

# 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 <b>Schatzman for Sheriff</b>		c. ID Number —		
b. Mailing Address (include City, State and Zip Code) <b>90 Stephen C. Mathis 2521 Bitting Rd. Winston-Salem, NC 27104</b>		d. Date Filed <b>1/13/2020</b>		e. Phone Number <b>336-978-8046</b>
2. Report Year	3. Period Start Date (mm/dd/yy)	4. Period End Date (mm/dd/yy)	5. Treasurer Full Name	
<b>2019</b>	<b>7/1/2019</b>	<b>12/31/2019</b>	<b>Stephen C. Mathis</b>	
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"/> PAC <input type="checkbox"/> Independent Expenditure <input type="checkbox"/> Legal Expense Fund <input type="checkbox"/> Party <input type="checkbox"/> Referendum <input type="checkbox"/> Joint Fundraiser		<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 type="checkbox"/> Third <input type="checkbox"/> Fourth <input type="checkbox"/> Semi-annual <input type="checkbox"/> Mid Year <input checked="" 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:		20 JAN 13 PM 3:38 RECEIVED WILSON COUNTY		
8. Number of Fundraisers this Report		none		
11. Account Information		11. Account Information		
a. Financial Institution Full Name <b>First Horizon (formerly Capital Bank)</b>		a. Financial Institution Full Name —		
b. Purpose <b>Campaign Activity</b>	c. Account Code <b>100</b>	b. Purpose —	c. Account Code —	
	d. Period Begin Balance <b>\$ 15,384.02</b>		d. Period Begin Balance \$ —	
CERTIFICATION				
I certify that the Committee or Fund is in compliance with all applicable provisions of Article 22A, 22B & 22D-22M of Chapter 163 of the NC General Statutes and that no funds are commingled with prohibited or other non-disclosed funds. I further certify that this report is complete, true and correct and that I have been trained by the NC State Board of Elections.				
<b>Stephen C. Mathis</b>				<b>1/13/2020</b>
Printed Name of Signer		Signature of Appointed Treasurer		Date
FOR OFFICE USE ONLY				
Date Received:	<b>1/13/2020</b>	Employee:		Delivery Method
Date Postmarked:	_____	Employee:	_____	<input type="checkbox"/> Normal Mail
Date Scanned:	_____	Employee:	_____	<input type="checkbox"/> Registered Mail
Date Data Entered:	_____	Employee:	_____	<input checked="" type="checkbox"/> Hand Delivered
				<input type="checkbox"/> Electronically Filed
				<input type="checkbox"/> Signer has not received mandatory training
Please Note: This form cannot be used to amend committee information such as the committee address, treasurer, assistant treasurer, custodian of books information, or account information. You must amend the Statement of Organization (CRO-2100A-E) to make committee changes.				

# Detailed Summary

Amendment  
 Yes  No

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

1. Committee Full Name (and Fund if applicable)		2. Type of Report		3. ID Number	
Schatzman for Sheriff		Semi-annual		—	
Start of Election Cycle: January 1, 2019		Total this Reporting Period		Total this Election Cycle	
4) Cash on Hand at Start		\$ 15,348.02		\$ 20,629.11	
<b>RECEIPTS</b>					
5) Aggregated Contributions from Individuals (CRO-1205)		\$ —		\$ —	
6) Contributions from Individuals (CRO-1210)		\$ 80.00		\$ 770.04	
7) Contributions from Political Party Committees (CRO-1220)		\$ —		\$ —	
8) Contributions from Other Political Committees (CRO-1230)		\$ —		\$ —	
9) Loan Proceeds (CRO-1410)		\$ —		\$ —	
10) Refunds/Reimbursements to the Committee (CRO-1240)		\$ —		\$ —	
11) Other Receipt Sources					
11a) Interest on Bank Accounts (CRO-1250)		\$ 8.99		\$ 22.94	
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)		\$ 88.99		\$ 792.98	
<b>EXPENDITURES</b>					
13) Disbursements					
13a) Operating Expenditures (CRO-1310)		\$ 180.00		\$ 285.00	
13b) Contributions to Candidates/Political Committees (CRO-1310)		\$ 8,500.00		\$ 13,000.00	
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)		\$ 80.00		\$ 770.04	
17) In-Kind Contributions (CRO-1510)		\$ 80.00		\$ 770.04	
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)		\$ 8,840.00		\$ 14,825.08	
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)		\$ 6,597.01		\$ 6,597.01	
<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)		\$ —		\$ —	
28) Contributions to be Refunded (CRO-1215)		\$ —		\$ —	

# Contributions from Individuals

Pg 1 of 1

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	
William T. Schatzman 3450 Kirklees Rd. Winston-Salem, NC 27104 336-917-7127			Retired		-	
			c. Employer's Name/Specific Field		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 checked="" type="checkbox"/>	100	In-kind	Computer cable	1/4/19	\$ 8.95	
<input checked="" type="checkbox"/>	100	✓ ✓	Computer	1/4/19	\$ 469.00	
<input checked="" type="checkbox"/>	100	✓ ✓	Shadow boxes	1/4/19	\$ 112.09	
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	
			-		\$ 770.04	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input checked="" type="checkbox"/>	100	✓ ✓	Meeting	5/9/19	\$ 100.00	
<input type="checkbox"/>	100	✓ ✓	stamps	9/9/19	\$ 55.00	
<input type="checkbox"/>	100	✓ ✓	lunch mtg	9/30/19	\$ 25.00	
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. Employer's Name/Specific Field		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"/>					\$	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 80.00	
5. Total of ALL CRO-1210 Pages <small>(This line must be on line 6 of Detailed Summary Page CRO-1100)</small>					\$ 80.00	

# Other Receipt Sources

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

1. Committee Full Name (and Fund if applicable)				2. ID Number	
Schatzman for Sheri				—	
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	
First Horizon PO Box 84 Memphis, TN 38101 1-888-382-4968		—		—	
		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	EFT	—	7/31/19	\$ 1.95	
100	EFT	—	8/30/19	\$ 1.94	
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	
First Horizon (cont)		—		—	
		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	EFT	—	9/30/19	\$ 1.88	
100	EFT	—	10/31/19	\$ 1.35	
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	
First Horizon (cont)		—		—	
		c. Outside Source Explanation		e. Election Sum to Date	
		—		\$ 22.94	
f. Account Code	g. Form of Payment	h. In-Kind Description	i. Date (mm/dd/yyyy)	j. Amount	
100	EFT	—	11/29/19	\$ .94	
100	EFT	—	12/31/19	\$ .93	
5. Total only this Page				\$ 8.99	
6. Total of ALL CRO-1250 Pages				\$ 8.99	
<small>(This line goes in line 11a of Detailed Summary Page CRO-1100 if Interest)</small> <small>(This line goes in line 11b of Detailed Summary Page CRO-1100 if Not-for-Profit Contribution)</small> <small>(This line goes in line 11c of Detailed Summary Page CRO-1100 if Outside Sources of Income)</small>					

**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>First Horizon PO Box 84 Memphis, TN 38101 1-888-382-4968</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	Draft	0	7/1/19	\$ 25.00	Service chg	
100	Draft	0	7/31/19	\$ 5.00	✓ ✓	
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip) <b>First Horizon (cont)</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	Draft	0	8/1/19	\$ 25.00	✓ ✓	
100	Draft	0	8/30/19	\$ 5.00	✓ ✓	
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip) <b>First Horizon (cont)</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	Draft	0	9/3/19	\$ 25.00	✓ ✓	
100	Draft	0	9/30/19	\$ 5.00	✓ ✓	
5. Total only this Page						\$ 90.00
6. Total of ALL CRO-1310 Pages						\$ —
(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses) (This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm) (This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)						
7. Purpose Codes (List detailed expenditure code in (h.) above)						
A* - Media	B* - Printing	C* - Fundraising	D - To Another Candidate			
E - Salaries	F* - Equipment	G - Political Party	H* - Holding Public Office Expenses			
I - Postage	J - Penalties	K* - Office Expenses	Q* - Donation to Legal Expense Fund			
O* Other						
* Codes require detailed explanation in required remarks field (k)						

**Disbursements**

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>First Horizon (cont)</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	DRAFT	0	10/1/19	\$ 25.00	Service chg		
100	DRAFT	0	10/31/19	\$ 5.00	✓ ✓		
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip) <b>First Horizon (cont)</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	DRAFT	0	11/1/19	\$ 25.00	✓ ✓		
100	DRAFT	0	11/29/19	\$ 5.00	✓ ✓		
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip) <b>First Horizon (cont)</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	
						\$ 285.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
100	DRAFT	0	12/2/19	\$ 25.00	✓ ✓		
100	DRAFT	0	12/31/19	\$ 5.00	✓ ✓		
5. Total only this Page						\$ 90.00	
6. Total of ALL CRO-1310 Pages						\$ 180.00	
(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)							
(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)							
(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)							
7. Purpose Codes (List detailed expenditure code in (h.) above)							
A* - Media		B* - Printing		C* - Fundraising		D - To Another Candidate	
E - Salaries		F* - Equipment		G - Political Party		H* - Holding Public Office Expenses	
I - Postage		J - Penalties		K* - Office Expenses		Q* - Donation to Legal Expense Fund	
O* Other							
* Codes require detailed explanation in required remarks field (k)							

**Disbursements**

Amendment  
 Yes  No

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

1. Committee Full Name (and Fund if applicable) <b>Schatzman for Sheriff</b>						2. ID Number —	
3. Type of Disbursement (Please use separate CRO-1310 forms for each type of Disbursement.)							
<input type="checkbox"/> Operating Expenses <input checked="" 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>Committee to Elect Dan Forest</b> <b>PO Box 471845</b> <b>Charlotte, NC 28247</b> <b>828-776-2774</b>				—		—	
				c. Level Registered (Specify)		e. Election Sum to Date	
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input checked="" type="checkbox"/> State <input type="checkbox"/> Municipality:		\$ 5,000.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
100	check	D	10/2/19	\$ 5,000.00	—		
				\$			
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>Donald J. Trump for President</b> <b>90 Trump Tower</b> <b>725 5th Avenue</b> <b>New York, NY 10022</b>				—		—	
				c. Level Registered (Specify)		e. Election Sum to Date	
				<input checked="" type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$ 1,000.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
100	check	D	10/2/19	\$ 1,000.00	—		
				\$			
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>Fowler Committee</b> <b>299 S. Westview Dr.</b> <b>Winston-Salem, NC 27104</b> <b>336-748-0046</b>				—		—	
				c. Level Registered (Specify)		e. Election Sum to Date	
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input checked="" type="checkbox"/> State <input type="checkbox"/> Municipality:		\$ 2,500.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
100	check	D	10/2/19	\$ 2,500.00	—		
				\$			
5. Total only this Page						\$ 8,500.00	
6. Total of ALL CRO-1310 Pages						\$ 8,500.00	
(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 Pg 1 of 1 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) William T. Schatzman 3450 Kittles Rd. Winston-Salem, NC 27104 336-917-7127			
b. Job Title/Profession Retired			
c. Employer's Name/Specific Field -			
d. Type of Committee <input checked="" type="checkbox"/> Candidate <input type="checkbox"/> Referendum <input type="checkbox"/> PAC <input type="checkbox"/> Party			
e. Level/Registered <input type="checkbox"/> Federal <input type="checkbox"/> County <input type="checkbox"/> Municipality			
f. Purpose Code P			
g. Election Sum to Date \$ 55.00			
h. Original Receipt Date 9/9/19			
i. Original Receipt Amount \$ 55.00			
j. Form of Payment Check			
k. Account Code 100			
l. Required Remarks STAMP 5			
m. Date (mm/dd/yyyy) n. Amount \$ 100			
3. Payee Information			
<input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip) William T. Schatzman (cont)			
b. Job Title/Profession Retired			
c. Employer's Name/Specific Field -			
d. Type of Committee <input type="checkbox"/> Candidate <input type="checkbox"/> Referendum <input type="checkbox"/> PAC <input type="checkbox"/> Party			
e. Level/Registered <input type="checkbox"/> Federal <input type="checkbox"/> County <input type="checkbox"/> Municipality			
f. Purpose Code P			
g. Election Sum to Date \$ 770.04			
h. Original Receipt Date 9/30/19			
i. Original Receipt Amount \$ 25.00			
j. Form of Payment Check			
k. Account Code 100			
l. Required Remarks Wack mtg			
m. Date (mm/dd/yyyy) n. Amount \$ 100			
4. Total only this Page			
\$ 80.00			
5. Total of ALL CRO-1320 Pages			
\$ 80.00			
(This line must be on line 16 of Detailed Summary Page CRO-1100)			
6. Purpose Codes (List detailed disbursement code in (f) above)			
L - Returned to Contributor M - Overpayment for Service N - Exceeded Contribution Limit P - Reimbursement of In-Kind O - Other			
Codes require detailed explanation in required remarks field (m)			



# In-Kind Contributions

Amendment  
 Yes  No

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

1. Committee Full Name (and Fund if applicable) <b>Schatzman for Sheriff</b>		2. ID Number —
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove		
a. Full Name, Mailing Address & Phone (include city, state, & zip) <b>William T. Schatzman 3450 Kirklees Rd. Winston-Salem, NC 27104 336-917-7127</b>	b. Type of Contributor <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	c. Comments —
		d. Election Sum to Date \$ <b>770.04</b>
e. Description	f. Date (mm/dd/yyyy)	g. Fair Market Amount
stamps	9/9/19	\$ 55.00
lunch mtg	9/30/19	\$ 25.00
		\$
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 <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	c. Comments
		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 <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	c. Comments
		d. Election Sum to Date \$
e. Description	f. Date (mm/dd/yyyy)	g. Fair Market Amount
		\$
		\$
		\$
4. Total only this Page		\$ <b>80.00</b>
5. Total of ALL CRO-1510 Pages (This line must be on line 17 of Detailed Summary Page CRO-1100)		\$ <b>80.00</b>