Disclosure Report Cover Sheet

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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		<u></u>	6. Date
Schatzman for Sheriff			1/28/04
2. Address		· · · · ·	7.ID Number
1313 ASHLEI BROOK LN	,		
3. City -	4. State 5. Zi	p	8. Phone
Winston-Salem	NC 27	/103 3	36-760-4464
9. Type of Report		10. Period Covere	
Years and Semi-Annua	4	Start 7/1/ End 12/3	1/03 Yes
12. Type of Committee or Fund (Check one)		· · · · ·	
X Candidate Campaign Party PAC Referendum Other Fund:	Joint Fundraiser	: "B : Bu	ooster Fund" ilding Fund
13. Treasurer Name			~
Wes Brooks 760-1120	1		Dia Sta
14. Assistant Treasurer Name(s)	· · · · · · · · · · · · · · · · · · ·		<u></u>
	•		
15. Custodian of Books Name			()
Wes Brooks 760-1120			29
16. Bank/Depository/Credit Account Information	tion		
a. Name	b. Purpose	c. Code	d. Period Begin Balance
Southern Community Bank	Campaign receipts & disburseme	ents SCB	s 7819.43
			S
			S
-	· ·		s
			s
· · · · · · · · · · · · · · · · · · ·			s
CERTIFICATION	L		<u></u>
I certify that the Committee is in compliance with funds for a federal or out-of-state PAC. I further		nd correct.	
patt		1/20	ley
Signature of Appointed Treasurer	or Candidate		Date

NC State Board of Elections

February 2002

It mere is not enough room o	on the Disclosure Report Cover Sheet form	(CRO-1000) to include al	l assistant treasurers o
accounts us I. Name of Committee or Fund	se this form to include any additions and at		
. Name of Committee or Fund		2. ID (Number
Schatzman for She	eriff		
. Assistant Treasurer Name(s)		<u>I</u>	
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No CHANGES	-)	· · · · · · · · · · · · · · · · · · ·	
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4. Bank/Depository/Credit Acco	ount Information		· · · · · · · · · · · · · · · · · · ·
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2. Name	b. Purpose	c. Code	d. Period Begin Balance S
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2. Name	b. Purpose	c. Code	S S

Detailed Summary

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1. Name of Committee or Fund	2. Type of F	keport	3. ID Numb)er
Schatzman for Sheriff	ANNE	rac.		
Start of Election Cycle: January 1, 20 <u>3</u>		Total this Period	Total this Election Cycle	For Office Use Only
4) Cash on Hand at Start of Election Cycle			\$ 9806.26	
5) Cash on Hand at Start of Present Reporting Period		5 7819.43		······
RECEIPTS				
6) Contributions from Individuals	(CRO-1210)	\$ 250,00	\$ 349.00	
7) Contributions from Political Party Committees	(CRO-1220)		s c	
8) Contributions from Other Political Committees	(CRO-1230)	s o	S c	
9) Loan Proceeds	(CRO-1410)	s o	s a	
10) Refunds & Reimbursements to Committee	(CRO-1240)	S G	5 o	
11) Other Receipt Sources	(CRO-1250)	ä	o	· .
11a) Interest on Bank Accounts	(CRO-1250)	S 1.67	\$ 3.72	
11b) Contributions from Not-for-Profit Organizations	(CRO-1250)		s o	
11c) Outside Sources of Income	(CRO-1250)	S c	S o	
12) TOTAL RECEIPTS (Add lines 6, 7, 8, 9, 10, 11a, 11b, and 11c)	- <u>, , , , , , , , , , , , , , , , , , ,</u>	\$251.67	S352,72	
EXPENDITURES				
13) Disbursements	(CRO-1310)	e e e e e e e e e e e e e e e e e e e	6	
13a) Operating Expenditures	(CRO-1310)	\$ 1582.97	5 2471 45	
13b) Contributions to Candidates/Political Committees	(CRO-1310)	5 500.00	\$ 750.00	
13c) Coordinated Party Expenditures	(CRO-1310)		\$ \$	
14) Loan Repayments	(CRO-1420)	s \sigma ·	s 🗢	
15) Refunds from Committee	(CRO-1320)	s o	s o	
16) In-Kind Contributions	(CRO-1510)	\$ 0	s 🗢	·
17) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, and 16)		\$2082.97	\$ 4171.45	
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)		\$ 5788.13	s 5988-13	
Additional Information			X	
19) Non-Monetary Gifts Given to Committees	(CRO-1330)			
20) Outstanding Loans (including ones from other campaigns)	(CRO-1430)	\$		
21) Debts and Obligations owed BY the Committee	(CRU-1610)	S		
22) Debts and Obligations owed TO the Committee	(CRO-1620)	S		<u></u>
23) Parent Entity's Administrative Support	(CRO-1710)	s		

Contributions from INDIVIDUALS

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1	. Name of Committee or Fund 2. ID Number							
Sc	chatzman for Sheriff							
	a. Full Name, Mailing Address & Phone	d. Account	e. Form of	f. Date	g. In-	h. Prior	1	i. Amount
	(include city, state, & zip)	Number/Code	Payment	(mm/dd/yyyy)	Kind	Report		250,00
	Rick A Turner	1067303	CV	8/4/02			S	250.00
Contributor	POBOX 553 6301 Steidium D		CK	6/ 4/	ن	<u>ب</u>	-	23
-i	6301 Steduine DC	SCB			\square		\$	
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7	b. Job Title/Profession				_	·1	S	
	c. Employer's Name/Specific Field	j. If Amendment, che				 		
	SIE	Add	Delete			ion Cycle		to Date
	a. Full Name, Mailing Address & Phone	d. Account	e. Form of	f. Date		h. Prior	_	i. Amount
	(include city, state, & zip)	Number/Code	Payment	(mm/dd/yyyy)	Kind	Report	ļ	i. Amount
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Contributor		SCB				•.	S	
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r,	b. Job Title/Profession					_	~	
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	c. Employer's Name/Specific Field	j. If Ameadment, ch		pe:		ion Cycle	Sum	to Date
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	(include city, state, & zip)	Number/Code	Payment	(mm/dd/yyyy)	Kind	Report		
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Contributor					<u>-</u>		\$	
n l	b. Job Title/Profession				·	·'	-	.• 1
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Contributor	· · · ·				.—.	-	¢	
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	c. Employer's Name/Specific Field	j. lf Amendment, ch	ose change to	De:	k. Fleri	ion Cycle		to Date
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	a. Full Name, Mailing Address & Phone	d. Account	e. Form of	f. Date	g. In-	h. Prior	T	i. Amount
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	c. Employer's Name/Specific Field	j. lf Amendment, ch		pe:		tion Cycle	Sam	to Date
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4.	Total only this Page						S	250.00
5. Total of ALL CRO-1210 Pages (only show on last page)							1	•
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CRO-1210

NC State Board of Elections

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February 2002

Contributions from OTHER POLITICAL COMMITTEES

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Page _____ of _____

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1.	Name of Committee or Fund			2.	ID Nur	nber		
				_				
	a. Full Name, Mailing Address & Phone (include city, state, and zip)	b. Account Number/Code	c. Form of Payment	d. Date (mm/dd/yy		e. In- Kind	f. Amount	
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3. Contributor	(NONE)					— g	5	
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	g. Type of Committee	h. If Amendment,		li e	-			
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	a. Full Name, Mailing Address & Phone	b. Account	c. Form of	d. Date	; e	e. in- j	f. Amount	-
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	g. Type of Committee	h. If Amendment,	choose change t	ype: i. E	Election C	Cycle St	um to Date	
	Federal State County:	Add	Delete	S				
	a. Full Name, Mailing Address & Phone	b. Account	c. Form of	d. Date		e. In-	f. Amount	
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	(include city, state, and zip)	b. Account Number/Code	c. Form of Payment	d. Date (mm/dd/yy		e. In- Kind	f. Amount	
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	g. Type of Committee	h. If Amendment,	boote shange i					
	Federal State County:	Add	Delete	S S	SIECHON C	Jule 31	um to Date	
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4.	Total only this Page					5	5	
5.	Total of ALL CRO-1230 Pages	(only show on last p	age)					
	is line must be on line 8 of Detailed Summary Page CRO-1100)					15	\$	
		C State Board of Ele	ctions				February	2002
							reordary	7.0117

Other Receipt Sources



1. Committee Full	1. Committee Full Name (and Fund if applicable) 2. ID Number							
Schatzman fo	Schatzman for Sheriff							
	eipt Source <u>(Please use se</u>				ceipt Source.)			
Interest		tions from Not-for-Profit	Organizat	ions	Outside	Sourc	es of Income	
4. Contributor	· · · · · · · · · · · · · · · · · · ·	<u>.</u>	Add	Rei	nove			
-	ling Address & Phone		b. Not-fe	or-Profit l	Federal ID #	d. (Comments	
(include city, sta								
Southern Con			c. Outsie	le Source	Explanation	+		
PO Box 2613 Winston-Sale	4 m, NC 27114-6134					1		
Winston-Quie	III, NO 21114-0104					e. E	lection Cycle S	um to Date
						\$		2.63
f. Account Code	g. Form of Payment	h. In-Kind Description			i. Date (mm/dd/yy	yy)	j. Amount	
100	Cash				07/31/2003		\$	0.30
100	Cash				08/31/2003		\$	0.28
4. Contributor		L ا	Add	Rer	nove			
	ing Address & Phone		b. Not-fe	or-Profit H	ederal ID #	d. C	Comments	
(include city, sta								
Southern Con			c. Outsic	le Source	Explanation			
PO Box 26134	4 m, NC 27114-6134		Ci Odtait	ie oouree				
winston-Sale	n, NC 27114-0134		e.		e. E	e. Election Cycle Sum to Date		
						\$		3.22
f. Account Code	g. Form of Payment	h. In-Kind Description			i. Date (mm/dd/yy		j. Amount	
100	Cash				09/30/2003		\$	0.31
100	Cash				10/31/2003		\$	0.28
4. Contributor	Information		Add	Rer	nove			
	ing Address & Phone		b. Not-fa	r-Profit F	'ederal ID #	d. C	omments	
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Southern Com	munity Bank		c. Ontsid	e Source	Explanation	-		
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winston-Saler	n, no 27 1 14-0 134					e. E	lection Cycle St	m to Date
	-					\$		3.72
f. Account Code	g. Form of Payment	h. In-Kind Description			i. Date (mm/dd/yyy	yy)	j. Amount	
100	Cash			- 	11/30/2003		\$	0.25
100	Cash				12/31/2003		\$	0.25
5. Total only	this Page					\$		1.67
6. Total of A	LL CRO-1250 Page	S						
	(This line news in line 11s of Detailed Summer Pare CRO 1100 (Classer)							
	(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)								

CRO-1250

Page ____ of ____ 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.) Contributions to Candidates/Political Committees Operating Expenses Coordinated Party Expenditures a. Full Name, Mailing Address & Phone d. Purpose e. Account f. Form of 2. Date b. Amount (include city, state, and zip) Number/Code Pavment (mm/dd/yvyv) s 1067303 CK Payre SGB \$ \$ b. If Contribution to c. Il Coordinated Party County Committee, specify: Expense, list office: i. If Amendment, choose change type: Election Cycle Sum To Date Delete Add a. Full Name, Mailing Address & Phone d. Purpose e. Account g. Date f. Form of h. Amount (include city, state, and zip) Number/Code Payment (mm/dd/yyyy) LAW ENFERCEMENT CHECARSH (? FRACI 1067303 CK 🗲 9/8/03 \$ 25 SCHECARJHIR le inte Payee Frend 1009 SCB 7= Bex 1707 \$ WS NC 2710L S b. If Contribution to c. If Coordinated Party County Committee, specify: Expense, list office: i. If Amendment, choose change type: j. Election Cycle Sum To Date Add Delete 250.0 a. Full Name, Mailing Address & Phone d. Purpose e. Account f. Form of g. Date h. Amount (include city, state, and zip) Number/Code Pavment (mm/dd/yyyy) WINSTER - JACEN ADVERTISIAC -INC CC 9/8/03 \$ 100.00 ск 🖊 HOSTICE P. Da 24322 WIAC LAIRY 1067303 Payee FUND ZAWER SCB 1050 S NO PHONE £ \$ b. If Contribution to c. If Coordinated Party County Committee, specify: Expense, list office: i. If Amendment, choose change type: j. Election Cycle Sum To Date Delete 100.0 Add S a. Full Name, Mailing Address & Phone e. Account d. Purpose f. Form of g. Date b. Amount (include city, state, and zip) Number/Code Payment (mm/dd/vvyy) SCHAT LNON FEAR EMD RIC CK # nhla \$ 640.91 1067303 70 KAKUEES STAFE SCB 1024 MEETTAC \$ 7/2) 2 748-3642 S b. If Contribution to c. If Coordinated Party County Committee, specify: Expense, list office: i. If Amendment, choose change type: j. Election Cycle Sum To Date Delete Add 2729.29 a. Full Name, Mailing Address & Phone d. Purpose e. Account f. Form of g. Date h. Amount (include city, state, and zip) Number/Code <u>572</u>.% Payment (mm/dd/yyyy) BILL SCHATZMAN DINNER ск 🕊 11/24/53 1067303 \$ 592.06 DEPUTIES KARCEES 70 3450 Payce his, Ne 2 Trey DATTERPATINE SCB 1051 \$ IN SPREIA 748-2646 GERAZIES s b. If Contribution to c. If Coordinated Party i. If Amendment, choose change type: County Committee, specify: Expense, list office: j. Election Cycle Sum To Date Add Delete 3321 45 IS. 5. Total only this Page 1582.97 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) \$*158*2.97 (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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1.	Name of Committee or Fund 2. ID Number						
	Schatzman for Sheriff						
3.7	Type of Disbursement	(Please use separate	CRO-1310 forms for ea	ch type of Disbursem	ents.)		
	Operating Expenses	Contributions to	Candidates/Political Con	mittees		Party Expenditures	
	a. Full Name, Mailing Addro (include city, state, and zig	p)	d. Purpose	e. Account Number/Code	L Form of Payment	(m Iddlunu)	h. Amount
4. Payee	FORSTER REP UILLATE IMA CO 6205 RANGA CLEMANI NC	WFERENCE (Th	PARAE GUE NEET THE COVENCE	1067303 SCB	CK #		s 500.0
	b. If Contribution to	c. If Coordinated Party	CANAIGATA.	/			S
	County Committee, specify:	Expense, list office:	i. If Amendment, choo	se change type:		j. Election Cycle S	um To Date
—	o Euli Nome Malling Add		Add	Delete		5 500.00	
	a. Full Name, Mailing Addre (include city, state, and zig		d. Purpose	e. Account Number/Code	f. Form of Payment	g. Date (mm/dd/yyyy)	h. Amount
33				1067303 SCB	СК		S
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ſ	b. If Contribution to	c. If Coordinated Party					S
	County Committee, specify:	Expense, list office:	i. If Amendment, choo	se change type:		j. Election Cycle S	um To Date
	Cull Norma Marittan Adda		Add	Delete		S	
	a. Full Name, Mailing Addre (include city, state, and zig		d. Purpose	e. Account Number/Code	f. Form of Payment	g. Date (mm/dd/vvvv)	h. Amount
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4. Payee				SCB			S
	b. If Contribution to	c. If Coordinated Party					\$
I	County Committee, specify:	Expense, list office:	i. If Amendment, choo			j. Election Cycle S	um To Date
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Loan Proceeds

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Page ____ of ____

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I.	Name of Committee or Fund			2. ID Num	ber	
	<u>Schatzman for Sheriff</u>					
	a. Full Name, Mailing Address & Phone (include city, state, and zip)	b. Start Date (mm/dd/yyyy)	c. End Date (mm/dd/yyyy)	Rate	i. Account Number/Code	
	NOME	e. Job Title/Profession	f. Employer's Name/Specif	%		
<u>د</u>	N CT	g. Security Pledged	1		j. Form of Paymer	
		h. If Amendment, choose ch		k. Amount		
		Add	Delete		S	
	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	
hder		e. Job Title/Profession	f. Employer's Name/Specifi	% ic Field		
3. Lender		g. Security Pledged		······································	j. Form of Paymen	
		h. If Amendment, choose ch	ange type:		k. Amount	
	- Call Name Mailine Address & Dhase	Add	Delete		S	
	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	
nder		e. Job Title/Profession	f. Employer's Name/Specifi		j. Form of Paymen	
3. Lender		g. Security Pledged	· · · · · · · · · · · · · · · · · · ·		<u>ar e or ar or e ayuncu</u>	
		h 16 h			k. Amount	
		h. If Amendment, choose cha Add	Delete		s	
	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	
Lender		e. Job Title/Profession	f. Employer's Name/Specifi	% ic Field	j. Form of Paymen	
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		h. If Amendment, choose cha	ange type:		k. Amount	
		Add	Delete	·····	S	
	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	
Lender		e. Job Title/Profession	f. Employer's Name/Specifi	% c Field	j. Form of Paymen	
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~					k. Amount	
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Page _____ of ____ Loan Repayments 1. Name of Committee or Fund 2. ID Number Schatzman for Sheriff a. Full Name, Mailing Address & Phone b. Original Loan Date c. Repayment Date g. Account Number/Code (include city, state, and zip) (mm/dd/yyyy) (mm/dd/yyyy) Lender d. Original Loan Amount e. Remaining Balance of h. Form of Payment xior Loan s โร i. Repayment Amount f. If Amendment, choose change type: Add Delete a. Full Name, Mailing Address & Phone b. Original Loan Date c. Repayment Date g. Account Number/Code (include city, state, and zip) (mm/dd/yyyy) (mm/dd/yyyy) Lender d. Original Loan Amount e. Remaining Balance of h. Form of Payment Loan -\$ S i. Repayment Amount f. If Amendment, choose change type: Add Delete a. Full Name, Mailing Address & Phone b. Original Loan Date c. Repayment Date g. Account Number/Code (include city, state, and zip) (mm/dd/yyyy) (mm/dd/vvvv) **3. Lender** d. Original Loan Amount e. Remaining Balance of h. Form of Payment Loan S S i. Repayment Amount f. If Amendment, choose change type: s Add Delete a. Full Name, Mailing Address & Phone b. Original Loan Date c. Repayment Date g. Account Number/Code (include city, state, and zip) (mm/dd/vvvv) (mm/dd/yyyy) Lender d. Original Loan Amount e. Remaining Balance of h. Form of Payment Loan ÷ S i. Repayment Amount f. If Amendment, choose change type: S Add Delete a. Full Name, Mailing Address & Phone b. Original Loan Date c. Repayment Date g. Account Number/Code (include city, state, and zip) (mm/dd/vvvv) (mm/dd/yyyv) Lender d. Original Loan Amount e. Remaining Balance of h. Form of Payment Loan ÷ s S i. Repayment Amount f. If Amendment, choose change type: Add Delete a. Full Name, Mailing Address & Phone b. Original Loan Date c. Repayment Date g. Account Number/Code (include city, state, and zip) (mm/dd/vvvv) (mm/dd/vyyy) **3. Lender** d. Original Loan Amount e. Remaining Balance of h. Form of Payment Loan S S i. Repayment Amount f. If Amendment, choose change type: S Add Delete 4. Total only this Page S 5. Total of ALL CRO-1420 Pages (only show on last page) S 0 (This line must be on line 14 of Detailed Summary Page CRO-1100)

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In-Kind Contributions

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NC State Board of Elections

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Page ____ of ____

	d" contributions must be disclosed in the Itemized Receipts
and Disbursements pages. You will a	lso need to amend your "Detailed Summary Page" to
reflect these changes.	

on on

The contribution amount exceeding \$4,000 must be returned to the contributor, a copy of the refund check sent to this office, and the refund reported on the next scheduled report. If the contributor is the spouse, sibling, or parent of the candidate, please advise in writing.

 Y
 OTHER
 CRO-1250 - each date and amount should be listed separately. Please

 amend complete report with updated forms, submitting only the forms

 necessary.
 Submit form CRO-3500 to create a code for financial

 account information.
 Using the code rather than the bank account

 number on reports keeps the records confidential.

Please send your reply to:

Campaign Reporting Office Forsyth County Board of Elections 201 N. Chestnut Street Winston-Salem, NC 27101-4120

If you have any questions, please refer to the Campaign Reporting section on the SBOE website, <u>www.sboe.state.nc.us</u>, or call (336) 703-2808.

FOR THE CAMPAIGN REPORTING OFFICE:

Judy J. Speas Campaign Reporting Office January 29, 2004

Contributions from the following contributors exceed the \$ 4,000 per election limit: