

Disclosure Report Cover

COPY

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.

I. Committee Information

a. Full Name: Schatzman for Sheriff c. ID Number: -

b. Mailing Address (include City, State and Zip Code): 96 Stephen C. Mathis
2521 Bitting Rd.
Winston-Salem, NC 27104 d. Date Filed: 1/10/2011

e. Phone Number: 336-722-1511

2. Report Year: 2010 3. Period Start Date (mm/dd/yyyy): 10/17/2010 4. Period End Date (mm/dd/yyyy): 12/31/2010 5. Treasurer Full Name: 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

9. Type of Report (Check Only One)

Municipal
 Organizational
 Thirty-five day
 Pre-primary
 Pre-election
 Pre-runoff
 Semi-annual
 Mid Year
 Year End
 Final
 Special

State/County
 Organizational
 Quarterly
 First
 Second
 Third
 Fourth
 Semi-annual
 Mid Year
 Year End
 Final
 Special

Referendum
 Organizational
 Pre-referendum
 Final
 Supplemental Final
 Annual
 Special

10. Special Report Name

B. Account Information

a. Financial Institution Full Name: Southern Community Bank b. Financial Institution Full Name: -

c. Purpose: Campaign Activity d. Account Code: 100 e. Purpose: - f. Account Code: -

g. Period Begin Balance: \$ 15,717.26 h. 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 Printed Name of Signer
[Signature] Signature of Appointed Treasurer
1/19/2011 Date

FOR OFFICE USE ONLY

Date Received: 1/10/11 Employee: Judy Peas Delivery Method:
 Normal Mail
 Registered Mail
 Hand Delivered
 Electronically Filed

Date Postmarked: _____ Employee: _____
 Date Scanned: _____ Employee: _____
 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	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
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Use this form to summarize all disclosure reporting forms and to total monetary information

1. Committee Full Name (and Branch, if applicable)	2. Type of Report	3. ID Number
Schatzman for Sheriff	4th quarter-2010	-
Start of Election Cycle: January 1, <u>2007</u>	Total this Reporting Period	Total this Election Cycle
4) Cash on Hand at Start	\$ 15,717.26	\$ 4,577.09
RECEIPTS		
5) Aggregated Contributions from Individuals (CRO-1205)	\$ 487.00	\$ 4,460.00
6) Contributions from Individuals (CRO-1210)	\$ 7,937.31	\$ 106,130.07
7) Contributions from Political Party Committees (CRO-1220)	\$ 700.00	\$ 1,200.00
8) Contributions from Other Political Committees (CRO-1230)	\$ -	\$ -
9) Loan Proceeds (CRO-1410)	\$ -	\$ 15,000.00
10) Refunds/Reimbursements to the Committee (CRO-1240)	\$ -	\$ -
11) Other Receipt Sources		
11a) Interest on Bank Accounts (CRO-1250)	\$ 3.63	\$ 28.03
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)	\$ 9,127.94	\$ 126,818.10
EXPENDITURES		
13) Disbursements		
13a) Operating Expenditures (CRO-1310)	\$ 10,680.47	\$ 75,491.04
13b) Contributions to Candidates/Political Committees (CRO-1310)	\$ -	\$ 500.00
13c) Coordinated Party Expenditures (CRO-1310)	\$ -	\$ -
14) Aggregated Non-Media Expenditures (CRO-1315)	\$ -	\$ -
15) Loan Repayments (CRO-1420)	\$ -	\$ 15,000.00
16) Refunds/Reimbursements from the Committee (CRO-1320)	\$ 1,515.31	\$ 13,705.97
17) In-Kind Contributions (CRO-1510)	\$ 1,515.31	\$ 15,564.07
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)	\$ 13,711.09	\$ 120,261.08
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)	\$ 11,134.11	\$ 11,134.11
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)	\$ 449.00	
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)	\$ 1,000.00	\$ 1,000.00
28) Contributions to be Refunded (CRO-1215)	\$ -	\$ -

Aggregated Contributions from Individuals

Page 1 of

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
Schatzman for Sheriff					—
3. Contribution Information					
a. Amend	b. Account Code	c. Form of Payment	d. Line/Kind/Description	e. Date (mm/dd/yyyy)	f. Amount
<input type="checkbox"/> Add	100	check	—	10/19/10	\$ 50.00
<input type="checkbox"/> Remove	100	check	—	11/1/10	\$ 50.00
<input type="checkbox"/> Add	100	check	—	10/19/10	\$ 25.00
<input type="checkbox"/> Remove	100	check	—	12/28/10	\$ 12.00
<input type="checkbox"/> Add	100	check	—	11/1/10	\$ 10.00
<input type="checkbox"/> Remove	100	check	—	11/1/10	\$ 25.00
<input type="checkbox"/> Add	100	check	—	11/1/10	\$ 25.00
<input type="checkbox"/> Remove	100	check	—	10/19/10	\$ 25.00
<input type="checkbox"/> Add	100	check	—	11/4/10	\$ 25.00
<input type="checkbox"/> Remove	100	check	—	10/19/10	\$ 25.00
<input type="checkbox"/> Add	100	check	—	10/19/10	\$ 50.00
<input type="checkbox"/> Remove	100	check	—	11/4/10	\$ 15.00
<input type="checkbox"/> Add	100	check	—	11/1/10	\$ 50.00
<input type="checkbox"/> Remove	100	check	—	11/1/10	\$ 25.00
<input type="checkbox"/> Add	100	check	—	11/1/10	\$ 25.00
<input type="checkbox"/> Remove	100	check	—	11/4/10	\$ 50.00
<input type="checkbox"/> Add					\$
<input type="checkbox"/> Remove					\$
<input type="checkbox"/> Add					\$
<input type="checkbox"/> Remove					\$
<input type="checkbox"/> Add					\$
<input type="checkbox"/> Remove					\$
<input type="checkbox"/> Add					\$
<input type="checkbox"/> Remove					\$
<input type="checkbox"/> Add					\$
<input type="checkbox"/> Remove					\$
<input type="checkbox"/> Add					\$
<input type="checkbox"/> Remove					\$
4. Total only this Page					\$ 487.00
5. Total of ALL CRO-1205 Pages					\$ 487.00
<i>(This line must be on line 5 of Detailed Summary Page CRO-1100)</i>					

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) SCHATZMAN FOR SHERIFF	2. ID Number
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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
Not Used		
c. Election Sum to Date		

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date	k. Amount
<input type="checkbox"/>	100				
<input type="checkbox"/>					
<input type="checkbox"/>					

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
Alson, Roy L. 162 Hunters Ridge Rd Winston Salem NC 27103-5261 (336) 768-3105	Retired	
c. Election Sum to Date		
		\$100.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date	k. Amount
<input type="checkbox"/>	100	Check 1772		10/19/2010	\$100.00
<input type="checkbox"/>					
<input type="checkbox"/>					

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
Bailey Jr., David W. 135 Pennsylvania Ave Winston-Salem NC 27104 (336) 768-0536	Attorney Self	
c. Election Sum to Date		
		\$100.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date	k. Amount
<input type="checkbox"/>	100	Check 2093		11/1/2010	\$100.00
<input type="checkbox"/>					
<input type="checkbox"/>					

4. Total only this Page	\$200.00
5. Total of ALL CRO-1210 Pages	

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) SCHATZMAN FOR SHERIFF	2. ID Number
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Contributor Information Add Remove

a. Full Name, Mailing Address, Phone (include city, state, zip) Bailey, Wesley 158 Westhaven Cir Winston Salem NC 27104-1855 (336) 768-0536	b. Job Title/Profession Attorney	d. Comments
	c. Employer Name/Specific Field Bailey & Thomas, P.A.	e. Election Sum to Date \$300.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date	k. Amount
<input type="checkbox"/>	100	Check 1610		11/1/2010	\$200.00
<input checked="" type="checkbox"/>	100	Check 5652		5/5/2010	\$100.00
<input type="checkbox"/>					

Contributor Information Add Remove

a. Full Name, Mailing Address, Phone (include city, state, zip) Beaman, Thaddeus W. 3821 Clemmons Rd Clemmons NC 27012-8478 (702) 498-4347	b. Job Title/Profession Banquet Manager	d. Comments
	c. Employer Name/Specific Field BRLL	e. Election Sum to Date \$60.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date	k. Amount
<input type="checkbox"/>	100	Check 1202		11/1/2010	\$60.00
<input type="checkbox"/>					
<input type="checkbox"/>					

Contributor Information Add Remove

a. Full Name, Mailing Address, Phone (include city, state, zip) Carden, Steve 4274 Wyndham Ln Winston Salem NC 27107-3666	b. Job Title/Profession Retired Major	d. Comments
	c. Employer Name/Specific Field Forsyth County Sheriff's Office	e. Election Sum to Date \$100.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date	k. Amount
<input type="checkbox"/>	100	Check 5366		11/1/2010	\$100.00
<input type="checkbox"/>					
<input type="checkbox"/>					

4. Total only this Page	\$360.00
5. Total of ALL CRO-1210 Pages	

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) SCHATZMAN FOR SHERIFF	2. ID Number
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Contributor Information Add Remove

Full Name, Mailing Address, Phone (include city, state, zip) Cashion, Archie T. 5584 Linden Hill Lane Lewisville NC 27186	Job Title/Profession Executive	Comments
	Employer Name/Specific Field Self	Election Sum to Date \$100.00

Prior	Account Code	Form of Payment	In-Kind Description	Date	Amount
<input type="checkbox"/>	100	Check 5525		11/1/2010	\$100.00
<input type="checkbox"/>					
<input type="checkbox"/>					

Contributor Information Add Remove

Full Name, Mailing Address, Phone (include city, state, zip) Cave, Betty 186 Lynda St Mount Airy NC 27030-2739 (336) 429-6225	Job Title/Profession Retired	Comments
	Employer Name/Specific Field	Election Sum to Date \$100.00

Prior	Account Code	Form of Payment	In-Kind Description	Date	Amount
<input type="checkbox"/>	100	Check 1540		10/19/2010	\$100.00
<input type="checkbox"/>					
<input type="checkbox"/>					

Contributor Information Add Remove

Full Name, Mailing Address, Phone (include city, state, zip) Clifton, Christopher R. 3740 Kirklees Rd Winston Salem NC 27104-1623 (336) 765-5198	Job Title/Profession Attorney	Comments
	Employer Name/Specific Field Grace, Tisdale & Clifton	Election Sum to Date \$1,750.00

Prior	Account Code	Form of Payment	In-Kind Description	Date	Amount
<input type="checkbox"/>	100	Check 3171		11/4/2010	\$500.00
<input checked="" type="checkbox"/>	100	Check 3023		4/6/2010	\$250.00
<input checked="" type="checkbox"/>	100	Check 8307		1/17/2007	\$1,000.00

4. Total only this Page	\$700.00
5. Total of ALL CRO-1210 Pages	

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						
Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address, Phone (include city, state, zip)				b. Job Title/Profession		c. Comment
Clubb, Daniel T 8880 Walnut Cove Rd Walnut Cove NC 27052-9658 (336) 595-1340				Retired		
				c. Employers Name/Specific Field		
				e. Election Sum (to Date)		\$100.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date	k. Amount	
<input type="checkbox"/>	100	Check 18444682337		11/9/2010	\$50.00	
<input type="checkbox"/>	100	Check 1131		11/1/2010	\$50.00	
<input type="checkbox"/>						
Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address, Phone (include city, state, zip)				b. Job Title/Profession		c. Comment
Graham, Cynthia Strickland 175 Warwick Green Rd Winston-Salem NC 27104 (336) 725-2822				Director		
				c. Employers Name/Specific Field		
				Strickland Family Foundation		e. Election Sum (to Date)
						\$200.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date	k. Amount	
<input type="checkbox"/>	100	Check 1146		10/19/2010	\$100.00	
<input checked="" type="checkbox"/>	100	Check 1076		1/25/2010	\$100.00	
<input type="checkbox"/>						
Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address, Phone (include city, state, zip)				b. Job Title/Profession		c. Comment
Joyce, Ronald 4787 Kinnamon Rd Winston Salem NC 27103-9605 (336) 945-3096				Self Employed		
				c. Employers Name/Specific Field		
						e. Election Sum (to Date)
						\$1,000.54
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date	k. Amount	
<input type="checkbox"/>	100	Check 5096		11/4/2010	\$712.00	
<input checked="" type="checkbox"/>	100	In-Kind	Food for February Fundraiser Event	2/4/2010	\$288.54	
<input type="checkbox"/>						

4. Total only this Page	\$912.00
5. Total of ALL CRO-1210 Pages	

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) SCHATZMAN FOR SHERIFF	2. ID Number
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Contributor Information Add Remove

a. Full Name, Mailing Address, Phone <small>(include city, state, zip)</small> Mazzeo, Herman 1017 Pewter Ct Winston Salem NC 27104-5203 (336) 659-6293	b. Job Title/Profession Business Owner	d. Comments
c. Employers Name/Specific Field Mazzeo Transportation		e. Election Sum to Date \$500.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date	k. Amount
<input type="checkbox"/>	100	Check 9551941		11/1/2010	\$500.00
<input type="checkbox"/>					
<input type="checkbox"/>					

Contributor Information Add Remove

a. Full Name, Mailing Address, Phone <small>(include city, state, zip)</small> McKnight, Dorothy 194 Stadium Oaks Dr Clemmons NC 27012-8961 3367661929	b. Job Title/Profession Retired	d. Comments
c. Employers Name/Specific Field		e. Election Sum to Date \$150.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date	k. Amount
<input type="checkbox"/>	100	Check 166		11/1/2010	\$50.00
<input checked="" type="checkbox"/>	100	Check 1125		4/13/2010	\$100.00
<input type="checkbox"/>					

Contributor Information Add Remove

a. Full Name, Mailing Address, Phone <small>(include city, state, zip)</small> Micol (Ret.), Victor E. 2430 Brittany Cir Anchorage AK 99504-3310	b. Job Title/Profession Retired	d. Comments
c. Employers Name/Specific Field		e. Election Sum to Date \$100.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date	k. Amount
<input type="checkbox"/>	100	Check 4952		12/28/2010	\$100.00
<input type="checkbox"/>					
<input type="checkbox"/>					

4. Total only this Page	\$650.00
5. Total of ALL CRO-1210 Pages	

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	

Contributor Information Add Remove

a. Full Name, Mailing Address, Phone (include city, state, zip)	b. Job Title/Profession	d. Comments
Patel, Ajay 3500 Quarterstaff Pl Winston Salem NC 27104-1635 3367602862	Professor	
	c. Employer's Name/Specific Field	
	Wake Forest University	e. Election Sum to Date \$100.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date	k. Amount
<input type="checkbox"/>	100	Check 9101		11/4/2010	\$100.00
<input type="checkbox"/>					
<input type="checkbox"/>					

Contributor Information Add Remove

a. Full Name, Mailing Address, Phone (include city, state, zip)	b. Job Title/Profession	d. Comments
Potter, Anthony N. 4055 Stillwell Dr Winston Salem NC 27106-2003 3369221652	Director Public Safety	
	c. Employer's Name/Specific Field	
	Novant Health	e. Election Sum to Date \$200.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date	k. Amount
<input type="checkbox"/>	100	Check 2139		11/1/2010	\$100.00
<input checked="" type="checkbox"/>	100	Check 1995		2/3/2010	\$100.00
<input type="checkbox"/>					

Contributor Information Add Remove

a. Full Name, Mailing Address, Phone (include city, state, zip)	b. Job Title/Profession	d. Comments
Schatzman, William T 3450 Kirklees Rd Winston Salem NC 27104-1729	Sheriff	
	c. Employer's Name/Specific Field	
	Forsyth County	e. Election Sum to Date \$13,305.97

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date	k. Amount
<input type="checkbox"/>	100	In-Kind	Postage	12/14/2010	\$33.90
<input type="checkbox"/>	100	In-Kind	Lunch Meeting	12/8/2010	\$188.51
<input type="checkbox"/>	100	In-Kind 1171	Walmart - Decorations	12/3/2010	\$146.48

4. Total only this Page	\$568.89
5. Total of ALL CRO-1210 Pages	

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) SCHATZMAN FOR SHERIFF	2. ID Number
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Contributor Information Add Remove

a. Full Name, Mailing Address, Phone <small>(include city, state, zip)</small> Schatzman, William T (Continued) 3450 Kirklees Rd Winston Salem NC 27104-1729	b. Job Title/Profession Sheriff	d. Comments
	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	k. Amount
<input type="checkbox"/>	100	In-Kind 1170	M&M Engraving - campaign plaques	11/17/2010	\$497.42
<input type="checkbox"/>	100	In-Kind 1168	Postage	11/4/2010	\$44.00
<input type="checkbox"/>	100	In-Kind 1168	Nobles Grill - Election Party	11/2/2010	\$605.00

Contributor Information Add Remove

a. Full Name, Mailing Address, Phone <small>(include city, state, zip)</small> Schatzman, William T (Continued) 3450 Kirklees Rd Winston Salem NC 27104-1729	b. Job Title/Profession Sheriff	d. Comments
	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	k. Amount
<input checked="" type="checkbox"/>	100	In-Kind	postage	10/6/2010	\$88.00
<input checked="" type="checkbox"/>	100	In-Kind	Mailing Services	9/30/2010	\$715.86
<input checked="" type="checkbox"/>	100	In-Kind	Envelopes	9/17/2010	\$26.73

Contributor Information Add Remove

a. Full Name, Mailing Address, Phone <small>(include city, state, zip)</small> Schatzman, William T (Continued) 3450 Kirklees Rd Winston Salem NC 27104-1729	b. Job Title/Profession Sheriff	d. Comments
	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	k. Amount
<input checked="" type="checkbox"/>	100	In-Kind	Envelopes and Cards	9/8/2010	\$679.45
<input checked="" type="checkbox"/>	100	In-Kind	Cards for handout	8/19/2010	\$378.11
<input checked="" type="checkbox"/>	100	In-Kind	Yard Signs (Wooten Graphics)	8/17/2010	\$1,368.43

4. Total only this Page	\$1,146.42
5. Total of ALL CRO-1210 Pages	

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) SCHATZMAN FOR SHERIFF	2. ID Number
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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			
Schatzman, William T (Continued) 3450 Kirklees Rd Winston Salem NC 27104-1729	Sheriff				
	c. Employer Name/Specific Field				
	Forsyth County				
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date	k. Amount
<input checked="" type="checkbox"/>	100	In-Kind	Postage	7/22/2010	\$88.00
<input checked="" type="checkbox"/>	100	In-Kind	Yard Signs (Wooten Graphics)	7/15/2010	\$253.21
<input checked="" type="checkbox"/>	100	In-Kind	Election Night Facility (Pauls Fine Dining)	5/4/2010	\$569.77

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			
Schatzman, William T (Continued) 3450 Kirklees Rd Winston Salem NC 27104-1729	Sheriff				
	c. Employer Name/Specific Field				
	Forsyth County				
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date	k. Amount
<input checked="" type="checkbox"/>	100	In-Kind	Yard Signs (Wooten Graphics)	4/30/2010	\$360.96
<input checked="" type="checkbox"/>	100	In-Kind	Postage	4/17/2010	\$56.00
<input checked="" type="checkbox"/>	100	In-Kind	Printer Supplies	4/16/2010	\$32.09

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			
Schatzman, William T (Continued) 3450 Kirklees Rd Winston Salem NC 27104-1729	Sheriff				
	c. Employer Name/Specific Field				
	Forsyth County				
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date	k. Amount
<input checked="" type="checkbox"/>	100	In-Kind	Paper for invitations & printer printer supplies	4/15/2010	\$98.00
<input checked="" type="checkbox"/>	100	In-Kind	Paper for invitations	4/13/2010	\$70.00
<input checked="" type="checkbox"/>	100	In-Kind	Lincoln Reagan Day Dinner	4/12/2010	\$250.00

4. Total only this Page	
5. Total of ALL CRO-1210 Pages	

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) SCHATZMAN FOR SHERIFF	2. ID Number
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Contributor Information Add Remove

a. Full Name, Mailing Address, Phone <small>(include city, state, zip)</small> Schatzman, William T (Continued) 3450 Kirklees Rd Winston Salem NC 27104-1729	b. Job Title/Profession Sheriff	c. Comments
	e. Employer's Name/Specific Field Forsyth County	d. Election Sum to Date

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date	k. Amount
<input checked="" type="checkbox"/>	100	In-Kind	Salem College Event	4/1/2010	\$80.00
<input checked="" type="checkbox"/>	100	In-Kind	Postage	3/24/2010	\$44.00
<input checked="" type="checkbox"/>	100	In-Kind	Republican Party Dinner - Forsyth County	3/15/2010	\$250.00

Contributor Information Add Remove

a. Full Name, Mailing Address, Phone <small>(include city, state, zip)</small> Schatzman, William T (Continued) 3450 Kirklees Rd Winston Salem NC 27104-1729	b. Job Title/Profession Sheriff	c. Comments
	e. Employer's Name/Specific Field Forsyth County	d. Election Sum to Date

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date	k. Amount
<input checked="" type="checkbox"/>	100	In-Kind	Wire frames for signs	3/12/2010	\$48.49
<input checked="" type="checkbox"/>	100	In-Kind	Postage	2/22/2010	\$88.00
<input checked="" type="checkbox"/>	100	In-Kind	Printing folders and envelopes	2/16/2010	\$458.89

Contributor Information Add Remove

a. Full Name, Mailing Address, Phone <small>(include city, state, zip)</small> Schatzman, William T (Continued) 3450 Kirklees Rd Winston Salem NC 27104-1729	b. Job Title/Profession Sheriff	c. Comments
	e. Employer's Name/Specific Field Forsyth County	d. Election Sum to Date

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date	k. Amount
<input checked="" type="checkbox"/>	100	In-Kind	Republican Lunch Meeting	1/6/2010	\$51.54
<input checked="" type="checkbox"/>	100	In-Kind	Postage	12/29/2009	\$8.15
<input checked="" type="checkbox"/>	100	In-Kind	Postage	12/23/2009	\$15.40

4. Total only this Page	
5. Total of ALL CRO-1210 Pages	

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) SCHATZMAN FOR SHERIFF	2. ID Number
--	---------------------

Contributor Information Add Remove

a. Full Name / Mailing Address / Phone <small>(include city, state, zip)</small> Schatzman, William T (Continued) 3450 Kirklees Rd Winston Salem NC 27104-1729	b. Job Title/Profession Sheriff	d. Comments
c. Employers 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	k. Amount
<input checked="" type="checkbox"/>	100	In-Kind	Greeting Cards	12/22/2009	\$43.01
<input checked="" type="checkbox"/>	100	In-Kind	Postage	12/14/2009	\$112.00
<input checked="" type="checkbox"/>	100	In-Kind	Greeting Cards	12/13/2009	\$208.87

Contributor Information Add Remove

a. Full Name / Mailing Address / Phone <small>(include city, state, zip)</small> Schatzman, William T (Continued) 3450 Kirklees Rd Winston Salem NC 27104-1729	b. Job Title/Profession Sheriff	d. Comments
c. Employers 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	k. Amount
<input checked="" type="checkbox"/>	100	In-Kind	Forsyth County Republican Event	12/8/2009	\$100.00
<input checked="" type="checkbox"/>	100	In-Kind	Forsyth County Republican Event	9/23/2009	\$500.00
<input checked="" type="checkbox"/>	100	In-Kind	All Prior In-kind Contributions for	6/30/2009	\$4,747.70

Contributor Information Add Remove

a. Full Name / Mailing Address / Phone <small>(include city, state, zip)</small> See, Russell K 2330 Westover Dr Winston Salem NC 27103-3647 3367279291	b. Job Title/Profession Director	d. Comments
c. Employers Name/Specific Field RAI		e. Election Sum to Date \$300.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date	k. Amount
<input type="checkbox"/>	100	Check 243081		11/1/2010	\$200.00
<input checked="" type="checkbox"/>	100	Check 5335		2/2/2010	\$100.00
<input type="checkbox"/>					

4. Total only this Page	\$200.00
5. Total of ALL CRO-1210 Pages	

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) SCHATZMAN FOR SHERIFF	2. ID Number
--	---------------------

Contributor Information Add Remove

a. Full Name, Mailing Address, Phone (include city, state, zip) Shown, Thomas E. 2625 Evans Rd Winston Salem NC 27127-8743 3366500444	b. Job Title/Profession	d. Comments
	c. Employers Name/Specific Field	e. Election Sum to Date
		\$100.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date	k. Amount
<input type="checkbox"/>	100	Check 2359		11/4/2010	\$50.00
<input checked="" type="checkbox"/>	100	Check 2247		1/25/2010	\$50.00
<input type="checkbox"/>					

Contributor Information Add Remove

a. Full Name, Mailing Address, Phone (include city, state, zip) Spach, Frederick P. 3106 Bentley Court Winston-Salem NC 27104-1800	b. Job Title/Profession	d. Comments
	c. Employers Name/Specific Field	e. Election Sum to Date
	Self Employed Carolina Brush Mfg Co.	\$100.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date	k. Amount
<input type="checkbox"/>	100	Check 2523		11/4/2010	\$100.00
<input type="checkbox"/>					
<input type="checkbox"/>					

Contributor Information Add Remove

a. Full Name, Mailing Address, Phone (include city, state, zip) Spencer, William L. 367 N Pine Valley Rd Winston Salem NC 27104-1809 3367229819	b. Job Title/Profession	d. Comments
	c. Employers Name/Specific Field	e. Election Sum to Date
	President JKS Motorsports	\$2,000.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date	k. Amount
<input type="checkbox"/>	100	Check 5552		11/4/2010	\$1,000.00
<input checked="" type="checkbox"/>	100	Check 5447		4/28/2010	\$750.00
<input checked="" type="checkbox"/>	100	Check 5402		2/25/2010	\$250.00

4. Total only this Page	\$1,150.00
5. Total of ALL CRO-1210 Pages	

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) SCHATZMAN FOR SHERIFF	2. ID Number
---	--------------

Contributor Information Add Remove

a. Full Name, Mailing Address, Phone (include city, state, zip) Strawsburg, Stephen R. 364 Buckingham Rd Winston Salem NC 27104-4027 3367601610	b. Job Title/Profession Business Executive	d. Comments
	c. Employer Name/Specific Field RAI Services Inc.	
		e. Election Sum to Date \$300.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date	k. Amount
<input type="checkbox"/>	100	Check 1008		11/1/2010	\$200.00
<input checked="" type="checkbox"/>	100	Check 4315		3/31/2010	\$100.00
<input type="checkbox"/>					

Contributor Information Add Remove

a. Full Name, Mailing Address, Phone (include city, state, zip) Teague Jr., Claude E. 716 Archer Rd Winston Salem NC 27106-5412 3367656069	b. Job Title/Profession Scientist - Retired	d. Comments
	c. Employer Name/Specific Field	
		e. Election Sum to Date \$150.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date	k. Amount
<input type="checkbox"/>	100	Check 1892		10/19/2010	\$100.00
<input checked="" type="checkbox"/>	100	Check 1906		1/26/2010	\$50.00
<input type="checkbox"/>					

Contributor Information Add Remove

a. Full Name, Mailing Address, Phone (include city, state, zip) Tisdale Jr., D. Kenneth 1250 Yorkshire Rd Winston Salem NC 27106-5452 (336) 724-3994	b. Job Title/Profession Attorney	d. Comments
	c. Employer Name/Specific Field self-employed	
		e. Election Sum to Date \$1,750.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date	k. Amount
<input type="checkbox"/>	100	Check 2607		11/4/2010	\$500.00
<input checked="" type="checkbox"/>	100	Check 2546		4/27/2010	\$250.00
<input checked="" type="checkbox"/>	100	Check 2112		1/17/2007	\$1,000.00

4. Total only this Page	\$800.00
5. Total of ALL CRO-1210 Pages	

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						
Contributor Information Add <input type="checkbox"/> Remove <input type="checkbox"/>						
a. Full Name, Mailing Address, Phone (include city, state, zip)			b. Job Title/Profession		d. Comments	
Townsend III, Vincent 1913 Briar Hill Ct Kernersville NC 27284-7626 (336) 993-7261			President			
			c. Employers Name/Specific Field			
			Pay-Tel Communications		e. Election Sum to Date	
				\$2,000.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date	k. Amount	
<input type="checkbox"/>	100	Check 4613		11/1/2010	\$1,000.00	
<input checked="" type="checkbox"/>	100	Check 4348		4/6/2010	\$1,000.00	
<input type="checkbox"/>						
Contributor Information Add <input type="checkbox"/> Remove <input type="checkbox"/>						
a. Full Name, Mailing Address, Phone (include city, state, zip)			b. Job Title/Profession		d. Comments	
Welch Jr., Edwin L. 1571 Deadmon Rd Mocksville NC 27028-5153 (336) 998-5111			Construction			
			c. Employers Name/Specific Field			
			I.L.Long Construction		e. Election Sum to Date	
				\$400.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date	k. Amount	
<input type="checkbox"/>	100	Check 2703		11/4/2010	\$200.00	
<input checked="" type="checkbox"/>	100	Check 1062		10/6/2010	\$200.00	
<input type="checkbox"/>						
Contributor Information Add <input type="checkbox"/> Remove <input type="checkbox"/>						
a. Full Name, Mailing Address, Phone (include city, state, zip)			b. Job Title/Profession		d. Comments	
Williams, Tommy 3955 Ebert Rd Winston Salem NC 27127-6647 (336) 788-3441			Golf Professional			
			c. Employers Name/Specific Field			
			Country Club Golf Center		e. Election Sum to Date	
				\$100.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date	k. Amount	
<input type="checkbox"/>	100	Check 2132		11/1/2010	\$50.00	
<input checked="" type="checkbox"/>	100	Check 2090		3/24/2010	\$50.00	
<input type="checkbox"/>						

4. Total only this Page	\$1,250.00
5. Total of ALL CRO-1210 Pages	\$7,932.31

Contributions from Political Party Committees

Pg 1 of 1

Amendment
 Yes No

Use this form to report contributions from a political party

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. Comments	
NC Realtors PAC 4511 Weybridge Ln Greensboro, NC 27407 336-294-1415				-	
				c. Election Sum to Date	
				\$ 600.00	
d. Account Code	e. Form of Payment	f. In-Kind Description	g. Date (mm/dd/yyyy)	h. Amount	
100	check	-	10/19/10	\$ 600.00	
				\$	
				\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Comments	
Young Republicans of Forsyth County 2813 Galsworthy Dr. Winston-Salem, NC 27106 336-723-7190				-	
				c. Election Sum to Date	
				\$ 100.00	
d. Account Code	e. Form of Payment	f. In-Kind Description	g. Date (mm/dd/yyyy)	h. Amount	
100	check	-	11/1/10	\$ 100.00	
				\$	
				\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Comments	
				c. Election Sum to Date	
				\$	
d. Account Code	e. Form of Payment	f. In-Kind Description	g. Date (mm/dd/yyyy)	h. Amount	
				\$	
				\$	
				\$	
4. Total only this Page				\$ 700.00	
5. Total of ALL CRO-1220 Pages <small>(This line must be on line 7 of Detailed Summary Page CRO-1100)</small>				\$ 700.00	

Other Receipt Sources

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 kind 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.)				
<input checked="" type="checkbox"/> Interest <input type="checkbox"/> Contributions from Not-for-Profit Organizations <input type="checkbox"/> Outside Sources of Income				
4. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove				
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Not-for-Profit Federal ID #	d. Comments	
Southern Community Bank PO Box 26134 Winston-Salem, NC 27114 336-765-8500		-	-	
		c. Outside Source Explanation		
		-		
		e. Election Sum to Date		
		\$ ↓		
f. Account Code	g. Form of Payment	h. In-Kind Description	i. Date (mm/dd/yyyy)	j. Amount
100	Bank credit	-	10/29/10	\$ 1.23
✓	✓ ✓	-	11/30/10	\$ 1.37
4. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove				
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Not-for-Profit Federal ID #	d. Comments	
SCB con't		-	-	
		c. Outside Source Explanation		
		-		
		e. Election Sum to Date		
		\$		
f. Account Code	g. Form of Payment	h. In-Kind Description	i. Date (mm/dd/yyyy)	j. Amount
100	Bank Credit	-	12/31/10	\$ 1.03
				\$
4. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove				
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Not-for-Profit Federal ID #	d. Comments	
		c. Outside Source Explanation		
		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				\$ 3.63
6. Total of All CRO-1250 Pages				\$ 3.63

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-1100 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"/> Renew						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Coordinated Committee Name		d. Comments	
VELA 380 Knollwood St, Ste 420 Winston-Salem, NC 27104 336-245-2436			-		-	
			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:		-	
			-		\$ 9,440.67	
Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
100	check	B, I	11/15/10	\$ 9,440.67	Campaign mailer	
				\$		
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Renew						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Coordinated Committee Name		d. Comments	
Kernersville News PO Box 337 Kernersville, NC 27285 336-943-2161			-		-	
			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:		-	
			-		\$ 673.90	
Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
100	check	A	12/8/10	\$ 673.90	Newspaper Ads	
				\$		
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Renew						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Coordinated Committee Name		d. Comments	
Bermuda Run Country Club 324 Bermuda Run Drive Bermuda Run, NC 27006 336-998-8155			-		-	
			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:		-	
			-		\$ 536.60	
Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
100	check	O	12/28/10	\$ 536.60	Campaign staff meal	
				\$		
5. Total only this Page					\$ 10,651.17	
6. Total of ALL CRO-1100 Page					\$	
(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 (Use detailed expenditure code in (k) 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 branch if applicable) Schatzman for Sheriff						2. ID Number -	
3. Type of Disbursement <i>(Please use separate CRO-1100 forms for each type of disbursement.)</i>							
<input checked="" type="checkbox"/> Operating Expenses		<input type="checkbox"/> Contributions to Candidates/Political Committees		<input type="checkbox"/> Coordinated Party Expenditures			
4. Payer Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip) System Printing Services 3517 W. Wendover Ave. Greensboro, NC 27407 336-808-8000				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 \$ 29,30	
Account Code 100		g. Form of Payment check	h. Purpose Code B	i. Date (mm/dd/yyyy) 12/28/10	j. Amount \$ 29.30	k. Required Remarks Sales tax on print items	
					\$		
4. Payer 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	
				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 \$	
Account Code		g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
					\$		
					\$		
4. Payer 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	
				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 \$	
Account Code		g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
					\$		
					\$		
5. Total only this Page						\$ 29,30	
6. Total of ALL CRO-1100 Pages <i>(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)</i>						\$ 10,680.47	
7. Purpose Codes <i>(Use detailed expenditure code in (1) above)</i>							
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 2

Amendment
 Yes No

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

1. Committee Full Name (and branch 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	
William T. Schatzman 3450 Kirklees Rd. Winston-Salem, NC 27104 336-760-3450		<input checked="" type="checkbox"/> Candidate <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Party	
		h. Original Receipt Date	
		see schedule	
		e. Level Registered	
		<input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:	
		i. Original Receipt Amount	
		\$ see schedule	
		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	see schedule	11/15/10	\$ 649.00
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	
Schatzman (cont)		<input type="checkbox"/> Candidate <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Party	
		h. Original Receipt Date	
		e. Level Registered	
		<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:	
		i. Original Receipt Amount	
		\$	
		f. Purpose Code	
		P	
		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
		11/24/10	\$ 497.42
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	
Schatzman (cont)		<input type="checkbox"/> Candidate <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Party	
		h. Original Receipt Date	
		e. Level Registered	
		<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:	
		i. Original Receipt Amount	
		\$	
		f. Purpose Code	
		P	
		j. Election Sum to Date	
		\$ ↓ next page	
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
		12/8/10	\$ 146.48
4. Total only this Page			\$ 1,292.90
5. Total of ALL CRO-1320 Pages (Include this one on line 16 of Detailed Summary Page CRO-1100)			\$
6. Purpose Codes (this detailed reimbursement code in (P) 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 2 of 2

Amendment
 Yes No

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

1. Committee Full Name (and number, if applicable)		2. ID Number	
Schatzman for Sheriff		-	
3. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
4. Full Name, Mailing Address & Phone (include city, state, & zip)		5. Type of Committee	
William T. Schatzman (cont)		<input checked="" type="checkbox"/> Candidate <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Party	
		6. Original Receipt Date	
		7. Level Registered	
		<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:	
		8. Original Receipt Amount	
		\$	
		9. Purpose Code	
		P	
		10. Election Sum to Date	
		\$ 13,305.97	
11. Job Title/Profession	12. Employer's Name/Specific Field	13. Comments	14. Account Code
			100
15. Form of Payment	16. Required Remarks	17. Date (mm/dd/yyyy)	18. Amount
check	see schedule	12/27/10	\$ 222.41
3. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
4. Full Name, Mailing Address & Phone (include city, state, & zip)		5. Type of Committee	
		<input type="checkbox"/> Candidate <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Party	
		6. Original Receipt Date	
		7. Level Registered	
		<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:	
		8. Original Receipt Amount	
		\$	
		9. Purpose Code	
		10. Election Sum to Date	
		\$	
11. Job Title/Profession	12. Employer's Name/Specific Field	13. Comments	14. Account Code
15. Form of Payment	16. Required Remarks	17. Date (mm/dd/yyyy)	18. Amount
			\$
3. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
4. Full Name, Mailing Address & Phone (include city, state, & zip)		5. Type of Committee	
		<input type="checkbox"/> Candidate <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Party	
		6. Original Receipt Date	
		7. Level Registered	
		<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:	
		8. Original Receipt Amount	
		\$	
		9. Purpose Code	
		10. Election Sum to Date	
		\$	
11. Job Title/Profession	12. Employer's Name/Specific Field	13. Comments	14. Account Code
15. Form of Payment	16. Required Remarks	17. Date (mm/dd/yyyy)	18. Amount
			\$
4. Total only this Page		\$ 222.41	
5. Total of All CRO-1320 Pages		\$ 1,515.31	
6. Purpose Codes (List detailed reimbursement code in (n) 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 1

Amendment	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
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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 Kinklees Rd. Winston-Salem, NC 27104 336-760-3450	<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
		\$ 13,305.97
e. Description	f. Date (mm/dd/yyyy)	g. Fair Market Amount
see schedule	see schedule	\$ 1,515.31
		\$
		\$
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
	<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
		\$
e. Description	f. Date (mm/dd/yyyy)	g. Fair Market Amount
		\$
		\$
		\$
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
	<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
		\$
e. Description	f. Date (mm/dd/yyyy)	g. Fair Market Amount
		\$
		\$
		\$
4. Total on this Page		\$
5. Total of All CRO-1510 Pages		\$ 1,515.31
<small>(This line must be on line 7 of Detail Summary Page CRO-1100)</small>		

Schatzman for Sheriff
In-kind contributions

11/2/10	Nobles Grille Room, food, decorations for election night gathering	605.00	
11/4/10	US Postmaster Stamps	<u>44.00</u>	
	reimb with check # 1168 - 11/15/2010		649.00
11/17/10	M & M Engravings 7 engraved plaques for campaign staff	<u>497.42</u>	
	reimb with check # 1170 - 11/24/2010		497.42
12/3/10	Walmart Utensils, decorations, food for swearing-in ceremony	<u>146.48</u>	
	reimb with check # 1171 - 12/8/2010		146.48
12/8/10	Milner's Restaurant Luncheon	188.51	
12/14/10	US Postmaster Stamps Postage	26.40 <u>7.50</u>	
	reimb with check # 1173 - 12/27/2010		<u>222.41</u>
	Total		<u>1,515.31</u>

Debts and Obligations Owed By the Committee

Pg 1 of 1

Amendment
 Yes No

Use this form to report any unpaid debts or obligations owed by the committee, to include campaign credit card payments.

1. Committee Full Name (and Fund if applicable)		2. ID Number	
Schatzman for Sheriff		-	
3. Creditor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		Note: All payments made toward debts should be listed on form CRO-1310 with the payee listed as this creditor.	
Kernersville News PO Box 337 Kernersville, NC 27285 336-993-2161		b. Description of Creditor Newspaper	
c. Beginning Balance	d. Total Amount Paid	e. Total Amount Incurred	f. Remaining Balance
\$ - 0 -	\$ - 0 -	\$ 199.00	\$ 199.00
g. Incurred Debts (what the committee received)			
g1. Date (mm/dd/yyyy)	g2. Amount	g1. Date (mm/dd/yyyy)	g2. Amount
12/25/10	\$ 199.00		\$
g3. Item Description		g3. Item Description	
Advertising			
g4. Purchase Place Full Name, Mailing Address & Phone (include city, state, & zip)		g4. Purchase Place Full Name, Mailing Address & Phone (include city, state, & zip)	
same			
3. Creditor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		Note: All payments made toward debts should be listed on form CRO-1310 with the payee listed as this creditor.	
Latino Communications, LLC PO Box 12876 Winston-Salem, NC 27117 336-784-9004		b. Description of Creditor Newspaper	
c. Beginning Balance	d. Total Amount Paid	e. Total Amount Incurred	f. Remaining Balance
\$ - 0 -	\$ - 0 -	\$ 250.00	\$ 250.00
g. Incurred Debts (what the committee received)			
g1. Date (mm/dd/yyyy)	g2. Amount	g1. Date (mm/dd/yyyy)	g2. Amount
10/28/10	\$ 250.00		\$
g3. Item Description		g3. Item Description	
Advertising			
g4. Purchase Place Full Name, Mailing Address & Phone (include city, state, & zip)		g4. Purchase Place Full Name, Mailing Address & Phone (include city, state, & zip)	
same			
4. Total only this Page <small>(This should be the sum of all items 3f from this page)</small>		\$ 449.00	
5. Total of ALL CRO-1610 Pages <small>(This line must be on line 22 of Detailed Summary Page CRO-1100)</small>		\$ 449.00	