	SCB	CK		\$250.00
	b. If Contribution to County Committee, specify:		c. If Coordinated Party Expense, list office:		i. If Amendment, choose change type: Add <input type="checkbox"/> Delete <input type="checkbox"/>		j. Election Cycle Sum To Date \$2088.48
4. Payee	a. Full Name, Mailing Address & Phone (include city, state, and zip)		d. Purpose	e. Account Number/Code	f. Form of Payment	g. Date (mm/dd/yyyy)	h. Amount
				SCB	CK		\$
	b. If Contribution to County Committee, specify:		c. If Coordinated Party Expense, list office:		i. If Amendment, choose change type: Add <input type="checkbox"/> Delete <input type="checkbox"/>		j. Election Cycle Sum To Date \$
4. Payee	a. Full Name, Mailing Address & Phone (include city, state, and zip)		d. Purpose	e. Account Number/Code	f. Form of Payment	g. Date (mm/dd/yyyy)	h. Amount
				SCB	CK		\$
	b. If Contribution to County Committee, specify:		c. If Coordinated Party Expense, list office:		i. If Amendment, choose change type: Add <input type="checkbox"/> Delete <input type="checkbox"/>		j. Election Cycle Sum To Date \$
4. Payee	a. Full Name, Mailing Address & Phone (include city, state, and zip)		d. Purpose	e. Account Number/Code	f. Form of Payment	g. Date (mm/dd/yyyy)	h. Amount
				SCB	CK		\$
	b. If Contribution to County Committee, specify:		c. If Coordinated Party Expense, list office:		i. If Amendment, choose change type: Add <input type="checkbox"/> Delete <input type="checkbox"/>		j. Election Cycle Sum To Date \$
4. Payee	a. Full Name, Mailing Address & Phone (include city, state, and zip)		d. Purpose	e. Account Number/Code	f. Form of Payment	g. Date (mm/dd/yyyy)	h. Amount
				SCB	CK		\$
	b. If Contribution to County Committee, specify:		c. If Coordinated Party Expense, list office:		i. If Amendment, choose change type: Add <input type="checkbox"/> Delete <input type="checkbox"/>		j. Election Cycle Sum To Date \$
4. Payee	a. Full Name, Mailing Address & Phone (include city, state, and zip)		d. Purpose	e. Account Number/Code	f. Form of Payment	g. Date (mm/dd/yyyy)	h. Amount
				SCB	CK		\$
	b. If Contribution to County Committee, specify:		c. If Coordinated Party Expense, list office:		i. If Amendment, choose change type: Add <input type="checkbox"/> Delete <input type="checkbox"/>		j. Election Cycle Sum To Date \$
5. Total only this Page						\$250.00	
6. Total of ALL CRO-1310 Related Pages (This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses) (This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm) (This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)						\$250.00	



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## Loan Proceeds

Page 1 of 1

1. Name of Committee or Fund				2. ID Number	
Schatzman for Sheriff					
3. Lender	a. Full Name, Mailing Address & Phone (include city, state, and zip)	b. Start Date (mm/dd/yyyy)	c. End Date (mm/dd/yyyy)	d. Interest Rate %	i. Account Number/Code
	<div style="border: 1px solid black; border-radius: 50%; width: 100px; height: 100px; display: flex; align-items: center; justify-content: center; margin: 0 auto;"> NONE </div>	e. Job Title/Profession	f. Employer's Name/Specific Field		j. Form of Payment
		g. Security Pledged			
		h. If Amendment, choose change type: Add <span style="margin-left: 50px;">Delete</span>			
		k. Amount \$			
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			
		h. If Amendment, choose change type: Add <span style="margin-left: 50px;">Delete</span>			
		k. Amount \$			
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			
		h. If Amendment, choose change type: Add <span style="margin-left: 50px;">Delete</span>			
		k. Amount \$			
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			
		h. If Amendment, choose change type: Add <span style="margin-left: 50px;">Delete</span>			
		k. Amount \$			
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			
		h. If Amendment, choose change type: Add <span style="margin-left: 50px;">Delete</span>			
		k. Amount \$			
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			
		h. If Amendment, choose change type: Add <span style="margin-left: 50px;">Delete</span>			
		k. Amount \$			
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			
		h. If Amendment, choose change type: Add <span style="margin-left: 50px;">Delete</span>			
		k. Amount \$			
4. Total only this Page					\$ 0
5. Total of ALL CRO-1410 Pages <span style="float: right;">(only show on last page)</span>					\$ 0
(This line must be on line 9 of Detailed Summary Page CRO-1100)					\$ 0

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## Loan Repayments

Page 1 of 1

1. Name of Committee or Fund <b>Schatzman for Sheriff</b>				2. ID Number	
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	
	<div style="border: 1px solid black; border-radius: 50%; width: 100px; height: 100px; margin: 0 auto; display: flex; align-items: center; justify-content: center;">             NONE           </div>	d. Original Loan Amount	e. Remaining Balance of Loan	h. Form of Payment	
		\$	\$	i. Repayment Amount	
		f. If Amendment, choose change type: Add                      Delete		\$	
3. Lender	a. Full Name, Mailing Address & Phone (include city, state, and zip)	b. Original Loan Date (mm/dd/yyyy)	c. Repayment Date (mm/dd/yyyy)	g. Account Number/Code	
		d. Original Loan Amount	e. Remaining Balance of Loan	h. Form of Payment	
		\$	\$	i. Repayment Amount	
		f. If Amendment, choose change type: Add                      Delete		\$	
3. Lender	a. Full Name, Mailing Address & Phone (include city, state, and zip)	b. Original Loan Date (mm/dd/yyyy)	c. Repayment Date (mm/dd/yyyy)	g. Account Number/Code	
		d. Original Loan Amount	e. Remaining Balance of Loan	h. Form of Payment	
		\$	\$	i. Repayment Amount	
		f. If Amendment, choose change type: Add                      Delete		\$	
3. Lender	a. Full Name, Mailing Address & Phone (include city, state, and zip)	b. Original Loan Date (mm/dd/yyyy)	c. Repayment Date (mm/dd/yyyy)	g. Account Number/Code	
		d. Original Loan Amount	e. Remaining Balance of Loan	h. Form of Payment	
		\$	\$	i. Repayment Amount	
		f. If Amendment, choose change type: Add                      Delete		\$	
3. Lender	a. Full Name, Mailing Address & Phone (include city, state, and zip)	b. Original Loan Date (mm/dd/yyyy)	c. Repayment Date (mm/dd/yyyy)	g. Account Number/Code	
		d. Original Loan Amount	e. Remaining Balance of Loan	h. Form of Payment	
		\$	\$	i. Repayment Amount	
		f. If Amendment, choose change type: Add                      Delete		\$	
3. Lender	a. Full Name, Mailing Address & Phone (include city, state, and zip)	b. Original Loan Date (mm/dd/yyyy)	c. Repayment Date (mm/dd/yyyy)	g. Account Number/Code	
		d. Original Loan Amount	e. Remaining Balance of Loan	h. Form of Payment	
		\$	\$	i. Repayment Amount	
		f. If Amendment, choose change type: Add                      Delete		\$	
3. Lender	a. Full Name, Mailing Address & Phone (include city, state, and zip)	b. Original Loan Date (mm/dd/yyyy)	c. Repayment Date (mm/dd/yyyy)	g. Account Number/Code	
		d. Original Loan Amount	e. Remaining Balance of Loan	h. Form of Payment	
		\$	\$	i. Repayment Amount	
		f. If Amendment, choose change type: Add                      Delete		\$	
4. Total only this Page				\$ 0	
5. Total of ALL CRO-1420 Pages <span style="float: right;">(only show on last page)</span>				\$ 0	
(This line must be on line 14 of Detailed Summary Page CRO-1100)				\$ 0	

# Outstanding Loans

**COPY**

Page 1 of 1

1. Name of Committee or Fund			2. ID Number		
Schatzman for Sheriff					
3. Lender	a. Full Name, Mailing Address & Phone (include city, state, and zip)	b. Start Date (mm/dd/yyyy)	c. End Date (mm/dd/yyyy)	d. Interest Rate %	
	NOTE			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: Add 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: Add 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: Add 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: Add 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: Add 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: Add Delete			
4. Total only this Page				\$ 0	
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)				\$ 0	

# COPY

## In-Kind Contributions

Page 1 of 1

1. Name of Committee or Fund <b>Schatzman for Sheriff</b>				2. ID Number	
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3. Contributor	a. Full Name, Mailing Address & Phone (include city, state, and zip)	c. Description	d. Date (mm/dd/yyyy)	e. Fair Market Amount	
	NONE			\$	
				\$	
				\$	
b. Type of Contributor <input type="checkbox"/> Individual <input type="checkbox"/> Party Committee <input type="checkbox"/> Other Political Committee <input type="checkbox"/> Other Receipt Source		f. If Amendment, choose change type: <input type="checkbox"/> Add <input type="checkbox"/> Delete		g. Election Cycle Sum to Date \$	

3. Contributor	a. Full Name, Mailing Address & Phone (include city, state, and zip)	c. Description	d. Date (mm/dd/yyyy)	e. Fair Market Amount	
				\$	
				\$	
				\$	
b. Type of Contributor <input type="checkbox"/> Individual <input type="checkbox"/> Party Committee <input type="checkbox"/> Other Political Committee <input type="checkbox"/> Other Receipt Source		f. If Amendment, choose change type: <input type="checkbox"/> Add <input type="checkbox"/> Delete		g. Election Cycle Sum to Date \$	

3. Contributor	a. Full Name, Mailing Address & Phone (include city, state, and zip)	c. Description	d. Date (mm/dd/yyyy)	e. Fair Market Amount	
				\$	
				\$	
				\$	
b. Type of Contributor <input type="checkbox"/> Individual <input type="checkbox"/> Party Committee <input type="checkbox"/> Other Political Committee <input type="checkbox"/> Other Receipt Source		f. If Amendment, choose change type: <input type="checkbox"/> Add <input type="checkbox"/> Delete		g. Election Cycle Sum to Date \$	

3. Contributor	a. Full Name, Mailing Address & Phone (include city, state, and zip)	c. Description	d. Date (mm/dd/yyyy)	e. Fair Market Amount	
				\$	
				\$	
				\$	
b. Type of Contributor <input type="checkbox"/> Individual <input type="checkbox"/> Party Committee <input type="checkbox"/> Other Political Committee <input type="checkbox"/> Other Receipt Source		f. If Amendment, choose change type: <input type="checkbox"/> Add <input type="checkbox"/> Delete		g. Election Cycle Sum to Date \$	

3. Contributor	a. Full Name, Mailing Address & Phone (include city, state, and zip)	c. Description	d. Date (mm/dd/yyyy)	e. Fair Market Amount	
				\$	
				\$	
				\$	
b. Type of Contributor <input type="checkbox"/> Individual <input type="checkbox"/> Party Committee <input type="checkbox"/> Other Political Committee <input type="checkbox"/> Other Receipt Source		f. If Amendment, choose change type: <input type="checkbox"/> Add <input type="checkbox"/> Delete		g. Election Cycle Sum to Date \$	

4. Total only this Page					\$ 0
5. Total of ALL CRO-1510 Pages (only show on last page)					\$ 0
(This line must be on line 16 of Detailed Summary Page CRO-1100)					