Disclosure Report Cover

Amendment ☐ Yes ☒ No

Use this form for general report and committee information, must be signed and submitted along with other detailed forms.
Do not use this form to update information.

FORSYTH COUNTY BOARD OF ELECTIONS

1. Committee Information

a. Full Name	c. ID Number
Schatzman for Sheriff	—
b. Mailing Address (include City, State and Zip Code)	**d. Date Filed**
c/o Stephen C. Mathis 2521 Bitting Road Winston-Salem, NC 27104	1/26/2018
	e. Phone Number
	336-722-1511

2018 JAN 26 AM 11:41 RECEIVED

2. Report Year	3. Period Start Date (mm/dd/yy)	4. Period End Date (mm/dd/yy)	5. Treasurer Full Name
2017	7/1/2017	12/31/2018	Stephen C. Mathis

6. Type of Committee (Check One)

- ☒ Candidate Campaign
- ☐ Party
- ☐ PAC
- ☐ Referendum
- ☐ Independent Expenditure
- ☐ Joint Fundraiser
- ☐ Legal Expense Fund

7. Type of Fund *(if applicable, check one)*

- ☐ Booster Fund
- ☐ Building Fund
- ☐ Other:

8. Number of Fundraisers this Report

None

9. Type of Report *(check only one type of report from one category)*

Municipal	State/County	Referendum
☐ Organizational	☐ Organizational	☐ Organizational
☐ Thirty-five day	Quarterly	☐ Pre-referendum
☐ Pre-primary	☐ First	☐ Final
☐ Pre-election	☐ Second	☐ Supplemental Final
☐ Pre-runoff	☐ Third	☐ Annual
Semi-annual	☐ Fourth	☐ Special
☐ Mid Year	Semi-annual	
☐ Year End	☐ Mid Year	**10. Special Report Name**
☐ Final	☒ Year End	—
☐ Special	☐ Final	
	☐ Special	

11. Account Information

a. Financial Institution Full Name	b. Purpose	c. Account Code	d. Period Begin Balance
Capital Bank	Campaign Activity	100	$ 6,077.07

11. Account Information

a. Financial Institution Full Name	b. Purpose	c. Account Code	d. Period Begin Balance
—	—	—	$ —

CERTIFICATION

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 and correct and that I have been trained by the NC State Board of Elections.

Stephen C. Mathis		1/26/2018
Printed Name of Signer	Signature of Appointed Treasurer	Date

FOR OFFICE USE ONLY

				Delivery Method
Date Received:	1/26/18	Employee:	KB	☐ Normal Mail
Date Postmarked:		Employee:		☐ Registered Mail
Date Scanned:		Employee:		☒ Hand Delivered
Date Data Entered:		Employee:		☐ Electronically Filed

☐ Signer has not received mandatory training

Please Note: This form cannot be used to amend committee information such as the committee address, treasurer, assistant treasurer, custodian of books information, or account information.
You must amend the Statement of Organization (CRO-2100A-E) to make committee changes.

Detailed Summary

Amendment ☐ Yes ☒ No

Use this form to summarize all disclosure reporting forms and to total monetary information

1. Committee Full Name (and Fund if applicable)	2. Type of Report	3. ID Number
Schatzman for Sheriff	semi annual year end	—

Start of Election Cycle: January 1, _____		Total this Reporting Period	Total this Election Cycle
4) Cash on Hand at Start		$ 5,114.73	$ 7,676.12
RECEIPTS			
5) Aggregated Contributions from Individuals	(CRO-1205)	$ 50.00	$ 50.00
6) Contributions from Individuals	(CRO-1210)	$ 44,921.09	$ 46,017.01
7) Contributions from Political Party Committees	(CRO-1220)	$ —	$ —
8) Contributions from Other Political Committees	(CRO-1230)	$ 250.00	$ 250.00
9) Loan Proceeds	(CRO-1410)	$ —	$ —
10) Refunds/Reimbursements to the Committee	(CRO-1240)	$ —	$ —
11) Other Receipt Sources			
11a) Interest on Bank Accounts	(CRO-1250)	$ 10.33	$ 19.86
11b) Contributions from Not-For-Profit Organizations	(CRO-1250)	$ —	$ —
11c) Outside Sources of Income	(CRO-1250)	$ —	$ —
11d) Legal Expense Fund - Other Sources	(CRO-1270)	$ —	$ —
11e) Exempt Purchase Price Sales	(CRO-1265)	$ —	$ —
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9,10,11a,11b,11c,11d and 11e)		$ 45,231.42	$ 46,336.87
EXPENDITURES			
13) Disbursements			
13a) Operating Expenditures	(CRO-1310)	$ 8.47	$ 483.47
13b) Contributions to Candidates/Political Committees	(CRO-1310)	$ —	$ 1,000.00
13c) Coordinated Party Expenditures	(CRO-1310)	$ —	$ —
14) Aggregated Non-Media Expenditures	(CRO-1315)	$ —	$ —
15) Loan Repayments	(CRO-1420)	$ —	$ —
16) Refunds/Reimbursements from the Committee	(CRO-1320)	$ 3,821.09	$ 4,917.01
17) In-Kind Contributions	(CRO-1510)	$ 3,821.09	$ 4,917.01
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)		$ 7,650.65	$ 11,317.49
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)		$ 42,695.50	$ 42,695.50
ADDITIONAL INFORMATION			
20) Non-Monetary Gifts Given to Other Committees	(CRO-1330)	$ —	
21) Outstanding Loans (incl. ones from other campaigns)	(CRO-1430)	$ —	
22) Debts and Obligations owed by the Committee	(CRO-1610)	$ —	
23) Debts and Obligations owed to the Committee	(CRO-1620)	$ —	
24) Account Transfers Within the Committee	(CRO-1720)	$ —	
25) Administrative Support	(CRO-1710)	$ —	$ —
26) Forgiven Loans	(CRO-1440)	$ —	$ —
27) 48-Hour Notice Reports Sum	(CRO-2220)	$ —	$ —
28) Contributions to be Refunded	(CRO-1215)	$ —	$ —

Aggregated Contributions from Individuals

Page 1 of 1

Amendment ☐ Yes ☒ No

Optional form used to report NC Contributions From Individuals of $50 or less

1. Committee Full Name (and Fund if applicable)	2. ID Number
Shatzman for Sheriff	

3. Contributor Information

a. Amend	b. Account Code	c. Form of Payment	d. In-Kind Description	e. Date (mm/dd/yyyy)	f. Amount
☐ Add ☐ Remove	100	check	—	12/23/17	$ 50.00
☐ Add ☐ Remove					$
☐ Add ☐ Remove					$
☐ Add ☐ Remove					$
☐ Add ☐ Remove					$
☐ Add ☐ Remove					$
☐ Add ☐ Remove					$
☐ Add ☐ Remove					$
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☐ Add ☐ Remove					$
☐ Add ☐ Remove					$
☐ Add ☐ Remove					$
☐ Add ☐ Remove					$
☐ Add ☐ Remove					$
☐ Add ☐ Remove					$
☐ Add ☐ Remove					$
☐ Add ☐ Remove					$

4. Total only this Page	$ 50.00
5. Total of ALL CRO-1205 Pages *(This line must be on line 5 of Detailed Summary Page CRO-1100)*	$ 50.00

Contributions from Individuals

Pg 1 of 12

Amendment ☐ Yes ☒ No

Use this form to report individual contributions over $50 or contributions under $50 if form CRO 1205 is not used

1. Committee Full Name (and Fund if applicable)	2. ID Number
Schatzman for Sheriff	—

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
Thomas Teague PO Box 24788 Winston-Salem, NC 27114 336-768-6800	Executive	Salem Leasing		$ 5,000.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	100	check	—	9/21/17	$ 5,000.00
☐					$
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
Richard Budd PO Box 25124 Winston-Salem, NC 27114 336-210-7501	Chairman Emeritus	The Budd Group		$ 1,000.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	100	Check	—	10/6/17	$ 1,000.00
☐					$
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
Leslie M. Baker, Jr. 608 Summit St. Winston-Salem, NC 27101 336-499-7970	Retired	N/A		$ 5,000.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	100	check	—	10/4/17	$ 5,000.00
☐					$
☐					$

4. Total only this Page	$ 11,000.00
5. Total of ALL CRO-1210 Pages *(This line must be on line 6 of Detailed Summary Page CRO-1100)*	$

Contributions from Individuals

Amendment ☐ Yes ☒ No

Use this form to report individual contributions over $50 or contributions under $50 if form CRO 1205 is not used

1. Committee Full Name (and Fund if applicable)	2. ID Number
Schatzman for Sheriff	—

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
Richard Childress 9160 Hampton Rd. Lexington, NC 27295 336-731-3982	Owner	RCR		$ 1,000.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	100	check	—	9/29/17	$ 1,000.00
☐					$
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
Penny Teague PO Box 24788 Winston-Salem, NC 27114 336-725-2828	None	None		$ 5,000.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	100	check	—	9/25/17	$ 5,000.00
☐					$
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
Herb Thomas PO Box 1665 Clemmons, NC 27012 336-830-2220	Retired	N/A		$ 2,000.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	100	Check	—	11/1/17	$ 2,000.00
☐					$
☐					$

4. Total only this Page	$ 8,000.00
5. Total of ALL CRO-1210 Pages *(This line must be on line 6 of Detailed Summary Page CRO-1100)*	$

Contributions from Individuals

Amendment ☐ Yes ☒ No

Use this form to report individual contributions over $50 or contributions under $50 if form CRO 1205 is not used

1. Committee Full Name (and Fund if applicable)	2. ID Number
Schatzman for Sheriff	—

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
Stephen Porter 503 Noah Lane Key West, FL 33040 336-416-7465	Retired	N/A		$ 1,000.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	100	check	—	10/27/17	$ 1,000.00
☐					$
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
Bucky Sizemore 1984 Runnymede Rd. Winston-Salem, NC 27104 336-817-0007	Retired	N/A		$ 1,000.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	100	check	—	10/26/17	$ 1,000.00
☐					$
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
Jeffrey Ausband 4055 Stafford Mill Rd Germanton, NC 27019 336-829-1216	Retired	N/A		$ 500.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	100	check	—	10/27/17	$ 500.00
☐					$
☐					$

4. Total only this Page	$ 2,500.00
5. Total of ALL CRO-1210 Pages *(This line must be on line 6 of Detailed Summary Page CRO-1100)*	$

Contributions from Individuals

Amendment ☐ Yes ☑ No

Use this form to report individual contributions over $50 or contributions under $50 if form CRO 1205 is not used

1. Committee Full Name (and Fund if applicable)	2. ID Number
Schatzman for Sheriff	—

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
Robert King, Jr. 2830 Reynolds Drive Winston-Salem, NC 27104 336-345-7957	Retired	N/A		$ 5,000.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	100	check	—	11/15/17	$ 5,000.00
☐					$
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
Joe Budd 815 Merry Acres Ct. Winston-Salem, NC 27106 336-761-1343	CEO	The Budd Group		$ 500.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	100	check	—	11/22/17	$ 500.00
☐					$
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
Scott Livengood 2027 Virginia Rd Winston-Salem, NC 27104 336-345-7396	CEO	Dewey's Bakery		$ 100.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	100	check	—	12/1/17	$ 100.00
☐					$
☐					$

4. Total only this Page	$ 5,600.00
5. Total of ALL CRO-1210 Pages *(This line must be on line 6 of Detailed Summary Page CRO-1100)*	$

Contributions from Individuals

Amendment ☐ Yes ☒ No

Use this form to report individual contributions over $50 or contributions under $50 if form CRO 1205 is not used

1. Committee Full Name (and Fund if applicable)	2. ID Number
Schatzman for Sheriff	—

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
Bryan Andrews, Sr. 292 Glade View Ct. Winston-Salem, NC 27101 336-414-4115	Retired	N/A		$ 250.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	100	check	—	12/6/17	$ 250.00
☐					$
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
Richard Maxey, Sr. 8917 Centerbrook Pl Clemmons, NC 27012 336-817-3839	Retired	N/A		$ 100.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	100	check	—	12/10/17	$ 100.00
☐					$
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
Eric Surratt 141 Suntree Rd. Advance, NC 27006 336-978-0423	Machinest	Diamond Back Products, Inc.		$ 1,000.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	100	check	—	12/29/17	$ 1,000.00
☐					$
☐					$

4. Total only this Page	$ 1,350.00
5. Total of ALL CRO-1210 Pages *(This line must be on line 6 of Detailed Summary Page CRO-1100)*	$

Contributions from Individuals

Amendment ☐ Yes ☒ No

Use this form to report individual contributions over $50 or contributions under $50 if form CRO 1205 is not used

1. Committee Full Name (and Fund if applicable)	2. ID Number
Schatzman for Sheriff	—

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
Anthony Atala 345 N Stratford Rd Winston-Salem, NC 27104 336-716-5701	Physician	Wake Forest		$ 1,000.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	100	Check	—	12/20/17	$ 1,000.00
☐					$
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
Maxwell Taylor 826 Roslyn Rd Winston-Salem, NC 27104 336-650-2124	President	Carolina Env Systems		$ 1,000.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	100	Check	—	12/5/17	$ 1,000.00
☐					$
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
Stephen Turner 618 Cascade Avenue Winston-Salem, NC 27127 336-596-1778	Retired	N/A		$ 500.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	100	Check	—	12/12/17	$ 500.00
☐					$
☐					$

4. Total only this Page	$ 2,500.00
5. Total of ALL CRO-1210 Pages *(This line must be on line 6 of Detailed Summary Page CRO-1100)*	$

Contributions from Individuals

Amendment ☐ Yes ☑ No

Use this form to report individual contributions over $50 or contributions under $50 if form CRO 1205 is not used

1. Committee Full Name (and Fund if applicable)	2. ID Number
Schatzman for Sheriff	—

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
William Spencer 367 Pine Valley Rd. Winston-Salem, NC 27104 336-722-4129	Owner	JKS, Incorporated		$ 500.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	100	check	—	12/11/17	$ 500.00
☐					$
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
Richard Maxey, Jr. 5001 Haystack Hill Rd Winston-Salem, NC 27106 336-345-0887	VP	Community Mgt Corp		$ 100.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	100	check	—	12/15/17	$ 100.00
☐					$
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
Mathew Gallins 4625 Country Club Rd. Winston-Salem, NC 27104 336-724-6327	Food Services	Gallins Vending		$ 1,000.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	100	check	—	11/8/17	$ 1,000.00
☐					$
☐					$

4. Total only this Page	$ 1,600.00
5. Total of ALL CRO-1210 Pages *(This line must be on line 6 of Detailed Summary Page CRO-1100)*	$

Contributions from Individuals

Amendment ☐ Yes ☒ No

Use this form to report individual contributions over $50 or contributions under $50 if form CRO 1205 is not used

1. Committee Full Name (and Fund if applicable)	2. ID Number
Schatzman for Sheriff	—

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
Nick Karagiorgis 3969 Huddington Ct. Winston-Salem, NC 27106 336-765-2550	Restaurant	self employed		$ 1,000.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	100	check	—	12/7/17	$ 1,000.00
☐					$
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
Konstantinos Kazakos 3600 Comeragh Ct Clemmons, NC 27012 336-462-2925	Restaurant	self employed		$ 1,000.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	100	check	—	11/9/17	$ 1,000.00
☐					$
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
Paul Chrysson 1045 Burke St Winston-Salem, NC 27101 336-725-8547	Real Estate Development	CB Development Co., Inc.		$ 1,000.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	100	check	—	12/6/17	$ 1,000.00
☐					$
☐					$

4. Total only this Page	$ 3,000.00
5. Total of ALL CRO-1210 Pages *(This line must be on line 6 of Detailed Summary Page CRO-1100)*	$

Contributions from Individuals

Amendment ☐ Yes ☒ No

Use this form to report individual contributions over $50 or contributions under $50 if form CRO 1205 is not used

1. Committee Full Name (and Fund if applicable)	2. ID Number
Schatzman for Sheriff	—

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
James Chrysson 1045 Burke St. Winston-Salem, NC 27101 336-725-8547	Real Estate	CB Development Co., Inc.		$ 1,000.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	100	Check	—	10/10/17	$ 1,000.00
☐					$
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
—				$

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐					$ —
☐					$
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
Don Solomon 601 Yorkshire Rd. Winston-Salem, NC 27106 336-306-0284	Instructor	Forsyth Technical Community College		$ 300.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	100	check	—	12/22/17	$ 300.00
☐					$
☐					$

4. Total only this Page	$ 1,300.00
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)	$

Contributions from Individuals

Amendment ☐ Yes ☒ No

Use this form to report individual contributions over $50 or contributions under $50 if form CRO 1205 is not used

1. Committee Full Name (and Fund if applicable)	2. ID Number
Schatzman for Sheriff	—

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
Jose Isasi 3989 Huddington Ct. Winston-Salem, NC 27106 336-784-9004	Owner	Que Pasa Latino Co., Inc.		$ 4,000.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	100	Check	—	12/19/17	$ 4,000.00
☐					$
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
Ben Yeager 8335 Riverwalk Dr. Clemmons, NC 27012 336-414-4984	Retired	N/A		$ 250.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	100	check	—	12/20/17	$ 250.00
☐					$
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
William T. Schatzman 3450 Kirkless Rd Winston-Salem, NC 27104	Sheriff	Forsyth County		$ ↓

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☒	100	In-kind	Campaign meeting + meal	12/16/15	$ 342.00
☒	100	In-kind	Phone repair	12/31/15	$ 154.92
☒	100	In-kind	Postage stamps	1/15/16	$ 49.00

4. Total only this Page	$ 4,250.00
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)	$

Contributions from Individuals

Amendment ☐ Yes ☒ No

Use this form to report individual contributions over $50 or contributions under $50 if form CRO 1205 is not used

1. Committee Full Name (and Fund if applicable)	2. ID Number
Schatzman for Sheriff	

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
William T. Schatzman (con't)	✓	✓		$ ↓

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☒	100	In-kind	Lincoln Reagan Dinner	2/12/16	$ 250.00
☒	100	In-kind	Follwell Committee	4/15/16	$ 300.00
☐	—	—	Contribution reimbursement	—	$ —

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
William T. Schatzman (con't)	✓	✓		$ ↓

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	100	✓	PO Box rental + stamps	7/26/17	$ 125.00
☐	100	✓	Forsyth Co. Repub. Party	7/26/17	$ 1,000.00
☐	100	✓	Meeting + meal	8/11/17	$ 34.05

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
William T. Schatzman (con't)	✓	✓		$ ↓

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	100	✓	Office supplies	8/24/17	$ 955.97
☐	100	✓	Stamps		$ 98.00
☐	100	✓	Meeting + Meal		$ 38.68

4. Total only this Page	$ 2,251.70
5. Total of ALL CRO-1210 Pages *(This line must be on line 6 of Detailed Summary Page CRO-1100)*	$

Contributions from Individuals

Amendment ☐ Yes ☒ No

Use this form to report individual contributions over $50 or contributions under $50 if form CRO 1205 is not used

1. Committee Full Name (and Fund if applicable)	2. ID Number
Schatzman for Sheriff	

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
William T. Schatzman (con't)	✓	✓		$ ↓

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	100	In-kind	flash drives	12/17/17	$ 25.58
☐	100	✓	meeting + meal	12/15/17	$ 31.63
☐	100	✓	office supplies	12/27/17	$ 43.97

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
William T. Schatzman (con't)	✓	✓		$ 4,917.01

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐	100	✓	Letterhead	12/15/17	$ 243.81
☐	100	✓	Campaign trinkets	9/12/17	$ 1,224.40
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
				$

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐					$
☐					$
☐					$

4. Total only this Page	$ 1,569.39
5. Total of ALL CRO-1210 Pages *(This line must be on line 6 of Detailed Summary Page CRO-1100)*	$ 44,921.09

Contributions from Other Political Committees

Pg 1 of 1 | Amendment ☐ Yes ☒ No

Use this form to report contributions from other candidate, referendum or PAC committees

1. Committee Full Name (and Fund if applicable)	2. ID Number
Schatzman For Sheriff	—

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Type of Committee	d. Comments
Bryant For District Attorney Wake County PO Box 826 Raleigh, NC 27601 919 - 832 - 9890	☒ Candidate ☐ PAC ☐ Referendum c. Level Registered (Specify) ☐ Federal ☒ County: ☐ State ☐ Municipality:	e. Election Sum to Date $ 250.00

f. Account Code	g. Form of Payment	h. In-Kind Description	i. Date (mm/dd/yyyy)	j. Amount
100	Check	—	12/18/17	$ 250.00
				$
				$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Type of Committee	d. Comments
—	☐ Candidate ☐ PAC ☐ Referendum c. Level Registered (Specify) ☐ Federal ☐ County: ☐ State ☐ Municipality:	e. Election Sum to Date $

f. Account Code	g. Form of Payment	h. In-Kind Description	i. Date (mm/dd/yyyy)	j. Amount
				$
				$
				$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Type of Committee	d. Comments
—	☐ Candidate ☐ PAC ☐ Referendum c. Level Registered (Specify) ☐ Federal ☐ County: ☐ State ☐ Municipality:	e. Election Sum to Date $

f. Account Code	g. Form of Payment	h. In-Kind Description	i. Date (mm/dd/yyyy)	j. Amount
				$
				$
				$

4. Total only this Page	$ 250.00
5. Total of ALL CRO-1230 Pages *(This line must be on line 8 of Detailed Summary Page CRO-1100)*	$ 250.00

Other Receipt Sources

Pg 1 of 2

Amendment ☐ Yes ☒ No

Use this form to report income not reported on another form. i.e. interest income, not for profit contributions etc.

1. Committee Full Name (and Fund if applicable)	2. ID Number
Schatzman for Sheriff	—

3. Type of Receipt Source *(Please use separate CRO-1250 forms for each type of Receipt Source.)*

☒ Interest ☐ Contributions from Not-for-Profit Organizations ☐ Outside Sources of Income

4. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Not-for-Profit Federal ID #	c. Outside Source Explanation	d. Comments	e. Election Sum to Date
Capital Bank PO Box 21634 Winston-Salem, NC 27114 336-765-8500	—	—	Interest	$ ↓

f. Account Code	g. Form of Payment	h. In-Kind Description	i. Date (mm/dd/yyyy)	j. Amount
100	Bank Credit	—	7/2/17	$ .68
✓	✓ ✓	—	7/31/17	$ .61

4. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Not-for-Profit Federal ID #	c. Outside Source Explanation	d. Comments	e. Election Sum to Date
Capital Bank (cont)	—	—		$ ↓

f. Account Code	g. Form of Payment	h. In-Kind Description	i. Date (mm/dd/yyyy)	j. Amount
✓	✓	—	8/31/17	$ .65
✓	✓	—	10/1/17	$ .69

4. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Not-for-Profit Federal ID #	c. Outside Source Explanation	d. Comments	e. Election Sum to Date
Capital Bank (cont)	—	—		$

f. Account Code	g. Form of Payment	h. In-Kind Description	i. Date (mm/dd/yyyy)	j. Amount
✓	✓	—	10/31	$ 1.09
✓	✓	—	11/30	$ 2.76

5. Total only this Page	$ 6.48
6. Total of ALL CRO-1250 Pages *(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)*	$

Other Receipt Sources

Pg 2 of 2

Amendment ☐ Yes ☒ No

Use this form to report income not reported on another form. i.e. interest income, not for profit contributions etc.

1. Committee Full Name (and Fund if applicable)	2. ID Number
Schatzman for Sheriff	—

3. Type of Receipt Source *(Please use separate CRO-1250 forms for each type of Receipt Source.)*

☒ Interest ☐ Contributions from Not-for-Profit Organizations ☐ Outside Sources of Income

4. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Not-for-Profit Federal ID #	c. Outside Source Explanation	d. Comments	e. Election Sum to Date
Capital Bank (cont)	—	—		$ 19,86

f. Account Code	g. Form of Payment	h. In-Kind Description	i. Date (mm/dd/yyyy)	j. Amount
100	Bank credit	—	12/31/17	$ 3,85
				$

4. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Not-for-Profit Federal ID #	c. Outside Source Explanation	d. Comments	e. Election Sum to Date
—				$

f. Account Code	g. Form of Payment	h. In-Kind Description	i. Date (mm/dd/yyyy)	j. Amount
				$
				$

4. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Not-for-Profit Federal ID #	c. Outside Source Explanation	d. Comments	e. Election Sum to Date
—				$

f. Account Code	g. Form of Payment	h. In-Kind Description	i. Date (mm/dd/yyyy)	j. Amount
				$
				$

5. Total only this Page	$ 3,85
6. Total of ALL CRO-1250 Pages *(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)*	$ 10,33

Disbursements

Pg 1 of 1

Amendment ☐ Yes ☒ No

Use this form to report expenditures from the committee for operating expenses, contributions to candidate/political committees and coordinated party expenditures

1. Committee Full Name (and Fund if applicable)	2. ID Number
Schatzman for Stenhf	—

3. Type of Disbursement? *(Please use separate CRO-1310 forms for each type of Disbursement.)*

☒ Operating Expenses ☐ Contributions to Candidates/Political Committees ☐ Coordinated Party Expenditures

4. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	d. Comments
Vela 315 N Spruce St. Ste 215 Winston-Salem, NC 336-245-2436	c. Level Registered (Specify) ☐ Federal ☐ County: ☐ State ☐ Municipality:	— e. Election Sum to Date $ 408.47

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
100	check	A	10/5/17	$ 8.47	domain renewal
				$	

4. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	d. Comments
—	c. Level Registered (Specify) ☐ Federal ☐ County: ☐ State ☐ Municipality:	 e. Election Sum to Date $

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
				$	
				$	

4. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	d. Comments
—	c. Level Registered (Specify) ☐ Federal ☐ County: ☐ State ☐ Municipality:	 e. Election Sum to Date $

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
				$	
				$	

5. Total only this Page	$ 8.47
6. Total of ALL CRO-1310 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)*	$ 8.47

7. Purpose Codes (List detailed expenditure code in (h:) above)

A* - Media	B* - Printing	C* - Fundraising	D - To Another Candidate
E - Salaries	F* - Equipment	G - Political Party	H* - Holding Public Office Expenses
I - Postage	J - Penalties	K* - Office Expenses	Q* - Donation to Legal Expense Fund
O* Other			

* Codes require detailed explanation in required remarks field (k)

Refunds/Reimbursements From the Committee

Pg 1 of 4

Amendment ☐ Yes ☒ No

Use this form to report refunds/reimbursements, including contributions returned to the contributor.

1. Committee Full Name (and Fund if applicable)	2. ID Number
Schatzman for Sheriff	—

3. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	d. Type of Committee	h. Original Receipt Date
William T. Schatzman 3450 Kirklees Rd. Winston-Salem, NC 27104 336-917-7127	☒ Candidate ☐ PAC ☐ Referendum ☐ Party	7/26/17
	e. Level Registered: ☐ Federal ☒ County: ☐ State ☐ Municipality:	i. Original Receipt Amount: $ 125.00
	f. Purpose Code: P	j. Election Sum to Date: $ ↓

b. Job Title/Profession	c. Employer's Name/Specific Field	g. Comments	k. Account Code
Sheriff	Forsyth County	received 9/22/17	100

l. Form of Payment	m. Required Remarks	n. Date (mm/dd/yyyy)	o. Amount
check	PO Box rental + stamps	9/22/17	$ 125.00

3. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	d. Type of Committee	h. Original Receipt Date
William T. Schatzman (con't)	☒ Candidate ☐ PAC ☐ Referendum ☐ Party	7/26/17
	e. Level Registered: ☐ Federal ☒ County: ☐ State ☐ Municipality:	i. Original Receipt Amount: $ 1,000.00
	f. Purpose Code: P	j. Election Sum to Date: $ ↓

b. Job Title/Profession	c. Employer's Name/Specific Field	g. Comments	k. Account Code
✓	✓	received 9/22/17	100

l. Form of Payment	m. Required Remarks	n. Date (mm/dd/yyyy)	o. Amount
check	for Forsyth Co. Republican Party	9/22/17	$ 1,000.00

3. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	d. Type of Committee	h. Original Receipt Date
William T. Schatzman (con't)	☒ Candidate ☐ PAC ☐ Referendum ☐ Party	8/11/17
	e. Level Registered: ☐ Federal ☒ County: ☐ State ☐ Municipality:	i. Original Receipt Amount: $ 34.05
	f. Purpose Code: P	j. Election Sum to Date: $ ↓

b. Job Title/Profession	c. Employer's Name/Specific Field	g. Comments	k. Account Code
✓	✓	—	100

l. Form of Payment	m. Required Remarks	n. Date (mm/dd/yyyy)	o. Amount
check	Campaign Meeting + Meal	8/11/17	$ 34.05

4. Total only this Page	$ 1,159.05
5. Total of ALL CRO-1320 Pages *(This line must be on line 16 of Detailed Summary Page CRO-1100)*	$

6. Purpose Codes (List detailed disbursement code in (f) above)

L - Returned to Contributor M - Overpayment for Service N - Exceeded Contribution Limit

P* - Reimbursement of In-Kind O* Other

*** Codes require detailed explanation in required remarks field (m)**

Refunds/Reimbursements From the Committee

Amendment ☐ Yes ☒ No

Use this form to report refunds/reimbursements, including contributions returned to the contributor.

1. Committee Full Name (and Fund if applicable)	2. ID Number
Schatzman for Sheriff	—

3. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	d. Type of Committee	h. Original Receipt Date
William T. Schatzman (cont)	☒ Candidate ☐ PAC ☐ Referendum ☐ Party	8/24/17
	e. Level Registered: ☐ Federal ☒ County: ☐ State ☐ Municipality:	i. Original Receipt Amount: $ 955.97
	f. Purpose Code: P	j. Election Sum to Date: $ ↓

b. Job Title/Profession	c. Employer's Name/Specific Field	g. Comments	k. Account Code
Sheriff	Forsyth County	—	100

l. Form of Payment	m. Required Remarks	n. Date (mm/dd/yyyy)	o. Amount
check	office supplies	9/22/17	$ 955.97

3. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	d. Type of Committee	h. Original Receipt Date
William T. Schatzman (cont)	☒ Candidate ☐ PAC ☐ Referendum ☐ Party	12/14/17
	e. Level Registered: ☐ Federal ☒ County: ☐ State ☐ Municipality:	i. Original Receipt Amount: $ 98.00
	f. Purpose Code: P	j. Election Sum to Date: $ ↓

b. Job Title/Profession	c. Employer's Name/Specific Field	g. Comments	k. Account Code
✓	✓	—	100

l. Form of Payment	m. Required Remarks	n. Date (mm/dd/yyyy)	o. Amount
Check	Postage Stamps	12/18/17	$ 98.00

3. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	d. Type of Committee	h. Original Receipt Date
William T. Schatzman (cont)	☒ Candidate ☐ PAC ☐ Referendum ☐ Party	12/11/17
	e. Level Registered: ☐ Federal ☒ County: ☐ State ☐ Municipality:	i. Original Receipt Amount: $ 38.68
	f. Purpose Code: P	j. Election Sum to Date: $ ↓

b. Job Title/Profession	c. Employer's Name/Specific Field	g. Comments	k. Account Code
✓	✓	—	100

l. Form of Payment	m. Required Remarks	n. Date (mm/dd/yyyy)	o. Amount
Check	Campaign meeting + meal	12/18/17	$ 38.68

4. Total only this Page	$ 1,092.65
5. Total of ALL CRO-1320 Pages (This line must be on line 16 of Detailed Summary Page CRO-1100)	$

6. Purpose Codes (List detailed disbursement code in (f) above)

L - Returned to Contributor M - Overpayment for Service N - Exceeded Contribution Limit

P* - Reimbursement of In-Kind O* Other

*** Codes require detailed explanation in required remarks field (m)**

Refunds/Reimbursements From the Committee

Pg 3 of 4

Amendment ☐ Yes ☒ No

Use this form to report refunds/reimbursements, including contributions returned to the contributor.

1. Committee Full Name (and Fund if applicable)	2. ID Number
Schatzman for Sheriff	—

3. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	d. Type of Committee	h. Original Receipt Date
William T. Schatzman (con't)	☒ Candidate ☐ PAC ☐ Referendum ☐ Party	12/17/17
	e. Level Registered: ☐ Federal ☒ County: ☐ State ☐ Municipality:	i. Original Receipt Amount: $ 25,58
	f. Purpose Code: P	j. Election Sum to Date: $ ↓

b. Job Title/Profession	c. Employer's Name/Specific Field	g. Comments	k. Account Code
Sheriff	Forsyth County	—	100

l. Form of Payment	m. Required Remarks	n. Date (mm/dd/yyyy)	o. Amount
check	Computer flash drives	12/29/17	$ 25,58

3. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	d. Type of Committee	h. Original Receipt Date
William T. Schatzman (con't)	☒ Candidate ☐ PAC ☐ Referendum ☐ Party	12/15/17
	e. Level Registered: ☐ Federal ☒ County: ☐ State ☐ Municipality:	i. Original Receipt Amount: $ 31,63
	f. Purpose Code: P	j. Election Sum to Date: $ ↓

b. Job Title/Profession	c. Employer's Name/Specific Field	g. Comments	k. Account Code
✓	✓	—	100

l. Form of Payment	m. Required Remarks	n. Date (mm/dd/yyyy)	o. Amount
check	Campaign meeting + meal	12/29/17	$ 31,63

3. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	d. Type of Committee	h. Original Receipt Date
William T. Schatzman (con't)	☒ Candidate ☐ PAC ☐ Referendum ☐ Party	12/27/17
	e. Level Registered: ☐ Federal ☒ County: ☐ State ☐ Municipality:	i. Original Receipt Amount: $ 43,97
	f. Purpose Code: P	j. Election Sum to Date: $ ↓

b. Job Title/Profession	c. Employer's Name/Specific Field	g. Comments	k. Account Code
✓	✓	—	100

l. Form of Payment	m. Required Remarks	n. Date (mm/dd/yyyy)	o. Amount
check	Office supplies	12/29/17	$ 43,97

4. Total only this Page	$ 101,18
5. Total of ALL CRO-1320 Pages (This line must be on line 16 of Detailed Summary Page CRO-1100)	$

6. Purpose Codes (List detailed disbursement code in (f) above)

L - Returned to Contributor M - Overpayment for Service N - Exceeded Contribution Limit

P* - Reimbursement of In-Kind O* Other

*Codes require detailed explanation in required remarks field (m)

Refunds/Reimbursements From the Committee

Pg 4 of 4

Amendment ☐ Yes ☒ No

Use this form to report refunds/reimbursements, including contributions returned to the contributor.

1. Committee Full Name (and Fund if applicable)	2. ID Number
Schatzman for Sheriff	—

3. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	d. Type of Committee	h. Original Receipt Date
William T. Schatzman (cont)	☒ Candidate ☐ PAC ☐ Referendum ☐ Party	12/15/17
	e. Level Registered: ☐ Federal ☒ County: ☐ State ☐ Municipality:	i. Original Receipt Amount: $ 243.81
	f. Purpose Code: P	j. Election Sum to Date: $ ↓

b. Job Title/Profession	c. Employer's Name/Specific Field	g. Comments	k. Account Code
Sheriff	Forsyth County	—	100

l. Form of Payment	m. Required Remarks	n. Date (mm/dd/yyyy)	o. Amount
check	Letter head	12/15/17	$ 243.81

3. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	d. Type of Committee	h. Original Receipt Date
William T. Schatzman (cont)	☒ Candidate ☐ PAC ☐ Referendum ☐ Party	9/12/17
	e. Level Registered: ☐ Federal ☒ County: ☐ State ☐ Municipality:	i. Original Receipt Amount: $ 1,224.40
	f. Purpose Code: P	j. Election Sum to Date: $ 4,917.01

b. Job Title/Profession	c. Employer's Name/Specific Field	g. Comments	k. Account Code
✓	✓	—	100

l. Form of Payment	m. Required Remarks	n. Date (mm/dd/yyyy)	o. Amount
check	Campaign trinkets	9/12/17	$ 1,224.40

3. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	d. Type of Committee	h. Original Receipt Date
	☒ Candidate ☐ PAC ☐ Referendum ☐ Party	
	e. Level Registered: ☐ Federal ☐ County: ☐ State ☐ Municipality:	i. Original Receipt Amount: $
	f. Purpose Code	j. Election Sum to Date: $

b. Job Title/Profession	c. Employer's Name/Specific Field	g. Comments	k. Account Code

l. Form of Payment	m. Required Remarks	n. Date (mm/dd/yyyy)	o. Amount
			$

4. Total only this Page	$ 1,468.21
5. Total of ALL CRO-1320 Pages *(This line must be on line 16 of Detailed Summary Page CRO-1100)*	$ 3,821.09

6. Purpose Codes (List detailed disbursement code in (f) above)

L - Returned to Contributor M - Overpayment for Service N - Exceeded Contribution Limit

P* - Reimbursement of In-Kind O* Other

*** Codes require detailed explanation in required remarks field (m)**

In-Kind Contributions

Pg 1 of 2 | Amendment ☐ Yes ☒ No

Use this form to report non-monetary contributions, donations, goods or services provided to the committee or fund.
Use CRO-1215 if In-Kind Contributions were or will be refunded within 7 days.

1. Committee Full Name (and Fund if applicable)	2. ID Number
Schatzman for Sheriff	—

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Type of Contributor	c. Comments
William T. Schatzman 3450 Kirklees Rd. Winston-Salem, NC 27104 336-917-7127	☐ Individual ☑ Candidate ☐ Party ☐ PAC ☐ Referendum ☐ Other Receipt Source	— d. Election Sum to Date: $ ↓

e. Description	f. Date (mm/dd/yyyy)	g. Fair Market Amount
PO Box rental + stamps	7/26/17	$ 125.00
Forsyth County Republican Party	7/26/17	$ 1,000.00
Campaign Meeting + Meal	8/11/17	$ 34.05

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Type of Contributor	c. Comments
William T. Schatzman (con't)	☐ Individual ☑ Candidate ☐ Party ☐ PAC ☐ Referendum ☐ Other Receipt Source	— d. Election Sum to Date: $ ↓

e. Description	f. Date (mm/dd/yyyy)	g. Fair Market Amount
Campaign office supplies	8/24/17	$ 955.97
		$
		$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Type of Contributor	c. Comments
William T. Schatzman (con't)	☐ Individual ☑ Candidate ☐ Party ☐ PAC ☐ Referendum ☐ Other Receipt Source	— d. Election Sum to Date: $ ↓

e. Description	f. Date (mm/dd/yyyy)	g. Fair Market Amount
Postage stamps	12/14/17	$ 98.00
Campaign Meeting + Meal	12/11/17	$ 38.68
		$

4. Total only this Page	$ 2,251.70
5. Total of ALL CRO-1510 Pages *(This line must be on line 17 of Detailed Summary Page CRO-1100)*	$

In-Kind Contributions

Pg 2 of 2

Amendment ☐ Yes ☒ No

Use this form to report non-monetary contributions, donations, goods or services provided to the committee or fund.
Use CRO-1215 if In-Kind Contributions were or will be refunded within 7 days.

1. Committee Full Name (and Fund if applicable)	2. ID Number
Schatzman for Sheriff	—

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Type of Contributor	c. Comments	d. Election Sum to Date
William T. Schatzman (con't)	☐ Individual ☒ Candidate ☐ Party ☐ PAC ☐ Referendum ☐ Other Receipt Source	—	$ ↓

e. Description	f. Date (mm/dd/yyyy)	g. Fair Market Amount
Computer flash drives	12/17/17	$ 25,58
Campaign meeting + meal	12/15/17	$ 31.63
Office supplies	12/27/17	$ 43.97

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Type of Contributor	c. Comments	d. Election Sum to Date
William T. Schatzman (con't)	☐ Individual ☒ Candidate ☐ Party ☐ PAC ☐ Referendum ☐ Other Receipt Source	—	$ 4,917.01

e. Description	f. Date (mm/dd/yyyy)	g. Fair Market Amount
Letterhead	12/15/17	$ 243.81
Campaign trinkets	9/12/17	$ 1,224.40
		$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Type of Contributor	c. Comments	d. Election Sum to Date
—	☐ Individual ☐ Candidate ☐ Party ☐ PAC ☐ Referendum ☐ Other Receipt Source		$

e. Description	f. Date (mm/dd/yyyy)	g. Fair Market Amount
		$
		$
		$

4. Total only this Page	$ 1,569.39
5. Total of ALL CRO-1510 Pages *(This line must be on line 17 of Detailed Summary Page CRO-1100)*	$ 3,821.09