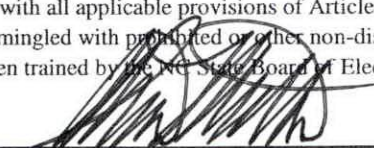
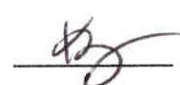


# Disclosure Report Cover

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 <i>Schatzman for Sheriff</i>			c. ID Number —	
b. Mailing Address (include City, State and Zip Code) <i>90 Stephen C. Mathis 2521 Bitting Rd. Winston-Salem, NC 27104</i>			d. Date Filed <i>1/7/2019</i>	
			e. Phone Number <i>336-978-8046</i>	
2. Report Year	3. Period Start Date (mm/dd/yy)	4. Period End Date (mm/dd/yy)	5. Treasurer Full Name	
<i>2018</i>	<i>10/21/2018</i>	<i>12/31/2018</i>	<i>Stephen C. Mathis</i>	
6. Type of Committee (Check One)		9. Type of Report (check only one type of report from one category)		
<input checked="" type="checkbox"/> Candidate Campaign <input type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Independent Expenditure <input type="checkbox"/> Joint Fundraiser <input type="checkbox"/> Legal Expense Fund		<b>Municipal</b> <input type="checkbox"/> Organizational <input type="checkbox"/> Thirty-five day <input type="checkbox"/> Pre-primary <input type="checkbox"/> Pre-election <input type="checkbox"/> Pre-runoff <input type="checkbox"/> Semi-annual <input type="checkbox"/> Mid Year <input type="checkbox"/> Year End <input type="checkbox"/> Final <input type="checkbox"/> Special		
		<b>State/County</b> <input type="checkbox"/> Organizational Quarterly <input type="checkbox"/> First <input type="checkbox"/> Second <input checked="" type="checkbox"/> Third <input type="checkbox"/> Fourth Semi-annual <input type="checkbox"/> Mid Year <input type="checkbox"/> Year End <input type="checkbox"/> Final <input type="checkbox"/> Special		
		<b>Referendum</b> <input type="checkbox"/> Organizational <input type="checkbox"/> Pre-referendum <input type="checkbox"/> Final <input type="checkbox"/> Supplemental Final <input type="checkbox"/> Annual <input type="checkbox"/> Special		
7. Type of Fund (if applicable, check one)		10. Special Report Name		
<input type="checkbox"/> Booster Fund <input type="checkbox"/> Building Fund <input type="checkbox"/> Other:		—		
8. Number of Fundraisers this Report				
11. Account Information		11. Account Information		
a. Financial Institution Full Name <i>Capital Bank</i>		a. Financial Institution Full Name —		
b. Purpose <i>Campaign Activity</i>	c. Account Code <i>100</i>	b. Purpose —	c. Account Code —	
	d. Period Begin Balance <i>\$ 79,050.95</i>		d. Period Begin Balance \$ —	
<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 and correct and that I have been trained by the NC State Board of Elections.				
<i>Stephen C. Mathis</i>				<i>1/7/2019</i>
Printed Name of Signer		Signature of Appointed Treasurer		Date
FOR OFFICE USE ONLY				
Date Received:	<i>1/7/19</i>	Employee:		Delivery Method <input type="checkbox"/> Normal Mail <input type="checkbox"/> Registered Mail <input checked="" type="checkbox"/> Hand Delivered <input type="checkbox"/> Electronically Filed <input type="checkbox"/> Signer has not received mandatory training
Date Postmarked:	_____	Employee:	_____	
Date Scanned:	_____	Employee:	_____	
Date Data Entered:	_____	Employee:	_____	
<b>Please Note:</b> 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		Quarterly		—	
Start of Election Cycle: January 1, <u>2015</u>			Total this Reporting Period		Total this Election Cycle
4) Cash on Hand at Start			\$ 79,050.95		\$ 7,676.12
<b>RECEIPTS</b>					
5) Aggregated Contributions from Individuals (CRO-1205)		\$ —		\$ 1,825.00	
6) Contributions from Individuals (CRO-1210)		\$ 15,756.83		\$ 115,764.67	
7) Contributions from Political Party Committees (CRO-1220)		\$ —		\$ 75.00	
8) Contributions from Other Political Committees (CRO-1230)		\$ —		\$ 750.00	
9) Loan Proceeds (CRO-1410)		\$ —		\$ —	
10) Refunds/Reimbursements to the Committee (CRO-1240)		\$ —		\$ —	
11) Other Receipt Sources					
11a) Interest on Bank Accounts (CRO-1250)		\$ 19.29		\$ 94.78	
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)		\$ 15,776.12		\$ 118,509.45	
<b>EXPENDITURES</b>					
13) Disbursements					
13a) Operating Expenditures (CRO-1310)		\$ 70,784.30		\$ 79,827.12	
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)		\$ 1,706.83		\$ 12,364.67	
17) In-Kind Contributions (CRO-1510)		\$ 1,706.83		\$ 12,364.67	
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)		\$ 74,197.96		\$ 105,556.46	
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)		\$ 20,629.11		\$ 20,629.11	
<b>ADDITIONAL INFORMATION</b>					
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)		\$ 2,000.00		\$ 2,000.00	
28) Contributions to be Refunded (CRO-1215)		\$ —		\$ —	

**Contributions from Individuals**

Pg 1 of 7

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) <u>Schatzman for Sheriff</u>						2. ID Number —
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip) <u>Jose Isai 3989 Huddington Road Winston-Salem, NC 27106 336-784-9004</u>				b. Job Title/Profession <u>Owner</u>	d. Comments	
				c. Employer's Name/Specific Field <u>Que Pasa Latino, Co., Inc.</u>	e. Election Sum to Date \$ <u>7,000.00</u>	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	<u>100</u>	<u>check</u>	<u>—</u>	<u>10/23/18</u>	\$ <u>3,000.00</u>	
<input checked="" type="checkbox"/>	<u>100</u>	<u>check</u>	<u>—</u>	<u>12/19/17</u>	\$ <u>4,000.00</u>	
<input type="checkbox"/>					\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip) <u>Lestie Baker, Jr, 2034 Buena Vista Rd Winston-Salem, NC 27104 336-499-7970</u>				b. Job Title/Profession <u>Retired</u>	d. Comments	
				c. Employer's Name/Specific Field <u>N/A</u>	e. Election Sum to Date \$ <u>10,000.00</u>	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	<u>100</u>	<u>check</u>	<u>—</u>	<u>10/24/18</u>	\$ <u>4,000.00</u>	
<input checked="" type="checkbox"/>	<u>100</u>	<u>check</u>	<u>—</u>	<u>10/4/18</u>	\$ <u>5,000.00</u>	
<input checked="" type="checkbox"/>	<u>100</u>	<u>check</u>	<u>—</u>	<u>9/25/17</u>	\$ <u>1,000.00</u>	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip) <u>Dale Brown 131 Newcomb Lane Lewisville, NC 27023 336-768-7230</u>				b. Job Title/Profession <u>Investment Counselor</u>	d. Comments	
				c. Employer's Name/Specific Field <u>Salem Investment Counselor</u>	e. Election Sum to Date \$ <u>250.00</u>	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	<u>100</u>	<u>check</u>	<u>—</u>	<u>11/1/18</u>	\$ <u>250.00</u>	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ <u>7,250.00</u>	
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) <u>Schatzman for Sheriff</u>						2. ID Number —	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip) <u>Christopher Clifton 156 Plymouth Ave, Winston-Salem, NC 27104 336-515-6552</u>				b. Job Title/Profession <u>Attorney</u>		d. Comments	
				c. Employer's Name/Specific Field <u>Grace Tisdale + Clifton</u>		e. Election Sum to Date \$ <u>500.00</u>	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>	<u>100</u>	<u>check</u>	<u>-</u>	<u>11/1/18</u>	\$ <u>500.00</u>		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip) <u>Michael Grace 225 Fox Lake Court Winston-Salem, NC 27106 336-515-6552</u>				b. Job Title/Profession <u>Attorney</u>		d. Comments	
				c. Employer's Name/Specific Field <u>Grace Tisdale + Clifton</u>		e. Election Sum to Date \$ <u>750.00</u>	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>	<u>100</u>	<u>check</u>	<u>-</u>	<u>11/1/18</u>	\$ <u>750.00</u>		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip) <u>Sherita Powers 2321 Airline Drive Raleigh, NC 27607 984-200-7416</u>				b. Job Title/Profession <u>Retired</u>		d. Comments	
				c. Employer's Name/Specific Field <u>N/A</u>		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		
<input type="checkbox"/>	<u>100</u>	<u>check</u>	<u>-</u>	<u>11/1/18</u>	\$ <u>500.00</u>		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
4. Total only this Page						\$ <u>1,750.00</u>	
5. Total of ALL CRO-1210 Pages						\$	
<small>(This line must be on line 6 of Detailed Summary Page (CRO-1100))</small>							

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 <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
C. Guy Rudisill III 181 West Haven Circle Winston-Salem, NC 27104 336-725-9724			Retired			
			c. Employer's Name/Specific Field		e. Election Sum to Date	
			N/A		\$ 100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	100	check	—	11/1/18	\$ 100.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
John E. Stack, Jr. 7949 Abelia Way Clemmons, NC 27012 336-768-4989			Retired			
			c. Employer's Name/Specific Field		e. Election Sum to Date	
			N/A		\$ 100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	100	check	—	11/1/18	\$ 100.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
Donald Tisdale 313 Banbury Rd. Winston-Salem, NC 27104 336-765-7926			Attorney			
			c. Employer's Name/Specific Field		e. Election Sum to Date	
			Grace Tisdale & Clinton		\$ 2,000.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	100	check	—	11/1/18	\$ 500.00	
<input checked="" type="checkbox"/>	100	check	—	10/15/18	\$ 500.00	
<input checked="" type="checkbox"/>	100	check	—	4/13/18	\$ 1,000.00	
4. Total only this Page					\$ 700.00	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed/Summary Page CRO-1100)					\$	

**Contributions from Individuals**

Pg 4 of 7 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 <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession	d. Comments	
Roger Marion PO Box 1278 Clemmons, NC 27012 336-778-1518			Officer		
			c. Employer's Name/Specific Field	e. Election Sum to Date	
			Roger Marion Automotive, Inc	\$ 500.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	100	check	—	11/5/18	\$ 500.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession	d. Comments	
Robert Simon 526 S. Stratford Rd. Winston-Salem, NC 27103 336-721-1768			Owner		
			c. Employer's Name/Specific Field	e. Election Sum to Date	
			Windsor Jewellers	\$ 350.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	100	check	—	11/5/18	\$ 250.00
<input checked="" type="checkbox"/>	100	check	—	3/3/18	\$ 100.00
<input type="checkbox"/>					\$
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession	d. Comments	
John Allison, IV 205 Shamrock Trail Rd. Lewisville, NC 27023 336-945-6042			Executive in Residence		
			c. Employer's Name/Specific Field	e. Election Sum to Date	
			Wake Forest University	\$ 1,000.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
<input type="checkbox"/>	100	check	—	11/7/18	\$ 1,000.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$
4. Total only this Page					\$ 1,750.00
5. Total of ALL CRO-1210 Pages <small>(This line must be on line 6 of Detailed Summary Page CRO-1100)</small>					\$

**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 <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession	d. Comments	
Larry Wise 8009 Kilcash Ct, Clemmons, NC 27012 336-416-6183				Retired		
				c. Employer's Name/Specific Field		
				N/A		
				e. Election Sum to Date		
				\$ 100.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	100	check	—	11/7/18	\$ 100.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession	d. Comments	
Thomas Keith 3450 Fraternity Church Rd. Winston-Salem, NC 27127 336-768-5128				Retired		
				c. Employer's Name/Specific Field		
				N/A		
				e. Election Sum to Date		
				\$ 400.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	100	check	—	11/7/18	\$ 250.00	
<input checked="" type="checkbox"/>	100	check	—	2/8/18	\$ 150.00	
<input type="checkbox"/>					\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession	d. Comments	
Stephen Strawburg 364 Buckingham Rd. Winston-Salem, NC 27104 336-760-1610				Retired		
				c. Employer's Name/Specific Field		
				N/A		
				e. Election Sum to Date		
				\$ 500.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	100	check	—	11/7/18	\$ 500.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 850.00	
5. Total of ALL CRO-1210 Pages					\$	
<small>(This line must be on line 6 of Detailed Summary Page CRO-1100)</small>						

**Contributions from Individuals**

Pg 6 of 7

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 <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
Robert Hinshaw 8202 River Ct. Clemmons, NC 27012 336-760-2000				Attorney			
				c. Employer's Name/Specific Field		e. Election Sum to Date	
				self-employed		\$ 250.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>	100	check	—	11/7/18	\$ 250.00		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
Jeffrey Michael 179 Highwood Lane Winston-Salem, NC 27104 336-306-8945				Officer			
				c. Employer's Name/Specific Field		e. Election Sum to Date	
				North Point Chrysler Dodge		\$ 1,000.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>	100	check	—	11/9/18	\$ 1,000.00		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
Keith Vaughan 4440 Bent Tree Farm Rd. Winston-Salem, NC 27106 336-924-6664				Retired			
				c. Employer's Name/Specific Field		e. Election Sum to Date	
				N/A		\$ 500.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>	100	check	—	11/9/18	\$ 500.00		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
4. Total only this Page						\$ 1,750.00	
5. Total of ALL CRO-1210 Pages						\$	
<small>(This line must be on line 6 of Detailed Summary Page CRO-1100)</small>							



# Contributions from Individuals

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 <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession	d. Comments	
William T. Schatzman 3450 Kirkles Rd Winston-Salem, NC 27104 336-917-7123				Sheriff		
				c. Employer's Name/Specific Field		
				Forsyth County		
				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	
<input type="checkbox"/>	100	In-kind	Pymt to sign worker	10/20/18	\$ 150.00	
<input type="checkbox"/>	100	✓ ✓	meal for sign workers	10/30/18	\$ 104.09	
<input type="checkbox"/>	100	✓ ✓	materials for meeting	12/6/18	\$ 81.12	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession	d. Comments	
William T. Schatzman (cont)				✓		
				c. Employer's Name/Specific Field		
				✓		
				e. Election Sum to Date		
				\$ 11,524.82		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	100	✓ ✓	Food for meeting	12/6/18	\$ 65.78	
<input type="checkbox"/>	100	✓ ✓	campaign meeting and meal	12/12/18	\$ 860.95	
<input checked="" type="checkbox"/>		In-kind	various	various	\$ 10,262.88	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession	d. Comments	
Dore Tharpe 113 Westhaven Circle Winston-Salem, NC 27104 336-446-1054				Retired		
				c. Employer's Name/Specific Field		
				—		
				e. Election Sum to Date		
				\$ 839.85		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	100	In-kind	Food + Supplies	11/6/18	\$ 444.89	
<input checked="" type="checkbox"/>	100	In-kind	Election night party reimbursement	5/14/18	\$ 394.96	
<input type="checkbox"/>			for food + supplies		\$	
4. Total only this Page					\$ 1,706.83	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$ 15,756.83	

**Other Receipt Sources**

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

<b>1. Committee Full Name (and Fund if applicable)</b>				<b>2. ID Number</b>	
Schatzman for Sheriff					
<b>3. Type of Receipt Source (Please use separate CRO-1250 forms for each type of Receipt Source.)</b>					
<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 type="checkbox"/> Add <input type="checkbox"/> Remove					
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)		<b>b. Not-for-Profit Federal ID #</b>		<b>d. Comments</b>	
Capital Bank PO Box 84 Memphis, TN 38101 888-227-2792		-			
		<b>c. Outside Source Explanation</b>			
		-			
				<b>e. Election Sum to Date</b>	
				\$      ↓	
<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	EFT	-	10/31/18	\$ 9.96	
100	EFT	-	11/30/18	\$ 6.30	
<b>4. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove					
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)		<b>b. Not-for-Profit Federal ID #</b>		<b>d. Comments</b>	
Capital Bank (cont)		-			
		<b>c. Outside Source Explanation</b>			
		-			
				<b>e. Election Sum to Date</b>	
				\$ 94.78	
<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	EFT	-	12/31/18	\$ 3.03	
				\$	
<b>4. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove					
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)		<b>b. Not-for-Profit Federal ID #</b>		<b>d. Comments</b>	
		<b>c. Outside Source Explanation</b>			
				<b>e. Election Sum to Date</b>	
				\$	
<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>	
				\$	
				\$	
<b>5. Total only this Page</b>				\$ 19.29	
<b>6. Total of ALL CRO-1250 Pages</b>				\$ 19.29	
(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)					

# Disbursements

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) <b>Schatzman for Sheriff</b>						2. ID Number —	
3. Type of Disbursement (Please use separate CRO-1310 forms for each type of Disbursement): <input checked="" type="checkbox"/> Operating Expenses <input type="checkbox"/> Contributions to Candidates/Political Committees <input type="checkbox"/> Coordinated Party Expenditures							
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip) <b>Horn + Stronach 1125 Fallbrook Lane Lewisville, NC 27023 336-414-4497</b>				b. Coordinated Committee Name —		d. Comments —	
				c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> 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	check	A	10/26/18	\$ 3,167.86	Graphics, Advertising		
100	check	A	10/26/18	\$ 23,008.40	Adv., Printing		
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip) <b>Horn + Stronach (con't)</b>				b. Coordinated Committee Name —		d. Comments —	
				c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		e. Election Sum to Date \$ 68,398.24	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
100	check	A	11/6/18	\$ 16,381.13	Advertising, mailing		
100	check	A	11/26/18	\$ 25,840.85	Advertising		
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip) <b>Wooten Graphics Drawer 819 Welcome, NC 27374 336-731-4650</b>				b. Coordinated Committee Name —		d. Comments —	
				c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		e. Election Sum to Date \$ 2,241.61	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
100	check	A	11/5/18	\$ 781.06	signs		
5. Total only this Page						\$ 69,179.30	
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							
8. Codes require detailed explanation in required remarks field (1c)							

**Disbursements**

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) <b>Schatzman For Sheriff</b>						2. ID Number —
3. Type of Disbursement (Please use separate CRO-1310 forms for each type of Disbursement.)						
<input checked="" type="checkbox"/> Operating Expenses <input type="checkbox"/> Contributions to Candidates/Political Committees <input type="checkbox"/> Coordinated Party Expenditures						
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Coordinated Committee Name		d. Comments
<b>William J. Schatzman</b> <b>3450 Kinkiees Road</b> <b>Winston-Salem, NC 27104</b> <b>336-309-9269</b>				c. Level Registered (Specify)		
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		e. Election Sum to Date
						\$ <b>750.00</b>
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
<b>100</b>	<b>check</b>	<b>0</b>	<b>11/13/18</b>	<b>\$ 550.00</b>	<b>Poll work, pick up signs</b>	
				\$		
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Coordinated Committee Name		d. Comments
<b>Susan Faulkenberry</b> <b>199 Pembroke Ridge Ct.</b> <b>Advance, NC 27006</b> <b>704-996-4793</b>				c. Level Registered (Specify)		
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		e. Election Sum to Date
						\$ <b>250.00</b>
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
<b>100</b>	<b>check</b>	<b>0</b>	<b>11/13/18</b>	<b>\$ 250.00</b>	<b>Poll work, pick up signs</b>	
				\$		
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Coordinated Committee Name		d. Comments
<b>Larry Lawter</b> <b>199 Pembroke Ridge Ct.</b> <b>Advance, NC 27006</b> <b>336-909-5812</b>				c. Level Registered (Specify)		
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		e. Election Sum to Date
						\$ <b>550.00</b>
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
<b>100</b>	<b>check</b>	<b>0</b>	<b>11/13/18</b>	<b>\$ 250.00</b>	<b>Poll work, pick up signs</b>	
				\$		
5. Total only this Page						\$ <b>1,050.00</b>
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**

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.)							
<input checked="" type="checkbox"/> Operating Expenses <input type="checkbox"/> Contributions to Candidates/Political Committees <input type="checkbox"/> Coordinated Party Expenditures							
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Coordinated Committee Name		d. Comments	
Amber Tharpe 5/65 Fleetwood Cir Winston-Salem, NC 27106 336-406-7924				c. Level Registered (Specify)		e. Election Sum to Date	
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:			
f. Account Code		g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
100		check	0	11/13/18	\$ 200.00	pick up signs	
					\$		
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Coordinated Committee Name		d. Comments	
Ted Kaplan 11695 Double Spring Rd Lewisville, NC 27023 336-659-9651				c. Level Registered (Specify)		e. Election Sum to Date	
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:			
f. Account Code		g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
100		check	0	12/10/18	\$ 350.00	pick up signs	
					\$		
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Coordinated Committee Name		d. Comments	
Capital Bank PO Box 84 Memphis, TN 38101 888-227-2792				c. Level Registered (Specify)		e. Election Sum to Date	
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:			
f. Account Code		g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
100		Bank Draft	0	12/31/18	\$ 5.00	paper enclosure fee	
					\$		
5. Total only this Page						\$ 555.00	
6. Total of ALL CRO-1310 Pages						\$ 70,784.30	
(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)							

# Refunds/Reimbursements From the Committee

Amendment  
 Yes  No

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

<b>1. Committee Full Name (and Fund if applicable)</b>			<b>2. ID Number</b>	
Schatzman for Sheriff			-	
<b>3. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove				
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)		<b>d. Type of Committee</b>		<b>h. Original Receipt Date</b>
William T. Schatzman 3450 Kirklees Rd Winston-Salem, NC 27104 336-917-7127		<input checked="" type="checkbox"/> Candidate <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Party		10/20/18
		<b>e. Level Registered</b>		<b>i. Original Receipt Amount</b>
		<input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$ 150.00
		<b>f. Purpose Code</b>		<b>j. Election Sum to Date</b>
		P		\$ ↓
<b>b. Job Title/Profession</b>	<b>c. Employer's Name/Specific Field</b>	<b>g. Comments</b>		<b>k. Account Code</b>
Sheriff	Forsyth County	-		100
<b>l. Form of Payment</b>	<b>m. Required Remarks</b>	<b>n. Date (mm/dd/yyyy)</b>	<b>o. Amount</b>	
check	Payment to sign worker	11/2/18	\$ 150.00	
<b>3. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove				
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)		<b>d. Type of Committee</b>		<b>h. Original Receipt Date</b>
William T. Schatzman (cont)		<input checked="" type="checkbox"/> Candidate <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Party		10/30/18
		<b>e. Level Registered</b>		<b>i. Original Receipt Amount</b>
		<input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$ 104.09
		<b>f. Purpose Code</b>		<b>j. Election Sum to Date</b>
		P		\$ ↓
<b>b. Job Title/Profession</b>	<b>c. Employer's Name/Specific Field</b>	<b>g. Comments</b>		<b>k. Account Code</b>
✓	✓ ✓	-		100
<b>l. Form of Payment</b>	<b>m. Required Remarks</b>	<b>n. Date (mm/dd/yyyy)</b>	<b>o. Amount</b>	
check	Meal for sign workers	11/2/18	\$ 104.09	
<b>3. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove				
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)		<b>d. Type of Committee</b>		<b>h. Original Receipt Date</b>
William T. Schatzman (cont)		<input checked="" type="checkbox"/> Candidate <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Party		12/6/18
		<b>e. Level Registered</b>		<b>i. Original Receipt Amount</b>
		<input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$ 81.12
		<b>f. Purpose Code</b>		<b>j. Election Sum to Date</b>
		P		\$ ↓
<b>b. Job Title/Profession</b>	<b>c. Employer's Name/Specific Field</b>	<b>g. Comments</b>		<b>k. Account Code</b>
✓	✓ ✓	-		100
<b>l. Form of Payment</b>	<b>m. Required Remarks</b>	<b>n. Date (mm/dd/yyyy)</b>	<b>o. Amount</b>	
check	Materials for meeting	12/17/18	\$ 81.12	
<b>4. Total only this Page</b>				\$ 335.21
<b>5. Total of ALL CRO-1320 Pages</b> (This line must be on line 16 of Detailed Summary Page CRO-1100)				\$
<b>6. Purpose Codes (List detailed disbursement code in (f) above)</b>				
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 2 of 2

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 <input type="checkbox"/> Add <input type="checkbox"/> Remove				
a. Full Name, Mailing Address & Phone (include city, state, & zip)		d. Type of Committee		h. Original Receipt Date
William T. Schatzman (cont)		<input checked="" type="checkbox"/> Candidate <input type="checkbox"/> PAC		12/6/18
		<input type="checkbox"/> Referendum <input type="checkbox"/> Party		
		e. Level Registered		i. Original Receipt Amount
		<input type="checkbox"/> Federal <input checked="" type="checkbox"/> County:		\$ 65,78
		<input type="checkbox"/> State <input type="checkbox"/> Municipality:		
b. Job Title/Profession		f. Purpose Code		j. Election Sum to Date
Sheriff		P		\$ ↓
c. Employer's Name/Specific Field		g. Comments		k. Account Code
Forsyth County		—		100
l. Form of Payment	m. Required Remarks	n. Date (mm/dd/yyyy)	o. Amount	
100	Food for meeting	12/17/18	\$ 65,78	
3. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove				
a. Full Name, Mailing Address & Phone (include city, state, & zip)		d. Type of Committee		h. Original Receipt Date
William T. Schatzman (cont)		<input type="checkbox"/> Candidate <input type="checkbox"/> PAC		12/12/18
		<input type="checkbox"/> Referendum <input type="checkbox"/> Party		
		e. Level Registered		i. Original Receipt Amount
		<input type="checkbox"/> Federal <input checked="" type="checkbox"/> County:		\$ 860,95
		<input type="checkbox"/> State <input type="checkbox"/> Municipality:		
b. Job Title/Profession		f. Purpose Code		j. Election Sum to Date
Sheriff		P		\$ 11,299,30
c. Employer's Name/Specific Field		g. Comments		k. Account Code
Forsyth County		—		100
l. Form of Payment	m. Required Remarks	n. Date (mm/dd/yyyy)	o. Amount	
100	Campaign wrap-up meeting and meal	12/17/18	\$ 860,95	
3. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove				
a. Full Name, Mailing Address & Phone (include city, state, & zip)		d. Type of Committee		h. Original Receipt Date
Dane Tharpe 113 Westhaven Circle Winston-Salem, NC 27104 336-416-1054		<input checked="" type="checkbox"/> Candidate <input type="checkbox"/> PAC		11/6/18
		<input type="checkbox"/> Referendum <input type="checkbox"/> Party		
		e. Level Registered		i. Original Receipt Amount
		<input type="checkbox"/> Federal <input checked="" type="checkbox"/> County:		\$ 444,89
		<input type="checkbox"/> State <input type="checkbox"/> Municipality:		
b. Job Title/Profession		f. Purpose Code		j. Election Sum to Date
Retired		P		\$ 839,85
c. Employer's Name/Specific Field		g. Comments		k. Account Code
N/A		—		100
l. Form of Payment	m. Required Remarks	n. Date (mm/dd/yyyy)	o. Amount	
check	Election night party - food + supplies	11/7/18	\$ 444,89	
4. Total only this Page			\$ 1,371,62	
5. Total of ALL CRO-1320 Pages (This line must be on line 16 of Detailed Summary Page CRO-1100)			\$ 1,706,83	
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

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 <input type="checkbox"/> Add <input type="checkbox"/> 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	<input type="checkbox"/> Individual <input checked="" type="checkbox"/> Candidate <input type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Other Receipt Source	
	d. Election Sum to Date	
	\$	↓
e. Description	f. Date (mm/dd/yyyy)	g. Fair Market Amount
Payment to sign worker	10/20/18	\$ 150.00
Meal for sign workers	10/30/18	\$ 104.09
		\$
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove		
a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Type of Contributor	c. Comments
William T. Schatzman (cont)	<input type="checkbox"/> Individual <input type="checkbox"/> Candidate <input type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Other Receipt Source	
	d. Election Sum to Date	
	\$ 11,299.30	
e. Description	f. Date (mm/dd/yyyy)	g. Fair Market Amount
Materials for meeting	12/6/18	\$ 81.12
Food for meeting	12/6/18	\$ 65.78
Campaign wrap-up meeting + meal	12/12/18	\$ 860.95
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove		
a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Type of Contributor	c. Comments
Dare Tharpe 113 Westhaven Circle Winston-Salem, NC 27104 336-416-1054	<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Candidate <input type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Other Receipt Source	
	d. Election Sum to Date	
	\$ 839.85	
e. Description	f. Date (mm/dd/yyyy)	g. Fair Market Amount
Election night party - food + supplies	11/6/18	\$ 444.89
		\$
		\$
4. Total only this Page		\$
5. Total of ALL CRO-1510 Pages <small>(This line must be on line 17 of Detailed Summary Page CRO-1100)</small>		\$ 1,706.83