

**48-Hour Notice**Page 1 of 1

Amendment

☐ Yes☒ No

Use this form to report all contributions of \$1,000 or more.

Notice must be filed within 48 hours of receipt of contribution. The 48-Hour reporting period begins the day after the last day of the Quarter-Plus report period and ends the day of the Primary Election and begins the day after the last day of the 3<sup>rd</sup> Quarter-Plus report period and ends the day of the General Election. All 48 Hour In-Kind Contributions must be recorded on CRO-1510 and attached.

This notice may be faxed in order to meet the 48-hour deadline.

727-2893

**FAKED**

<b>1. Committee Information</b>			
a. Full Name <b>Schatzman for Sheriffs</b>		c. ID Number —	
b. Mailing Address (include City, State and Zip Code) <b>2521 Bittling Rd. Winston-Salem, NC 27104</b>		d. Report Date <b>4/30/14</b>	
		e. Phone Number <b>336-722-1571</b>	
<b>2. Contribution Information</b>		<b>2. Contribution Information</b>	
a. Full Name, Mailing Address & Phone (include city, state, and zip)		a. Full Name, Mailing Address & Phone (include city, state, and zip)	
<input type="checkbox"/> Add <input type="checkbox"/> Remove <b>Robert J. Drdak 121 Tall Pines Ct. Lake Wylie, SC 29710 803-831-9007</b>		<input type="checkbox"/> Add <input type="checkbox"/> Remove 	
b. Type of Contributor		b. Type of Contributor	
<input checked="" type="checkbox"/> Individual (if checked, must specify b2 and b3) <input type="checkbox"/> Political Party <input type="checkbox"/> Other Political Committee (if checked, must specify b1) <input type="checkbox"/> Not-for-Profit (if checked, must specify b4) <input type="checkbox"/> Other Source:		<input type="checkbox"/> Individual (if checked, must specify b2 and b3) <input type="checkbox"/> Political Party <input type="checkbox"/> Other Political Committee (if checked, must specify b1) <input type="checkbox"/> Not-for-Profit (if checked, must specify b4) <input type="checkbox"/> Other Source:	
b1. Type of Committee		b1. Type of Committee	
<input type="checkbox"/> Federal <input checked="" type="checkbox"/> State County: _____ Municipality: _____		<input type="checkbox"/> Federal <input type="checkbox"/> State County: _____ Municipality: _____	
b2. Job Title/Profession	b4. Federal ID Number	b2. Job Title/Profession	b4. Federal ID Number
<b>Consultant</b>	—		
b3. Employer's Name/Specific Field	c. Form of Payment	b3. Employer's Name/Specific Field	c. Form of Payment
<b>Robert Drdak, Inc.</b>	<b>Credit Card</b>		
d. Date (mm/dd/yyyy)	f. Amount	d. Date (mm/dd/yyyy)	f. Amount
<b>4/28/14</b>	<b>\$ 1,000.00</b>		<b>\$</b>
e. Account Code	g. Election Sum to Date	e. Account Code	g. Election Sum to Date
<b>100</b>	<b>\$ 1,000.00</b>		<b>\$</b>
<b>3. Total Contributions THIS Page</b> (sum all the 'f' entries on this page)		<b>\$</b>	
<b>4. Total Contributions ALL Pages</b> (if multi-page, only list on page 1)		<b>\$</b>	
<b>CERTIFICATION</b>			
I certify that the Committee or Fund is in compliance with all applicable provisions of Article 22A, 22B, & 22D-22M of Chapter 163 of the NC General Statutes and that no funds are commingled with prohibited or other non-disclosed funds. I further certify that this report is complete, true, correct and that I have been trained by the NC State Board of Elections. The contributions were received no more than 48 hours prior to this notice being filed. I understand that all contributions including those reported on this notice must also be reported on the next scheduled campaign disclosure report.			
<b>Stephen C. Mathis</b> Printed Name of Signer		 Signature of Appointed Treasurer	
		<b>4/30/14</b> Date	