

# 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				1/28/04	
2. Address				7. ID Number	
1313 ASHLEY BROOK LN.					
3. City	4. State	5. Zip	8. Phone		
Winston-Salem	NC	27103	336-760-4464		
9. Type of Report			10. Period Covered		11. Amendment
Year-end Semi-Annual			Start	7/1/03	Yes
			End	12/31/03	No <input checked="" type="checkbox"/>
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	\$ 7819.43		
			\$		
			\$		
			\$		
			\$		
			\$		

## 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

1/28/04  
Date

Page 1 of 1[illegible]

# Detailed Summary

1. Name of Committee or Fund		2. Type of Report	3. ID Number	
Schatzman for Sheriff		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		\$ 7819.43		
<b>RECEIPTS</b>				
6) Contributions from Individuals	(CRO-1210)	\$ 250.00	\$ 349.00	
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)	\$ 0	\$ 0	
11a) Interest on Bank Accounts	(CRO-1250)	\$ 1.67	\$ 3.72	
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)		\$ 251.67	\$ 352.72	
<b>EXPENDITURES</b>				
13) Disbursements	(CRO-1310)	\$ 1582.97	\$ 3421.45	
13a) Operating Expenditures	(CRO-1310)	\$ 1582.97	\$ 3421.45	
13b) Contributions to Candidates/Political Committees	(CRO-1310)	\$ 500.00	\$ 750.00	
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)		\$ 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)		\$ 5988.13	\$ 5988.13	
<b>Additional Information</b>				
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	(CRO-1610)	\$		
22) Debts and Obligations owed TO the Committee	(CRO-1620)	\$		
23) Parent Entity's Administrative Support	(CRO-1710)	\$		

## Contributions from INDIVIDUALS

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
	Kirk A Turner PO Box 553 6301 Stadium Dr Clemmons, NC 27012 766-9111	1067303 SCB	CK	8/4/02	<input type="checkbox"/>	<input type="checkbox"/>	\$ 250.00
	b. Job Title/Profession				<input type="checkbox"/>	<input type="checkbox"/>	\$
	Dentist				<input type="checkbox"/>	<input type="checkbox"/>	\$
c. Employer's Name/Specific Field		j. If Amendment, choose change type:		k. Election Cycle Sum to Date			
S/E		Add Delete		\$ 250.00			
3. Contributor	a. Full Name, Mailing Address & Phone (include city, state, & zip)	d. Account Number/Code	e. Form of Payment	f. Date (mm/dd/yyyy)	g. In- Kind	h. Prior Report	i. Amount
		1067303 SCB	CK		<input type="checkbox"/>	<input type="checkbox"/>	\$
	b. Job Title/Profession				<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			
		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
		1067303 SCB	CK		<input type="checkbox"/>	<input type="checkbox"/>	\$
	b. Job Title/Profession				<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			
		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
		1067303 SCB	CK		<input type="checkbox"/>	<input type="checkbox"/>	\$
	b. Job Title/Profession				<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			
		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
		1067303 SCB	CK		<input type="checkbox"/>	<input type="checkbox"/>	\$
	b. Job Title/Profession				<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			
		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
		1067303 SCB	CK		<input type="checkbox"/>	<input type="checkbox"/>	\$
	b. Job Title/Profession				<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			
		Add Delete		\$			
4. Total only this Page							\$ 250.00
5. Total of ALL CRO-1210 Pages (only show on last page)							\$ 250.00
(This line must be on line 6 of Detailed Summary Page CRO-1100)							

# Contributions from OTHER POLITICAL COMMITTEES

Page 1 of 1

1. Name of Committee or Fund						2. ID Number	
3. Contributor	a. Full Name, Mailing Address & Phone (include city, state, and zip)		b. Account Number/Code	c. Form of Payment	d. Date (mm/dd/yyyy)	e. In- Kind	f. Amount
	NONE						\$
							\$
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

\$

5. Total of ALL CRO-1230 Pages

(only show on last page)

\$

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

CRO-1230

NC State Board of Elections

February 2002

# Other Receipt Sources

# COPY

Pg 1 of 1 Amendment ☒ Yes ☐ No

<b>1. Committee Full Name (and Fund if applicable)</b>				<b>2. ID Number</b>	
Schatzman for Sheriff					
<b>3. Type of Receipt Source</b> <i>(Please use separate CRO-1250 forms for each type of Receipt Source.)</i>					
<input checked="" type="checkbox"/> Interest <input type="checkbox"/> Contributions from Not-for-Profit Organizations <input type="checkbox"/> Outside Sources of Income					
<b>4. Contributor Information</b> <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove					
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)  Southern Community Bank PO Box 26134 Winston-Salem, NC 27114-6134			<b>b. Not-for-Profit Federal ID #</b>		<b>d. Comments</b>
			<b>c. Outside Source Explanation</b>		
			<b>e. Election Cycle Sum to Date</b>		
		\$		2.63	
<b>f. Account Code</b>	<b>g. Form of Payment</b>	<b>h. In-Kind Description</b>	<b>i. Date (mm/dd/yyyy)</b>	<b>j. Amount</b>	
100	Cash		07/31/2003	\$ 0.30	
100	Cash		08/31/2003	\$ 0.28	
<b>4. Contributor Information</b> <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove					
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)  Southern Community Bank PO Box 26134 Winston-Salem, NC 27114-6134			<b>b. Not-for-Profit Federal ID #</b>		<b>d. Comments</b>
			<b>c. Outside Source Explanation</b>		
			<b>e. Election Cycle Sum to Date</b>		
		\$		3.22	
<b>f. Account Code</b>	<b>g. Form of Payment</b>	<b>h. In-Kind Description</b>	<b>i. Date (mm/dd/yyyy)</b>	<b>j. Amount</b>	
100	Cash		09/30/2003	\$ 0.31	
100	Cash		10/31/2003	\$ 0.28	
<b>4. Contributor Information</b> <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove					
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)  Southern Community Bank PO Box 26134 Winston-Salem, NC 27114-6134			<b>b. Not-for-Profit Federal ID #</b>		<b>d. Comments</b>
			<b>c. Outside Source Explanation</b>		
			<b>e. Election Cycle Sum to Date</b>		
		\$		3.72	
<b>f. Account Code</b>	<b>g. Form of Payment</b>	<b>h. In-Kind Description</b>	<b>i. Date (mm/dd/yyyy)</b>	<b>j. Amount</b>	
100	Cash		11/30/2003	\$ 0.25	
100	Cash		12/31/2003	\$ 0.25	
<b>5. Total only this Page</b>				\$ 1.67	
<b>6. Total of ALL CRO-1250 Pages</b>					
(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)					
				\$ 1.67	

# Disbursements

Page 1 of 1

1. Name of Committee or Fund <b>Schatzman for Sheriff</b>						2. ID Number	
3. Type of Disbursement (Please use separate CRO-1310 forms for each type of Disbursements.)							
<input checked="" type="checkbox"/> Operating Expenses <input type="checkbox"/> Contributions to Candidates/Political Committees <input type="checkbox"/> Coordinated Party Expenditures							
4. Payee	a. Full Name, Mailing Address & Phone (include city, state, and zip)		d. Purpose	e. Account Number/Code	f. Form of Payment	g. Date (mm/dd/yyyy)	h. Amount
	<del></del>		<del></del>	<del>1067303 SCB</del>	<del>CK</del>	<del></del>	<del>\$</del>
	<del></del>		<del></del>	<del></del>	<del></del>	<del></del>	<del>\$</del>
b. If Contribution to County Committee, specify:		c. If Coordinated Party Expense, list office:		i. If Amendment, choose change type: Add      Delete		j. Election Cycle Sum To Date \$	
4. Payee	a. Full Name, Mailing Address & Phone (include city, state, and zip)		d. Purpose	e. Account Number/Code	f. Form of Payment	g. Date (mm/dd/yyyy)	h. Amount
	LAW ENFORCEMENT FAMILY SCHOLARSHIP FUND P.O. Box 1707 W.S. NC 27102		SCHOLARSHIP FUND	1067303 SCB	CK # 1049	9/8/03	\$ 250.00
	<del></del>		<del></del>	<del></del>	<del></del>	<del></del>	<del>\$</del>
b. If Contribution to County Committee, specify:		c. If Coordinated Party Expense, list office:		i. If Amendment, choose change type: Add      Delete		j. Election Cycle Sum To Date \$ 250.00	
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
	WINSTON-SALEM SHAC CLUB P.O. Box 24322 W.S. NC 27114 NC PHONE #		ADVERTISING - HOUSING FUNDRAISER	1067303 SCB	CK # 1050	9/8/03	\$ 100.00
	<del></del>		<del></del>	<del></del>	<del></del>	<del></del>	<del>\$</del>
b. If Contribution to County Committee, specify:		c. If Coordinated Party Expense, list office:		i. If Amendment, choose change type: Add      Delete		j. Election Cycle Sum To Date \$ 100.00	
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
	BILL SCHATZMAN 3450 KIRKUES RD W.S. NC 27102 748-3642		YEAR-END STAFF MEETING	1067303 SCB	CK # 1024	11/2/03	\$ 640.91
	<del></del>		<del></del>	<del></del>	<del></del>	<del></del>	<del>\$</del>
b. If Contribution to County Committee, specify:		c. If Coordinated Party Expense, list office:		i. If Amendment, choose change type: Add      Delete		j. Election Cycle Sum To Date \$ 2729.29	
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 KIRKUES RD W.S. NC 27104 748-3642		DINNER FOR DEPUTIES PARTICIPATING IN SPECIAL OPERATIONS	1067303 SCB	CK # 1051	11/24/03	\$ 592.06
	<del></del>		<del></del>	<del></del>	<del></del>	<del></del>	<del>\$</del>
b. If Contribution to County Committee, specify:		c. If Coordinated Party Expense, list office:		i. If Amendment, choose change type: Add      Delete		j. Election Cycle Sum To Date \$ 3321.45	
5. Total only this Page							\$/582.97
6. Total of ALL CRO-1310 Related Pages (only show on last page)							\$/582.97
(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

Page 1 of 1

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 type="checkbox"/> Operating Expenses <input checked="" 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
	<b>FOURTH REPUBLICAN PARTY VILLAGE INN CONFERENCE CTR 6205 RAMONA DR CLEMENS NC 27012</b>		<b>POLITICAL RAZARQUE MEET THE GOVERNOR CANDIDATE</b>	<b>1067303 SCB</b>	<b>CK # 1048</b>	<b>9/8/03</b>	<b>\$ 500.00</b> \$ \$
	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		\$ 500.00
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
				<b>1067303 SCB</b>	<b>CK</b>		<b>\$</b> \$ \$
	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		\$
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>1067303 SCB</b>	<b>CK</b>		<b>\$</b> \$ \$
	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		\$
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>1067303 SCB</b>	<b>CK</b>		<b>\$</b> \$ \$
	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		\$
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>1067303 SCB</b>	<b>CK</b>		<b>\$</b> \$ \$
	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		\$
5. Total only this Page						\$ 500.00	
6. Total of ALL CRO-1310 Related Pages (only show on last page)						\$ 500.00	
(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)							
(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)							
(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)							



# Loan Proceeds

Page 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
	None	e. Job Title/Profession	f. Employer's Name/Specific Field		j. Form of Payment
		g. Security Pledged			
		h. If Amendment, choose change type: Add Delete			
		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 Delete			
		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 Delete			
		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 Delete			
		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 Delete			
		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 Delete			
		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 Delete			
		k. Amount \$			
4. Total only this Page					\$
5. Total of ALL CRO-1410 Pages (only show on last page)					\$ 0
(This line must be on line 9 of Detailed Summary Page CRO-1100)					

# 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
	<i>None</i>	d. Original Loan Amount	e. Remaining Balance of Loan	h. Form of Payment
		\$	\$	i. Repayment Amount
		f. If Amendment, choose change type: Add Delete		\$
3. Lender	a. Full Name, Mailing Address & Phone (include city, state, and zip)	b. Original Loan Date (mm/dd/yyyy)	c. Repayment Date (mm/dd/yyyy)	g. Account Number/Code
		d. Original Loan Amount	e. Remaining Balance of Loan	h. Form of Payment
		\$	\$	i. Repayment Amount
		f. If Amendment, choose change type: Add Delete		\$
3. Lender	a. Full Name, Mailing Address & Phone (include city, state, and zip)	b. Original Loan Date (mm/dd/yyyy)	c. Repayment Date (mm/dd/yyyy)	g. Account Number/Code
		d. Original Loan Amount	e. Remaining Balance of Loan	h. Form of Payment
		\$	\$	i. Repayment Amount
		f. If Amendment, choose change type: Add Delete		\$
3. Lender	a. Full Name, Mailing Address & Phone (include city, state, and zip)	b. Original Loan Date (mm/dd/yyyy)	c. Repayment Date (mm/dd/yyyy)	g. Account Number/Code
		d. Original Loan Amount	e. Remaining Balance of Loan	h. Form of Payment
		\$	\$	i. Repayment Amount
		f. If Amendment, choose change type: Add Delete		\$
3. Lender	a. Full Name, Mailing Address & Phone (include city, state, and zip)	b. Original Loan Date (mm/dd/yyyy)	c. Repayment Date (mm/dd/yyyy)	g. Account Number/Code
		d. Original Loan Amount	e. Remaining Balance of Loan	h. Form of Payment
		\$	\$	i. Repayment Amount
		f. If Amendment, choose change type: Add Delete		\$
3. Lender	a. Full Name, Mailing Address & Phone (include city, state, and zip)	b. Original Loan Date (mm/dd/yyyy)	c. Repayment Date (mm/dd/yyyy)	g. Account Number/Code
		d. Original Loan Amount	e. Remaining Balance of Loan	h. Form of Payment
		\$	\$	i. Repayment Amount
		f. If Amendment, choose change type: Add Delete		\$
3. Lender	a. Full Name, Mailing Address & Phone (include city, state, and zip)	b. Original Loan Date (mm/dd/yyyy)	c. Repayment Date (mm/dd/yyyy)	g. Account Number/Code
		d. Original Loan Amount	e. Remaining Balance of Loan	h. Form of Payment
		\$	\$	i. Repayment Amount
		f. If Amendment, choose change type: Add Delete		\$
4. Total only this Page				\$
5. Total of ALL CRO-1420 Pages (only show on last page)				\$
(This line must be on line 14 of Detailed Summary Page CRO-1100)				\$ 0

# Outstanding Loans

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 %	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: 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					\$
5. Total of ALL CRO-1430 Pages (only show on last page)					\$ 0
(This line must be on line 20 of Detailed Summary Page CRO-1100)					

## In-Kind Contributions

Page 1 of 1

1. Name of Committee or Fund		2. ID Number	
Schatzman for Sheriff			
3. Contributor	a. Full Name, Mailing Address & Phone (include city, state, and zip)	c. Description	d. Date (mm/dd/yyyy)
	<div style="border: 1px solid black; border-radius: 50%; width: 50px; height: 50px; display: flex; align-items: center; justify-content: center; margin: 0 auto;"> <i>None</i> </div>		e. Fair Market Amount
			\$
			\$
b. Type of Contributor		f. If Amendment, choose change type:	
<input type="checkbox"/> Individual <input type="checkbox"/> Party Committee <input type="checkbox"/> Other Political Committee <input type="checkbox"/> Other Receipt Source		<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		f. If Amendment, choose change type:	
<input type="checkbox"/> Individual <input type="checkbox"/> Party Committee <input type="checkbox"/> Other Political Committee <input type="checkbox"/> Other Receipt Source		<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		f. If Amendment, choose change type:	
<input type="checkbox"/> Individual <input type="checkbox"/> Party Committee <input type="checkbox"/> Other Political Committee <input type="checkbox"/> Other Receipt Source		<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		f. If Amendment, choose change type:	
<input type="checkbox"/> Individual <input type="checkbox"/> Party Committee <input type="checkbox"/> Other Political Committee <input type="checkbox"/> Other Receipt Source		<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		f. If Amendment, choose change type:	
<input type="checkbox"/> Individual <input type="checkbox"/> Party Committee <input type="checkbox"/> Other Political Committee <input type="checkbox"/> Other Receipt Source		<input type="checkbox"/> Add <input type="checkbox"/> Delete	
		g. Election Cycle Sum to Date	
		\$	
4. Total only this Page		\$	
5. Total of ALL CRO-1510 Pages (only show on last page)		\$	
(This line must be on line 16 of Detailed Summary Page CRO-1100)		0	

☐ No matching "In Kind" entry. "In Kind" contributions must be disclosed in the Itemized Receipts and Disbursements pages. You will also need to amend your "Detailed Summary Page" to reflect these changes.

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

\_\_\_\_\_ 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.

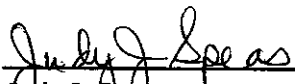
☒ **OTHER** **CRO-1250 - each date and amount should be listed separately. Please amend complete report with updated forms, submitting only the forms necessary. Submit form CRO-3500 to create a code for financial account information. Using the code rather than the bank account number on reports keeps 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, [www.sboe.state.nc.us](http://www.sboe.state.nc.us), or call (336) 703-2808.

FOR THE CAMPAIGN REPORTING OFFICE:

  
\_\_\_\_\_  
Judy J. Speas  
Campaign Reporting Office  
January 29, 2004