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.

1. Committee Information

a. Full Name	c. ID Number
Schatzman for Sheriff	—
b. Mailing Address (include City, State and Zip Code)	**d. Date Filed**
So Stephen C. Mathis 2521 Bitting Rd. Winston-Salem, NC 27104	7/16/2020
	e. Phone Number
	336-978-8046

2. Report Year	3. Period Start Date (mm/dd/yy)	4. Period End Date (mm/dd/yy)	5. Treasurer Full Name
2020	1/1/2020	6/30/2020	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	
☐ Final	☐ Year End	
☐ Special	☐ Final	
	☐ Special	

10. Special Report Name

—

FORSYTH COUNTY BOARD OF ELECTIONS RECEIVED 2020 JUL 16 PM 12:4

11. Account Information

a. Financial Institution Full Name	
First Horizon	
b. Purpose	**c. Account Code**
Campaign Activity	100
	d. Period Begin Balance
	$ 6,597.01

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		7/15/2020
Printed Name of Signer	Signature of Appointed Treasurer	Date

FOR OFFICE USE ONLY

				Delivery Method
Date Received:	7/16/20	Employee:		☐ 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

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

Amendment ☐ Yes ☒ No

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

Start of Election Cycle: January 1, 2019		Total this Reporting Period	Total this Election Cycle
4) Cash on Hand at Start		$ 6,597.01	$ 20,629.11
RECEIPTS			
5) Aggregated Contributions from Individuals	(CRO-1205)	$ —	$ —
6) Contributions from Individuals	(CRO-1210)	$ —	$ 770.04
7) Contributions from Political Party Committees	(CRO-1220)	$ —	$ —
8) Contributions from Other Political Committees	(CRO-1230)	$ —	$ —
9) Loan Proceeds	(CRO-1410)	$ —	$ —
10) Refunds/Reimbursements to the Committee	(CRO-1240)	$ 2,500.00	$ 2,500.00
11) Other Receipt Sources			
11a) Interest on Bank Accounts	(CRO-1250)	$ 2.74	$ 25.68
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)		$ 2,502.74	$ 3,295.72
EXPENDITURES			
13) Disbursements			
13a) Operating Expenditures	(CRO-1310)	$ 180.00	$ 465.00
13b) Contributions to Candidates/Political Committees	(CRO-1310)	$ 7,000.00	$ 20,000.00
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)	$ —	$ 770.04
17) In-Kind Contributions	(CRO-1510)	$ —	$ 770.04
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)		$ 7,180.00	$ 22,005.08
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)		$ 1,919.75	$ 1,919.75
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)	$ —	$ —

Refunds/Reimbursements To the Committee

Pg 1 of 1 Amendment ☐ Yes ☒ No

Use this form to report refunds received by the committee or reimbursements for a previous expenditure.

1. Committee Full Name (and Fund if applicable): Schatzman for Sheriff

2. ID Number: —

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip):
David Hall for Judge
2672 Belwick Village Drive
Winston-Salem, NC 27106
336-722-5224

d. Type of Committee: ☒ Candidate ☐ PAC ☐ Referendum ☐ Party
e. Level Registered (Specify): ☐ Federal ☐ County: ☒ State ☐ Municipality:
g. Comments: contribution returned
h. Original Expenditure Date: 5/30/2019
i. Original Expenditure Amt: $ 2,500.00
j. Election Sum to Date: $ 2,500.00

b. Job Title/Profession	c. Employer's Name/Specific Field	f. Purpose	k. Account Code	l. Form of Payment	m. In-Kind Description	n. Date (mm/dd/yyyy)	o. Amount
—	—	—	100	check	—	2/6/2020	$ 2,500.00

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip): —

d. Type of Committee: ☐ Candidate ☐ PAC ☐ Referendum ☐ Party
e. Level Registered (Specify): ☐ Federal ☐ County: ☐ State ☐ Municipality:
g. Comments:
h. Original Expenditure Date:
i. Original Expenditure Amt: $
j. Election Sum to Date: $

b. Job Title/Profession	c. Employer's Name/Specific Field	f. Purpose	k. Account Code	l. Form of Payment	m. In-Kind Description	n. Date (mm/dd/yyyy)	o. Amount
							$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip): —

d. Type of Committee: ☐ Candidate ☐ PAC ☐ Referendum ☐ Party
e. Level Registered (Specify): ☐ Federal ☐ County: ☐ State ☐ Municipality:
g. Comments:
h. Original Expenditure Date:
i. Original Expenditure Amt: $
j. Election Sum to Date: $

b. Job Title/Profession	c. Employer's Name/Specific Field	f. Purpose	k. Account Code	l. Form of Payment	m. In-Kind Description	n. Date (mm/dd/yyyy)	o. Amount
							$

4. Total only this Page $ 2,500.00

5. Total of ALL CRO-1240 Pages *(This line must be on line 10 of Detailed Summary Page CRO-1100)* $ 2,500.00

Other Receipt Sources

Pg 1 of 1 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
First Horizon PO Box 84 Memphis, TN 38101 1-888-382-4968	—	—	—	$ ↓

f. Account Code	g. Form of Payment	h. In-Kind Description	i. Date (mm/dd/yyyy)	j. Amount
100	EFT	—	1/31/20	$ .83
100	EFT	—	2/28/20	$ .98

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
First Horizon (cont)	—	—	—	$ ↓

f. Account Code	g. Form of Payment	h. In-Kind Description	i. Date (mm/dd/yyyy)	j. Amount
100	EFT	—	3/31/20	$ .70
100	EFT	—	4/30/20	$ .08

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
First Horizon (cont)	—	—	—	$ 25.68

f. Account Code	g. Form of Payment	h. In-Kind Description	i. Date (mm/dd/yyyy)	j. Amount
100	EFT	—	5/29/20	$ .08
100	EFT	—	6/30/20	$ .07

5. Total only this Page	$ 2.74
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)*	$ 2.74

Disbursements

Pg 1 of 2 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 Sheriff	—

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
First Horizon PO Box 84 Memphis, TN 38101 1-888-382-4968	—	—
	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
100	Draft	0	1/2/2020	$ 25.00	service charge
100	Draft	0	1/31/2020	$ 5.00	✓ ✓

4. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	d. Comments
First Horizon (cont)	—	—
	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
100	Draft	0	2/3/2020	$ 25.00	✓ ✓
100	Draft	0	2/28/2020	$ 5.00	✓ ✓

4. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	d. Comments
First Horizon (cont)	—	—
	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
100	Draft	0	3/2/2020	$ 25.00	✓ ✓
100	Draft	0	3/31/2020	$ 5.00	✓ ✓

5. Total only this Page	$ 90.00
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)*	$ —

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)**

Disbursements

 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 Sheriff	

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
First Horizon (cont)	—	—
	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
100	Draft	O	4/1/2020	$ 25.00	service charge
100	Draft	O	4/30/2020	$ 5.00	✓ ✓

4. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	d. Comments
First Horizon (cont)	—	—
	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
100	Draft	O	5/1/2020	$ 25.00	✓ ✓
100	Draft	O	5/29/2020	$ 5.00	✓ ✓

4. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	d. Comments
First Horizon (cont)	—	—
	c. Level Registered (Specify): ☐ Federal ☐ County: ☐ State ☐ Municipality:	e. Election Sum to Date: $ 465.00

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
100	Draft	O	6/1/2020	$ 25.00	✓ ✓
100	Draft	O	6/30/2020	$ 5.00	✓ ✓

5. Total only this Page	$ 90.00
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)*	$ 180.00

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)**

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 Sheriff	—

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	c. Level Registered (Specify)	d. Comments	e. Election Sum to Date
Follwell Committee 299 S. Westview Dr. Winston-Salem, NC 27104 336-748-0046	—	☐ Federal ☐ County: ☒ State ☐ Municipality:	—	$ 7,500.00

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
100	check	D	3/10/2020	$ 5,000.00	—
				$	

4. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	c. Level Registered (Specify)	d. Comments	e. Election Sum to Date
Forsyth County Republican Party PO Box 5841 Winston-Salem, NC 27113 336-724-6000	—	☐ Federal ☒ County: ☐ State ☐ Municipality:	—	$ 2,000.00

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
100	check	D	3/10/2020	$ 1,000.00	—
				$	

4. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	c. Level Registered (Specify)	d. Comments	e. Election Sum to Date
Jim O'Neill for Attorney General PO Box 21586 Winston-Salem, NC 27120 336-712-7432	—	☐ Federal ☐ County: ☒ State ☐ Municipality:	—	$ 2,000.00

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
100	check	D	3/12/2020	$ 1,000.00	—
				$	

5. Total only this Page	$ 2,000.00
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)*	$ 7,000.00

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)**