

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>30 Stephen C. Mathis 2521 Bitting Rd. Winston-Salem, NC 27104</i>	d. Date Filed <i>1/7/2015</i>
	e. Phone Number <i>336-722-1511</i>

2. Report Year <i>2014</i>	3. Period Start Date (mm/dd/yy) <i>10/19/2014</i>	4. Period End Date (mm/dd/yy) <i>12/31/2014</i>	5. Treasurer Full Name <i>Stephen C. Mathis</i>
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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	Municipal	State/County	Referendum
<input type="checkbox"/> PAC	<input type="checkbox"/> Referendum	<input type="checkbox"/> Organizational	<input type="checkbox"/> Organizational	<input type="checkbox"/> Organizational
<input type="checkbox"/> Independent Expenditure	<input type="checkbox"/> Joint Fundraiser	<input type="checkbox"/> Thirty-five day	Quarterly	<input type="checkbox"/> Pre-referendum
<input type="checkbox"/> Legal Expense Fund		<input type="checkbox"/> Pre-primary	<input type="checkbox"/> First	<input type="checkbox"/> Final
		<input type="checkbox"/> Pre-election	<input type="checkbox"/> Second	<input type="checkbox"/> Supplemental Final
		<input type="checkbox"/> Pre-runoff	<input type="checkbox"/> Third	<input type="checkbox"/> Annual
		<input type="checkbox"/> Semi-annual	<input checked="" type="checkbox"/> Fourth	<input type="checkbox"/> Special
		<input type="checkbox"/> Mid Year	Semi-annual	
		<input type="checkbox"/> Year End	<input type="checkbox"/> Mid Year	
		<input type="checkbox"/> Final	<input type="checkbox"/> Year End	
		<input type="checkbox"/> Special	<input type="checkbox"/> Final	
			<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 <i>none</i>				

11. Account Information		11. Account Information	
a. Financial Institution Full Name <i>Capital Bank</i>	a. Financial Institution Full Name —	COPY	
b. Purpose <i>Campaign Activity</i>	b. Purpose —		
c. Account Code <i>100</i>	c. Account Code —		
d. Period Begin Balance <i>\$ 8,039.45</i>	d. Period Begin Balance \$ —		

CERTIFICATION

I certify that the Committee or Fund is in compliance with all applicable provisions of Article 22A, 22B & 22D-22M of Chapter 163 of the NC General Statutes and that no funds are commingled with prohibited or other non-disclosed funds. I further certify that this report is complete, true and correct and that I have been trained by the NC State Board of Elections.

Stephen C. Mathis
Printed Name of Signer

[Signature]
Signature of Appointed Treasurer

1/7/2015
Date

FOR OFFICE USE ONLY

Date Received: *1-7-2015* Employee: *Chris Deffen* Delivery Method

Date Postmarked: _____ Employee: _____ Normal Mail

Date Scanned: _____ Employee: _____ Registered Mail

Date Data Entered: _____ Employee: _____ Hand Delivered

Electronically Filed

Signer has not received mandatory training

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

Detailed Summary

Amendment
 Yes No

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

1. Committee Full Name (and Fund if applicable)	2. Type of Report	3. ID Number	
Schatzman for Sheriff	Quarterly - 4th	---	
Start of Election Cycle: January 1, 2011		Total this Reporting Period	Total this Election Cycle
4) Cash on Hand at Start		\$ 8,039,45	\$ 11,134,11
RECEIPTS			
5) Aggregated Contributions from Individuals (CRO-1205)		\$ 25,00	\$ 2,225,00
6) Contributions from Individuals (CRO-1210)		\$ 1,439,36	\$ 100,618,37
7) Contributions from Political Party Committees (CRO-1220)		\$ -	\$ -
8) Contributions from Other Political Committees (CRO-1230)		\$ -	\$ 500,00
9) Loan Proceeds (CRO-1410)		\$ -	\$ 5,000,00
10) Refunds/Reimbursements to the Committee (CRO-1240)		\$ -	\$ 389,81
11) Other Receipt Sources			
11a) Interest on Bank Accounts (CRO-1250)		\$ 1,03	\$ 35,97
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)		\$ 1,465,39	\$ 108,769,15
EXPENDITURES			
13) Disbursements			
13a) Operating Expenditures (CRO-1310)		\$ -	\$ 87,448,40
13b) Contributions to Candidates/Political Committees (CRO-1310)		\$ -	\$ 750,00
13c) Coordinated Party Expenditures (CRO-1310)		\$ -	\$ -
14) Aggregated Non-Media Expenditures (CRO-1315)		\$ -	\$ -
15) Loan Repayments (CRO-1420)		\$ -	\$ 5,000,00
16) Refunds/Reimbursements from the Committee (CRO-1320)		\$ 914,36	\$ 9,514,37
17) In-Kind Contributions (CRO-1510)		\$ 914,36	\$ 9,514,37
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)		\$ 1,828,72	\$ 112,227,14
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)		\$ 2,676,12	\$ 2,676,12
ADDITIONAL INFORMATION			
20) Non-Monetary Gifts Given to Other Committees (CRO-1330)		\$ -	
21) Outstanding Loans (incl. ones from other campaigns) (CRO-1430)		\$ -	
22) Debts and Obligations owed by the Committee (CRO-1610)		\$ -	
23) Debts and Obligations owed to the Committee (CRO-1620)		\$ -	
24) Account Transfers Within the Committee (CRO-1720)		\$ -	
25) Administrative Support (CRO-1710)		\$ -	\$ -
26) Forgiven Loans (CRO-1440)		\$ -	\$ -
27) 48-Hour Notice Reports Sum (CRO-2220)		\$ -	\$ 1,000,00
28) Contributions to be Refunded (CRO-1215)		\$ -	\$ -

Aggregated Contributions from Individuals

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

1. Committee Full Name (and Fund if applicable) <i>Schatzman for Sheriff</i>					2. ID Number ---	
3. Contributor Information						
a. Amend	b. Account Code	c. Form of Payment	d. In-Kind Description	e. Date (mm/dd/yyyy)	f. Amount	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	<i>100</i>	<i>check</i>	—	<i>10/27/14</i>	\$ <i>25.00</i>	
<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					\$	
<input type="checkbox"/> Add <input type="checkbox"/> Remove					\$	
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<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					\$	
5. Total of ALL CRO-1205 Pages <small>(This line must be on line 5 of Detailed Summary Page CRO-1100)</small>					\$ <i>25.00</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)						2. ID Number
Schutzman 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	
David M. Powers 130 Copperfield Place Ct, Winston-Salem, NC 27106 336-741-2754			Vice President		-	
			c. Employer's Name/Specific Field			
			RAI Services			
					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	-	10/27/14	\$ 250.00	
<input checked="" type="checkbox"/>	100	check	-	3/17/14	\$ 250.00	
<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	
Pamela Corbett 3530 Buena Vista Rd. Winston-Salem, NC 27106 336-761-1121			Psychologist		-	
			c. Employer's Name/Specific Field			
			Self-employed			
					e. Election Sum to Date	
					\$ 200.00	
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	-	10/27/14	\$ 100.00	
<input checked="" type="checkbox"/>	100	check	-	5/5/14	\$ 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	
Stephen Grimaldi 249 Persimmon Grove Ln, Mocksville, NC 27028 336-528-7859			Security		-	
			c. Employer's Name/Specific Field			
			Reynolds American, Inc.			
					e. Election Sum to Date	
					\$ 125.00	
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	-	10/31/14	\$ 75.00	
<input checked="" type="checkbox"/>	100	check	-	3/3/14	\$ 50.00	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 425.00	
5. Total of ALL CRO-1210 Pages					\$	
<i>(This line must be on line 6 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)					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	
John A Fagg 403 Arbor Rd. Winston-Salem, NC 27104 336-768-8483			Physician		-	
			c. Employer's Name/Specific Field			
			Salem Plastic Surgery		e. Election Sum to Date	
					\$ 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	-	11/3/14	\$ 100.00	
<input checked="" type="checkbox"/>	✓	✓	-	4/14/14	\$ 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	
William T Schatzman 3450 Kirkloves Rd. Winston-Salem, NC 27104 336-917-7127			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"/>	-	In-kind	Campaign Workers lunch meeting	10/29/14	\$ 174.12	
<input type="checkbox"/>	-	In-kind	stamps	10/31/14	\$ 98.00	
<input type="checkbox"/>	-	In-kind	lunch meeting	11/4/14	\$ 142.24	
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	
					\$ 8,914.37	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	-	In-kind	GOP meeting	12/13/14	\$ 500.00	
<input checked="" type="checkbox"/>	-	In-kind	prior total	various	\$ 8,000.01	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 1,014.36	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$ 1,439.36	

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 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
Capital Bank PO Box 36134 Winston-Salem, NC 27114 336-765-8500			—		Interest
			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	—	11/2/14	\$.38	
✓	✓ ✓	—	11/30/14	\$.31	
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
Capital Bank (cont)			—		Interest
			c. Outside Source Explanation		
			—		e. Election Sum to Date
					\$ 35.97
f. Account Code	g. Form of Payment	h. In-Kind Description	i. Date (mm/dd/yyyy)	j. Amount	
✓	✓ ✓	—	12/31/14	\$.34	
				\$	
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					\$
6. Total of ALL CRO-1250 Pages <i>(This line goes in line 11a of Detailed Summary Page CRO-1100 if Interest)</i> <i>(This line goes in line 11b of Detailed Summary Page CRO-1100 if Not-for-Profit Contribution)</i> <i>(This line goes in line 11c of Detailed Summary Page CRO-1100 if Outside Sources of Income)</i>					\$ 1.03

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 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 3450 Kirklees Rd. Winston-Salem, NC 27104 336-917-7127		<input checked="" type="checkbox"/> Candidate <input type="checkbox"/> PAC		10/29/14	
		<input type="checkbox"/> Referendum <input type="checkbox"/> Party			
		e. Level Registered		i. Original Receipt Amount	
		<input type="checkbox"/> Federal <input checked="" type="checkbox"/> County:		\$ 174.12	
		<input type="checkbox"/> State <input type="checkbox"/> Municipality:			
b. Job Title/Profession		c. Employer's Name/Specific Field		g. Comments	
Sheriff		Forsyth County		-	
l. Form of Payment		m. Required Remarks		n. Date (mm/dd/yyyy)	
check		campaign workers lunch meeting		11/3/14	
				o. Amount	
				\$ 174.12	
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	
Schatzman (cont)		<input checked="" type="checkbox"/> Candidate <input type="checkbox"/> PAC		10/31/14	
		<input type="checkbox"/> Referendum <input type="checkbox"/> Party			
		e. Level Registered		i. Original Receipt Amount	
		<input type="checkbox"/> Federal <input checked="" type="checkbox"/> County:		\$ 98.00	
		<input type="checkbox"/> State <input type="checkbox"/> Municipality:			
b. Job Title/Profession		c. Employer's Name/Specific Field		g. Comments	
✓		✓		-	
l. Form of Payment		m. Required Remarks		n. Date (mm/dd/yyyy)	
check		stamps		11/3/14	
				o. Amount	
				\$ 98.00	
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		h. Original Receipt Date	
Schatzman (cont)		<input checked="" type="checkbox"/> Candidate <input type="checkbox"/> PAC		11/4/14	
		<input type="checkbox"/> Referendum <input type="checkbox"/> Party			
		e. Level Registered		i. Original Receipt Amount	
		<input type="checkbox"/> Federal <input checked="" type="checkbox"/> County:		\$ 142.24	
		<input type="checkbox"/> State <input type="checkbox"/> Municipality:			
b. Job Title/Profession		c. Employer's Name/Specific Field		g. Comments	
✓		✓		-	
l. Form of Payment		m. Required Remarks		n. Date (mm/dd/yyyy)	
check		lunch meeting		11/11/14	
				o. Amount	
				\$ 142.24	
4. Total only this Page				\$ 414.36	
5. Total of ALL CRO-1320 Pages (This line must be on line 16 of Detailed Summary Page CRO-1100)				\$	
6. Purpose Codes (List detailed disbursement code in (f) above)					
L - Returned to Contributor		M - Overpayment for Service		N - Exceeded Contribution Limit	
P* - Reimbursement of In-Kind		O* Other			
* Codes require detailed explanation in required remarks field (m)					

Refunds/Reimbursements From the Committee

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

1. Committee Full Name (and Fund if applicable) Schatzman for Sheriff	2. ID Number -
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3. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip) Schatzman (cont)	d. Type of Committee <input checked="" type="checkbox"/> Candidate <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Party	h. Original Receipt Date 12/13/14	
	e. Level Registered <input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:	i. Original Receipt Amount \$ 500.00	
	f. Purpose Code P	j. Election Sum to Date \$ 8,914.37	
b. Job Title/Profession ✓	c. Employer's Name/Specific Field ✓	g. Comments -	k. Account Code 100
l. Form of Payment check	m. Required Remarks GOP Meeting	n. Date (mm/dd/yyyy) 12/16/14	o. Amount \$ 500.00

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 <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	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 \$

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 <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	j. Election Sum to Date \$	
b. Job Title/Profession	c. Employer's Name/Specific Field	g. Comments	k. Account Code
l. Form of Payment	m. Required Remarks	n. Date (mm/dd/yyyy)	o. Amount \$

4. Total only this Page	\$ 500.00
5. Total of ALL CRO-1320 Pages (This line must be on line 16 of Detailed Summary Page CRO-1100)	\$ 914.36

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
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
		c. Comments
		—
		d. Election Sum to Date
		\$ ↓
e. Description	f. Date (mm/dd/yyyy)	g. Fair Market Amount
campaign workers lunch meeting	10/29/14	\$ 174.12
stamps	10/31/14	\$ 98.00
lunch meeting	11/4/14	\$ 142.24
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
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
		c. Comments
		d. Election Sum to Date
		\$ 8,914.37
e. Description	f. Date (mm/dd/yyyy)	g. Fair Market Amount
GOP meeting	12/13/14	\$ 500.00
		\$
		\$
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
		\$
		\$
		\$
4. Total only this Page		\$
5. Total of ALL CRO-1510 Pages (This line must be on line 17 of Detailed Summary Page CRO-1100)		\$ 914.36