

COPY

Disclosure Report Cover Sheet

FORSYTH COUNTY
BOARD OF ELECTIONS

Please note that this cover sheet cannot be used to amend committee information such as the committee address; treasurer, assistant treasurer, or custodian of books information; or depository information. You must amend the Statement of Organization (CRO-2100) to make those kinds of committee changes.

1. Name of Committee or Fund			6. Date	
Schatzman for Sheriff			12-8-03	
2. Address				
3880 Vest Mill Road Suite 9				
3. City		4. State	5. Zip	8. Phone
Winston-Salem		NC	27103	336-794-0988
9. Type of Report			10. Period Covered	
4TH QUARTER			Start	10-2-02
			End	12-31-02
			11. Amendment	
			<input type="checkbox"/> Yes	
			<input checked="" type="checkbox"/> No	
12. Type of Committee or Fund (Check one)				
<input checked="" type="checkbox"/> Candidate Campaign		<input type="checkbox"/> Party		<input type="checkbox"/> Joint Fundraiser
<input type="checkbox"/> PAC		<input type="checkbox"/> Referendum		<input type="checkbox"/> Soft Money Account
<input type="checkbox"/> Other Fund:				<input type="checkbox"/> "Booster Fund"
				<input type="checkbox"/> Building Fund
13. Treasurer Name				
Wes Brooks 760-1120				
14. Assistant Treasurer Name(s)				
15. Custodian of Books Name				
Wes Brooks 760-1120				
16. Bank/Depository/Credit Account Information				
a. Name	b. Purpose	c. Code	d. Period Begin Balance	
Southern Community Bank	Campaign receipts & disbursements	SCB	\$ 36,247.61	
			\$	
			\$	
			\$	
			\$	
			\$	

CERTIFICATION

I certify that the Committee is in compliance with all provisions of Article 22A, including that no funds are commingled with funds for a federal or out-of-state PAC. I further say that this report is complete, true and correct.


Signature of Appointed Treasurer or Candidate

12/8/03
Date

Detailed Summary

1. Name of Committee or Fund	2. Type of Report		3. ID Number
Schatzman for Sheriff	4TH QUARTER		
Start of Election Cycle: January 1, 20 <u>02</u>	Total this Period	Total this Election Cycle	For Office Use Only
4) Cash on Hand at Start of Election Cycle	15	\$ 4,301.72	
5) Cash on Hand at Start of Present Reporting Period	\$ 36,247.61		
RECEIPTS			
6) Contributions from Individuals (CRO-1210)	\$ 18,166.16	\$ 95,657.41	
7) Contributions from Political Party Committees (CRO-1220)	\$	\$	
8) Contributions from Other Political Committees (CRO-1230)	\$	\$ 100.00	
9) Loan Proceeds (CRO-1410)	\$	\$ 5,000.00	
10) Refunds & Reimbursements to Committee (CRO-1240)	\$	\$	
11) Other Receipt Sources (CRO-1250)			
11a) Interest on Bank Accounts (CRO-1250)	\$ 4.95	\$ 34.77	
11b) Contributions from Not-for-Profit Organizations (CRO-1250)	\$	\$	
11c) Outside Sources of Income (CRO-1250)	\$	\$	
12) TOTAL RECEIPTS (Add lines 6, 7, 8, 9, 10, 11a, 11b, and 11c)	\$ 18,171.11	\$ 100,792.18	
EXPENDITURES			
13) Disbursements (CRO-1310)			
13a) Operating Expenditures (CRO-1310)	\$ 43,542.70	\$ 86,021.63	
13b) Contributions to Candidates/Political Committees (CRO-1310)	\$	\$	
13c) Coordinated Party Expenditures (CRO-1310)	\$	\$	
14) Loan Repayments (CRO-1420)	\$	\$ 7500.00	
15) Refunds from Committee (CRO-1320)	\$	\$	
16) In-Kind Contributions (CRO-1510)	\$ 1,069.16	\$ 1,765.41	
17) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, and 16)	\$ 44,611.86	\$ 95,287.04	
18) Cash on Hand at End of Reporting Period (For this Period, add lines 5 and 12 together, then subtract line 17) (For this Election Cycle, add lines 4 and 12 together, then subtract line 17)	\$ 9,806.86	\$ 9,806.86	
Additional Information			
19) Non-Monetary Gifts Given to Committees (CRO-1330)	\$ 0		
20) Outstanding Loans (including ones from other campaigns) (CRO-1430)	\$ 0		
21) Debts and Obligations owed BY the Committee (CRO-1610)	\$ 0		
22) Debts and Obligations owed TO the Committee (CRO-1620)	\$ 0		
23) Parent Entity's Administrative Support (CRO-1710)	\$ 0		

Contributions from INDIVIDUALS

1. Name of Committee or Fund							2. ID Number		
Schatzman for Sheriff									
3. Contributor	a. Full Name, Mailing Address & Phone (include city, state, & zip)	d. Account Number/Code	e. Form of Payment	f. Date (mm/dd/yyyy)	g. In-Kind	h. Prior Report	i. Amount		
	Aggregated Individual Contribution	XXXXXXXXXX SCB	CK	10/21/02	<input type="checkbox"/>	<input type="checkbox"/>	\$ 20.00		
	b. Job Title/Profession				<input type="checkbox"/>	<input type="checkbox"/>	\$		
	c. Employer's Name/Specific Field				<input type="checkbox"/>	<input type="checkbox"/>	\$		
j. If Amendment, choose change type:							k. Election Cycle Sum to Date		
Add Delete							\$		
3. Contributor	a. Full Name, Mailing Address & Phone (include city, state, & zip)	d. Account Number/Code	e. Form of Payment	f. Date (mm/dd/yyyy)	g. In-Kind	h. Prior Report	i. Amount		
	Aggregated Individual Contribution	XXXXXXXXXX SCB	CK	10/21/02	<input type="checkbox"/>	<input type="checkbox"/>	\$ 50.00		
	b. Job Title/Profession				<input type="checkbox"/>	<input type="checkbox"/>	\$		
	c. Employer's Name/Specific Field				<input type="checkbox"/>	<input type="checkbox"/>	\$		
j. If Amendment, choose change type:							k. Election Cycle Sum to Date		
Add Delete							\$		
3. Contributor	a. Full Name, Mailing Address & Phone (include city, state, & zip)	d. Account Number/Code	e. Form of Payment	f. Date (mm/dd/yyyy)	g. In-Kind	h. Prior Report	i. Amount		
	Richard Budd P.O. Box 25124 W.S. NC 27114	XXXXXXXXXX SCB	CK	10/21/02	<input type="checkbox"/>	<input type="checkbox"/>	\$ 500.00		
	b. Job Title/Profession				<input type="checkbox"/>	<input type="checkbox"/>	\$		
	c. Employer's Name/Specific Field				<input type="checkbox"/>	<input type="checkbox"/>	\$		
j. If Amendment, choose change type:							k. Election Cycle Sum to Date		
Add Delete							\$ 500.00		
3. Contributor	a. Full Name, Mailing Address & Phone (include city, state, & zip)	d. Account Number/Code	e. Form of Payment	f. Date (mm/dd/yyyy)	g. In-Kind	h. Prior Report	i. Amount		
	John Ferguson 915 Riverbank Dr Advance, NC 27006	XXXXXXXXXX SCB	CK	10/21/02	<input type="checkbox"/>	<input type="checkbox"/>	\$ 200.00		
	b. Job Title/Profession				<input type="checkbox"/>	<input type="checkbox"/>	\$		
	c. Employer's Name/Specific Field				<input type="checkbox"/>	<input type="checkbox"/>	\$		
j. If Amendment, choose change type:							k. Election Cycle Sum to Date		
Add Delete							\$ 200.00		
3. Contributor	a. Full Name, Mailing Address & Phone (include city, state, & zip)	d. Account Number/Code	e. Form of Payment	f. Date (mm/dd/yyyy)	g. In-Kind	h. Prior Report	i. Amount		
	Aggregated Individual Contribution	XXXXXXXXXX SCB	CK	10/21/02	<input type="checkbox"/>	<input type="checkbox"/>	\$ 100.00		
	b. Job Title/Profession				<input type="checkbox"/>	<input type="checkbox"/>	\$		
	c. Employer's Name/Specific Field				<input type="checkbox"/>	<input type="checkbox"/>	\$		
j. If Amendment, choose change type:							k. Election Cycle Sum to Date		
Add Delete							\$		
4. Total only this Page								\$ 870.00	
5. Total of ALL CRO-1210 Pages (only show on last page)								\$	
(This line must be on line 6 of Detailed Summary Page CRO-1100)									

Contributions from INDIVIDUALS

1. Name of Committee or Fund							2. ID Number		
Schatzman for Sheriff									
3. Contributor	a. Full Name, Mailing Address & Phone (include city, state, & zip)	d. Account Number/Code	e. Form of Payment	f. Date (mm/dd/yyyy)	g. In-Kind	h. Prior Report	i. Amount		
	Aggregated Individual Contribution	10000000 SCB	CK	10/21/02	<input type="checkbox"/>	<input type="checkbox"/>	\$ 100.00		
					<input type="checkbox"/>	<input type="checkbox"/>	\$		
					<input type="checkbox"/>	<input type="checkbox"/>	\$		
b. Job Title/Profession									
c. Employer's Name/Specific Field							j. If Amendment, choose change type:		
							Add		Delete
									k. Election Cycle Sum to Date
									\$
3. Contributor	a. Full Name, Mailing Address & Phone (include city, state, & zip)	d. Account Number/Code	e. Form of Payment	f. Date (mm/dd/yyyy)	g. In-Kind	h. Prior Report	i. Amount		
	Aggregated Individual Contribution	10000000 SCB	CK	10/21/02	<input type="checkbox"/>	<input type="checkbox"/>	\$ 100.00		
					<input type="checkbox"/>	<input type="checkbox"/>	\$		
					<input type="checkbox"/>	<input type="checkbox"/>	\$		
b. Job Title/Profession									
c. Employer's Name/Specific Field							j. If Amendment, choose change type:		
							Add		Delete
									k. Election Cycle Sum to Date
									\$
3. Contributor	a. Full Name, Mailing Address & Phone (include city, state, & zip)	d. Account Number/Code	e. Form of Payment	f. Date (mm/dd/yyyy)	g. In-Kind	h. Prior Report	i. Amount		
	Aggregated Individual Contribution	10000000 SCB	CK	10/21/02	<input type="checkbox"/>	<input type="checkbox"/>	\$ 100.00		
					<input type="checkbox"/>	<input type="checkbox"/>	\$		
					<input type="checkbox"/>	<input type="checkbox"/>	\$		
b. Job Title/Profession									
c. Employer's Name/Specific Field							j. If Amendment, choose change type:		
							Add		Delete
									k. Election Cycle Sum to Date
									\$
3. Contributor	a. Full Name, Mailing Address & Phone (include city, state, & zip)	d. Account Number/Code	e. Form of Payment	f. Date (mm/dd/yyyy)	g. In-Kind	h. Prior Report	i. Amount		
	Scott Yates (Andy) P.O. Box 592 Harrisburg, NC 28075 (704) 467-0795	10000000 SCB	CK	10/21/02	<input type="checkbox"/>	<input type="checkbox"/>	\$ 125.00		
					<input type="checkbox"/>	<input type="checkbox"/>	\$		
					<input type="checkbox"/>	<input type="checkbox"/>	\$		
b. Job Title/Profession									
c. Employer's Name/Specific Field							j. If Amendment, choose change type:		
Asst. Protocol Officer							Add		Delete
Hayes for Congress									k. Election Cycle Sum to Date
									\$
3. Contributor	a. Full Name, Mailing Address & Phone (include city, state, & zip)	d. Account Number/Code	e. Form of Payment	f. Date (mm/dd/yyyy)	g. In-Kind	h. Prior Report	i. Amount		
	Aggregated Individual Contribution	10000000 SCB	CK	10/24/02	<input type="checkbox"/>	<input checked="" type="checkbox"/>	\$ 50.00		
					<input type="checkbox"/>	<input type="checkbox"/>	\$		
					<input type="checkbox"/>	<input type="checkbox"/>	\$		
b. Job Title/Profession									
c. Employer's Name/Specific Field							j. If Amendment, choose change type:		
							Add		Delete
									k. Election Cycle Sum to Date
									\$
4. Total only this Page									\$ 475.00
5. Total of ALL CRO-1210 Pages (only show on last page)									\$
(This line must be on line 6 of Detailed Summary Page CRO-1100)									

Contributions from INDIVIDUALS

1. Name of Committee or Fund							2. ID Number		
Schatzman for Sheriff									
3. Contributor	a. Full Name, Mailing Address & Phone (include city, state, & zip)	d. Account Number/Code	e. Form of Payment	f. Date (mm/dd/yyyy)	g. In-Kind	h. Prior Report	i. Amount		
	Aggregated Individual Contribution	XXXXXXXXXX SCB	CK	10/24	<input type="checkbox"/>	<input checked="" type="checkbox"/>	\$ 100.00		
	b. Job Title/Profession				<input type="checkbox"/>	<input type="checkbox"/>	\$		
c. Employer's Name/Specific Field							j. If Amendment, choose change type:		k. Election Cycle Sum to Date
							Add Delete		\$
3. Contributor	a. Full Name, Mailing Address & Phone (include city, state, & zip)	d. Account Number/Code	e. Form of Payment	f. Date (mm/dd/yyyy)	g. In-Kind	h. Prior Report	i. Amount		
	Joseph H. II 6287 Baux Mtn. Rd WS NC 27105 336.767.0978	XXXXXXXXXX SCB	CK	1-24	<input type="checkbox"/>	<input type="checkbox"/>	\$ 500.00		
	b. Job Title/Profession				<input type="checkbox"/>	<input type="checkbox"/>	\$		
c. Employer's Name/Specific Field							j. If Amendment, choose change type:		k. Election Cycle Sum to Date
							Add Delete		\$
3. Contributor	a. Full Name, Mailing Address & Phone (include city, state, & zip)	d. Account Number/Code	e. Form of Payment	f. Date (mm/dd/yyyy)	g. In-Kind	h. Prior Report	i. Amount		
	Mickey Boles 2930 Reynolds Sq WS NC 27106 336.723.6388			10/28/02	<input checked="" type="checkbox"/>	<input type="checkbox"/>	\$ 109.16		
	b. Job Title/Profession				<input type="checkbox"/>	<input type="checkbox"/>	\$		
c. Employer's Name/Specific Field							j. If Amendment, choose change type:		k. Election Cycle Sum to Date
Bus. Developer Smith Phillips Lumber							Add Delete		\$ 109.16
3. Contributor	a. Full Name, Mailing Address & Phone (include city, state, & zip)	d. Account Number/Code	e. Form of Payment	f. Date (mm/dd/yyyy)	g. In-Kind	h. Prior Report	i. Amount		
	Aggregated Individual Contribution	XXXXXXXXXX SCB	CASH	10/28/02	<input type="checkbox"/>	<input type="checkbox"/>	\$ 100.00		
	b. Job Title/Profession				<input type="checkbox"/>	<input type="checkbox"/>	\$		
c. Employer's Name/Specific Field							j. If Amendment, choose change type:		k. Election Cycle Sum to Date
							Add Delete		\$
3. Contributor	a. Full Name, Mailing Address & Phone (include city, state, & zip)	d. Account Number/Code	e. Form of Payment	f. Date (mm/dd/yyyy)	g. In-Kind	h. Prior Report	i. Amount		
	Aggregated Individual Contribution	XXXXXXXXXX SCB	CK	10/28/02	<input type="checkbox"/>	<input type="checkbox"/>	\$ 100.00		
	b. Job Title/Profession				<input type="checkbox"/>	<input type="checkbox"/>	\$		
c. Employer's Name/Specific Field							j. If Amendment, choose change type:		k. Election Cycle Sum to Date
							Add Delete		\$
4. Total only this Page								\$ 909.16	
5. Total of ALL CRO-1210 Pages (only show on last page)								\$	
(This line must be on line 6 of Detailed Summary Page CRO-1100)									

Contributions from INDIVIDUALS

1. Name of Committee or Fund							2. ID Number		
Schatzman for Sheriff									
3. Contributor	a. Full Name, Mailing Address & Phone (include city, state, & zip)	d. Account Number/Code	e. Form of Payment	f. Date (mm/dd/yyyy)	g. In-Kind	h. Prior Report	i. Amount		
	Vernice Beroth, Jr 2447 Olivet Ch Rd WIS NC 27106 336.924.2302	XXXXXXXXXX SCB	CK	10/28/02	<input type="checkbox"/>	<input type="checkbox"/>	\$ 200.00		
	b. Job Title/Profession				<input type="checkbox"/>	<input type="checkbox"/>	\$		
	c. Employer's Name/Specific Field				<input type="checkbox"/>	<input type="checkbox"/>	\$		
j. If Amendment, choose change type:							k. Election Cycle Sum to Date		
Add Delete							\$		
3. Contributor	a. Full Name, Mailing Address & Phone (include city, state, & zip)	d. Account Number/Code	e. Form of Payment	f. Date (mm/dd/yyyy)	g. In-Kind	h. Prior Report	i. Amount		
	Aggregated Individual Contribution	XXXXXXXXXX SCB	CK	10/28/02	<input type="checkbox"/>	<input type="checkbox"/>	\$ 25.00		
	b. Job Title/Profession				<input type="checkbox"/>	<input type="checkbox"/>	\$		
	c. Employer's Name/Specific Field				<input type="checkbox"/>	<input type="checkbox"/>	\$		
j. If Amendment, choose change type:							k. Election Cycle Sum to Date		
Add Delete							\$		
3. Contributor	a. Full Name, Mailing Address & Phone (include city, state, & zip)	d. Account Number/Code	e. Form of Payment	f. Date (mm/dd/yyyy)	g. In-Kind	h. Prior Report	i. Amount		
	Joseph Gavalis 562 Pine Valley Rd Marietta, Ga 30067 770.952.1035	XXXXXXXXXX SCB	CK	10/28/02	<input type="checkbox"/>	<input type="checkbox"/>	\$ 300.00		
	b. Job Title/Profession				<input type="checkbox"/>	<input type="checkbox"/>	\$		
	c. Employer's Name/Specific Field				<input type="checkbox"/>	<input type="checkbox"/>	\$		
j. If Amendment, choose change type:							k. Election Cycle Sum to Date		
Add Delete							\$		
3. Contributor	a. Full Name, Mailing Address & Phone (include city, state, & zip)	d. Account Number/Code	e. Form of Payment	f. Date (mm/dd/yyyy)	g. In-Kind	h. Prior Report	i. Amount		
	Aggregated Individual Contribution	XXXXXXXXXX SCB	CK	10/22/02	<input type="checkbox"/>	<input type="checkbox"/>	\$ 50.00		
	b. Job Title/Profession				<input type="checkbox"/>	<input type="checkbox"/>	\$		
	c. Employer's Name/Specific Field				<input type="checkbox"/>	<input type="checkbox"/>	\$		
j. If Amendment, choose change type:							k. Election Cycle Sum to Date		
Add Delete							\$		
3. Contributor	a. Full Name, Mailing Address & Phone (include city, state, & zip)	d. Account Number/Code	e. Form of Payment	f. Date (mm/dd/yyyy)	g. In-Kind	h. Prior Report	i. Amount		
	Aggregated Individual Contribution	XXXXXXXXXX SCB	CK	10/28/02	<input type="checkbox"/>	<input type="checkbox"/>	\$ 100.00		
	b. Job Title/Profession				<input type="checkbox"/>	<input type="checkbox"/>	\$		
	c. Employer's Name/Specific Field				<input type="checkbox"/>	<input type="checkbox"/>	\$		
j. If Amendment, choose change type:							k. Election Cycle Sum to Date		
Add Delete							\$		
4. Total only this Page							\$ 675.00		
5. Total of ALL CRO-1210 Pages (only show on last page)							\$		
(This line must be on line 6 of Detailed Summary Page CRO-1100)									

Contributions from INDIVIDUALS

1. Name of Committee or Fund							2. ID Number		
Schatzman for Sheriff									
3. Contributor	a. Full Name, Mailing Address & Phone (include city, state, & zip)	d. Account Number/Code	e. Form of Payment	f. Date (mm/dd/yyyy)	g. In-Kind	h. Prior Report	i. Amount		
	Kenneth Long 1575 Double Creek Dr Lewisville, NC 27023 336.945.3777	XXXXXXXX SCB	CK	10/28/02	<input type="checkbox"/>	<input type="checkbox"/>	\$ 250.00		
	b. Job Title/Profession				<input type="checkbox"/>	<input type="checkbox"/>	\$		
	c. Employer's Name/Specific Field				<input type="checkbox"/>	<input type="checkbox"/>	\$		
				j. If Amendment, choose change type:		k. Election Cycle Sum to Date			
				Add Delete		\$			
3. Contributor	a. Full Name, Mailing Address & Phone (include city, state, & zip)	d. Account Number/Code	e. Form of Payment	f. Date (mm/dd/yyyy)	g. In-Kind	h. Prior Report	i. Amount		
	Aggregated Individual Contribution	XXXXXXXX SCB	CK	10/28/02	<input type="checkbox"/>	<input type="checkbox"/>	\$ 10.00		
	b. Job Title/Profession				<input type="checkbox"/>	<input type="checkbox"/>	\$		
	c. Employer's Name/Specific Field				<input type="checkbox"/>	<input type="checkbox"/>	\$		
				j. If Amendment, choose change type:		k. Election Cycle Sum to Date			
				Add Delete		\$			
3. Contributor	a. Full Name, Mailing Address & Phone (include city, state, & zip)	d. Account Number/Code	e. Form of Payment	f. Date (mm/dd/yyyy)	g. In-Kind	h. Prior Report	i. Amount		
	Aggregated Individual Contribution	XXXXXXXX SCB	CK	10/28/02	<input type="checkbox"/>	<input type="checkbox"/>	\$ 25.00		
	b. Job Title/Profession				<input type="checkbox"/>	<input type="checkbox"/>	\$		
	c. Employer's Name/Specific Field				<input type="checkbox"/>	<input type="checkbox"/>	\$		
				j. If Amendment, choose change type:		k. Election Cycle Sum to Date			
				Add Delete		\$			
3. Contributor	a. Full Name, Mailing Address & Phone (include city, state, & zip)	d. Account Number/Code	e. Form of Payment	f. Date (mm/dd/yyyy)	g. In-Kind	h. Prior Report	i. Amount		
	Eugene Rossitch 4000 Huntscroft Ln WS NC 27150 336.765.5877	XXXXXXXX SCB	CK	10/28/02	<input type="checkbox"/>	<input type="checkbox"/>	\$ 250.00		
	b. Job Title/Profession				<input type="checkbox"/>	<input type="checkbox"/>	\$		
	c. Employer's Name/Specific Field				<input type="checkbox"/>	<input type="checkbox"/>	\$		
				j. If Amendment, choose change type:		k. Election Cycle Sum to Date			
				Add Delete		\$			
3. Contributor	a. Full Name, Mailing Address & Phone (include city, state, & zip)	d. Account Number/Code	e. Form of Payment	f. Date (mm/dd/yyyy)	g. In-Kind	h. Prior Report	i. Amount		
	Aggregated Individual Contribution	XXXXXXXX SCB	CK	10/28/02	<input type="checkbox"/>	<input type="checkbox"/>	\$ 50.00		
	b. Job Title/Profession				<input type="checkbox"/>	<input type="checkbox"/>	\$		
	c. Employer's Name/Specific Field				<input type="checkbox"/>	<input type="checkbox"/>	\$		
				j. If Amendment, choose change type:		k. Election Cycle Sum to Date			
				Add Delete		\$			
4. Total only this Page							\$ 585.00		
5. Total of ALL CRO-1210 Pages (only show on last page)							\$		
(This line must be on line 6 of Detailed Summary Page CRO-1100)									

Contributions from INDIVIDUALS

1. Name of Committee or Fund							2. ID Number		
Schatzman for Sheriff									
3. Contributor	a. Full Name, Mailing Address & Phone (include city, state, & zip)	d. Account Number/Code	e. Form of Payment	f. Date (mm/dd/yyyy)	g. In-Kind	h. Prior Report	i. Amount		
	Aggregated Individual Contribution	XXXXXXXXXX SCB	CK	10/28/02	<input type="checkbox"/>	<input type="checkbox"/>	\$ 100.00		
	b. Job Title/Profession				<input type="checkbox"/>	<input type="checkbox"/>	\$		
c. Employer's Name/Specific Field		j. If Amendment, choose change type:			k. Election Cycle Sum to Date				
		Add Delete			\$				
3. Contributor	a. Full Name, Mailing Address & Phone (include city, state, & zip)	d. Account Number/Code	e. Form of Payment	f. Date (mm/dd/yyyy)	g. In-Kind	h. Prior Report	i. Amount		
	Grandview / Fundraiser GOLF TOURNAMENT	XXXXXXXXXX SCB-	CASH	10/28/02	<input type="checkbox"/>	<input type="checkbox"/>	\$ 1865.00		
	b. Job Title/Profession				<input type="checkbox"/>	<input type="checkbox"/>	\$		
c. Employer's Name/Specific Field		j. If Amendment, choose change type:			k. Election Cycle Sum to Date				
		Add Delete			\$				
3. Contributor	a. Full Name, Mailing Address & Phone (include city, state, & zip)	d. Account Number/Code	e. Form of Payment	f. Date (mm/dd/yyyy)	g. In-Kind	h. Prior Report	i. Amount		
	Aggregated Individual Contribution	XXXXXXXXXX SCB	CK	10/28/02	<input type="checkbox"/>	<input type="checkbox"/>	\$ 100.00		
	b. Job Title/Profession				<input type="checkbox"/>	<input type="checkbox"/>	\$		
c. Employer's Name/Specific Field		j. If Amendment, choose change type:			k. Election Cycle Sum to Date				
		Add Delete			\$				
3. Contributor	a. Full Name, Mailing Address & Phone (include city, state, & zip)	d. Account Number/Code	e. Form of Payment	f. Date (mm/dd/yyyy)	g. In-Kind	h. Prior Report	i. Amount		
	Aggregated Individual Contribution	XXXXXXXXXX SCB	CK	10/22/02	<input type="checkbox"/>	<input type="checkbox"/>	\$ 65.00		
	b. Job Title/Profession				<input type="checkbox"/>	<input type="checkbox"/>	\$		
c. Employer's Name/Specific Field		j. If Amendment, choose change type:			k. Election Cycle Sum to Date				
		Add Delete			\$				
3. Contributor	a. Full Name, Mailing Address & Phone (include city, state, & zip)	d. Account Number/Code	e. Form of Payment	f. Date (mm/dd/yyyy)	g. In-Kind	h. Prior Report	i. Amount		
	Aggregated Individual Contribution	XXXXXXXXXX SCB	CK	10/28/02	<input type="checkbox"/>	<input type="checkbox"/>	\$ 100.00		
	b. Job Title/Profession				<input type="checkbox"/>	<input type="checkbox"/>	\$		
c. Employer's Name/Specific Field		j. If Amendment, choose change type:			k. Election Cycle Sum to Date				
		Add Delete			\$				
4. Total only this Page							\$ 220.00		
5. Total of ALL CRO-1210 Pages (only show on last page)							\$		
(This line must be on line 6 of Detailed Summary Page CRO-1100)									

Contributions from INDIVIDUALS

1. Name of Committee or Fund							2. ID Number		
Schatzman for Sheriff									
3. Contributor	a. Full Name, Mailing Address & Phone (include city, state, & zip)	d. Account Number/Code	e. Form of Payment	f. Date (mm/dd/yyyy)	g. In-Kind	h. Prior Report	i. Amount		
	Aggregated Individual Contribution	XXXXXXXXXX SCB	CK	10/28/02	<input type="checkbox"/>	<input type="checkbox"/>	\$ 70.00		
					<input type="checkbox"/>	<input type="checkbox"/>	\$		
					<input type="checkbox"/>	<input type="checkbox"/>	\$		
b. Job Title/Profession							k. Election Cycle Sum to Date		
c. Employer's Name/Specific Field							S		
j. If Amendment, choose change type:							S		
Add Delete									
3. Contributor	a. Full Name, Mailing Address & Phone (include city, state, & zip)	d. Account Number/Code	e. Form of Payment	f. Date (mm/dd/yyyy)	g. In-Kind	h. Prior Report	i. Amount		
	Aggregated Individual Contribution	XXXXXXXXXX SCB	CK	10/28/02	<input type="checkbox"/>	<input type="checkbox"/>	\$ 100.00		
					<input type="checkbox"/>	<input type="checkbox"/>	\$		
					<input type="checkbox"/>	<input type="checkbox"/>	\$		
b. Job Title/Profession							k. Election Cycle Sum to Date		
c. Employer's Name/Specific Field							S		
j. If Amendment, choose change type:							S		
Add Delete									
3. Contributor	a. Full Name, Mailing Address & Phone (include city, state, & zip)	d. Account Number/Code	e. Form of Payment	f. Date (mm/dd/yyyy)	g. In-Kind	h. Prior Report	i. Amount		
	Steve Forrest P.O. Box 342 Clayton, N.C. 27012	XXXXXXXXXX SCB	CK	10/28/02	<input type="checkbox"/>	<input type="checkbox"/>	\$ 140.00		
					<input type="checkbox"/>	<input type="checkbox"/>	\$		
					<input type="checkbox"/>	<input type="checkbox"/>	\$		
b. Job Title/Profession							k. Election Cycle Sum to Date		
c. Employer's Name/Specific Field							S		
j. If Amendment, choose change type:							S		
Add Delete									
3. Contributor	a. Full Name, Mailing Address & Phone (include city, state, & zip)	d. Account Number/Code	e. Form of Payment	f. Date (mm/dd/yyyy)	g. In-Kind	h. Prior Report	i. Amount		
	Aggregated Individual Contribution	XXXXXXXXXX SCB	CK	10/28/02	<input type="checkbox"/>	<input type="checkbox"/>	\$ 60.00		
					<input type="checkbox"/>	<input type="checkbox"/>	\$		
					<input type="checkbox"/>	<input type="checkbox"/>	\$		
b. Job Title/Profession							k. Election Cycle Sum to Date		
c. Employer's Name/Specific Field							S		
j. If Amendment, choose change type:							S		
Add Delete									
3. Contributor	a. Full Name, Mailing Address & Phone (include city, state, & zip)	d. Account Number/Code	e. Form of Payment	f. Date (mm/dd/yyyy)	g. In-Kind	h. Prior Report	i. Amount		
	E. B. Hatt Jr 5785 G. Manton Rd W.S. NC 27105 336.744.1234	XXXXXXXXXX SCB	CK	10/28/02	<input type="checkbox"/>	<input type="checkbox"/>	\$ 160.00		
					<input type="checkbox"/>	<input type="checkbox"/>	\$		
					<input type="checkbox"/>	<input type="checkbox"/>	\$		
b. Job Title/Profession							k. Election Cycle Sum to Date		
c. Employer's Name/Specific Field							S		
j. If Amendment, choose change type:							S		
Add Delete									
4. Total only this Page							\$ 530.00		
5. Total of ALL CRO-1210 Pages (only show on last page)							\$		
(This line must be on line 6 of Detailed Summary Page CRO-1100)									

Contributions from INDIVIDUALS

1. Name of Committee or Fund							2. ID Number		
Schatzman for Sheriff									
3. Contributor				d. Account Number/Code	e. Form of Payment	f. Date (mm/dd/yyyy)	g. In-Kind	h. Prior Report	i. Amount
a. Full Name, Mailing Address & Phone (include city, state, & zip)				SCB	CK	10/23/02	<input type="checkbox"/>	<input type="checkbox"/>	\$ 240.00
b. Job Title/Profession									
c. Employer's Name/Specific Field									
j. If Amendment, choose change type:									
k. Election Cycle Sum to Date				Add Delete		S			
a. Full Name, Mailing Address & Phone (include city, state, & zip)				SCB	CK	10/28/02	<input type="checkbox"/>	<input type="checkbox"/>	\$ 15.00
b. Job Title/Profession									
c. Employer's Name/Specific Field									
j. If Amendment, choose change type:									
k. Election Cycle Sum to Date				Add Delete		S			
a. Full Name, Mailing Address & Phone (include city, state, & zip)				SCB	CK	10/28/02	<input type="checkbox"/>	<input type="checkbox"/>	\$ 70.00
b. Job Title/Profession									
c. Employer's Name/Specific Field									
j. If Amendment, choose change type:									
k. Election Cycle Sum to Date				Add Delete		S			
a. Full Name, Mailing Address & Phone (include city, state, & zip)				SCB	CK	10/28/02	<input type="checkbox"/>	<input type="checkbox"/>	\$ 70.00
b. Job Title/Profession									
c. Employer's Name/Specific Field									
j. If Amendment, choose change type:									
k. Election Cycle Sum to Date				Add Delete		S			
a. Full Name, Mailing Address & Phone (include city, state, & zip)				SCB	CK	10/28/02	<input type="checkbox"/>	<input type="checkbox"/>	\$ 240.00
b. Job Title/Profession									
c. Employer's Name/Specific Field									
j. If Amendment, choose change type:									
k. Election Cycle Sum to Date				Add Delete		S			

4. Total only this Page \$ 635.00

5. Total of ALL CRO-1210 Pages \$ (only show on last page)

(This line must be on line 6 of Detailed Summary Page CRO-1100)

Contributions from INDIVIDUALS

1. Name of Committee or Fund							2. ID Number		
Schatzman for Sheriff									
3. Contributor	a. Full Name, Mailing Address & Phone (include city, state, & zip)			d. Account Number/Code	e. Form of Payment	f. Date (mm/dd/yyyy)	g. In-Kind	h. Prior Report	i. Amount
	Aggregated Individual Contribution			XXXXXXXXXX SCB	CK	10/28/02	<input type="checkbox"/>	<input type="checkbox"/>	\$ 100.00
	b. Job Title/Profession						<input type="checkbox"/>	<input type="checkbox"/>	\$
	c. Employer's Name/Specific Field						<input type="checkbox"/>	<input type="checkbox"/>	\$
j. If Amendment, choose change type:							k. Election Cycle Sum to Date		
Add Delete							\$		
3. Contributor	a. Full Name, Mailing Address & Phone (include city, state, & zip)			d. Account Number/Code	e. Form of Payment	f. Date (mm/dd/yyyy)	g. In-Kind	h. Prior Report	i. Amount
	Gary Joe Walker 2338 N. Liberty WSNC 27105			XXXXXXXXXX SCB	CK	10/28/02	<input type="checkbox"/>	<input type="checkbox"/>	\$ 120.00
	b. Job Title/Profession						<input type="checkbox"/>	<input type="checkbox"/>	\$
	c. Employer's Name/Specific Field						<input type="checkbox"/>	<input type="checkbox"/>	\$
j. If Amendment, choose change type:							k. Election Cycle Sum to Date		
Add Delete							\$		
3. Contributor	a. Full Name, Mailing Address & Phone (include city, state, & zip)			d. Account Number/Code	e. Form of Payment	f. Date (mm/dd/yyyy)	g. In-Kind	h. Prior Report	i. Amount
	Aggregated Individual Contribution			XXXXXXXXXX SCB	CK	10/28/02	<input type="checkbox"/>	<input type="checkbox"/>	\$ 100.00
	b. Job Title/Profession						<input type="checkbox"/>	<input type="checkbox"/>	\$
	c. Employer's Name/Specific Field						<input type="checkbox"/>	<input type="checkbox"/>	\$
j. If Amendment, choose change type:							k. Election Cycle Sum to Date		
Add Delete							\$		
3. Contributor	a. Full Name, Mailing Address & Phone (include city, state, & zip)			d. Account Number/Code	e. Form of Payment	f. Date (mm/dd/yyyy)	g. In-Kind	h. Prior Report	i. Amount
	Aggregated Individual Contribution			XXXXXXXXXX SCB	CK	10/22/02	<input type="checkbox"/>	<input type="checkbox"/>	\$ 80.00
	b. Job Title/Profession						<input type="checkbox"/>	<input type="checkbox"/>	\$
	c. Employer's Name/Specific Field						<input type="checkbox"/>	<input type="checkbox"/>	\$
j. If Amendment, choose change type:							k. Election Cycle Sum to Date		
Add Delete							\$		
3. Contributor	a. Full Name, Mailing Address & Phone (include city, state, & zip)			d. Account Number/Code	e. Form of Payment	f. Date (mm/dd/yyyy)	g. In-Kind	h. Prior Report	i. Amount
	Douglas Endy 1339 Bunny Tr WSNC 27105			XXXXXXXXXX SCB	CK	10/30/02	<input type="checkbox"/>	<input type="checkbox"/>	\$ 200.00
	b. Job Title/Profession						<input type="checkbox"/>	<input type="checkbox"/>	\$
	c. Employer's Name/Specific Field						<input type="checkbox"/>	<input type="checkbox"/>	\$
j. If Amendment, choose change type:							k. Election Cycle Sum to Date		
Add Delete							\$		
4. Total only this Page									\$ 600.00
5. Total of ALL CRO-1210 Pages (only show on last page)									\$
(This line must be on line 6 of Detailed Summary Page CRO-1100)									

Contributions from INDIVIDUALS

1. Name of Committee or Fund							2. ID Number			
Schatzman for Sheriff										
3. Contributor	a. Full Name, Mailing Address & Phone (include city, state, & zip)			d. Account Number/Code	e. Form of Payment	f. Date (mm/dd/yyyy)	g. In-Kind	h. Prior Report	i. Amount	
	Aggregated Individual Contribution			XXXXXXXXXX SCB	CK	10/30/02	<input type="checkbox"/>	<input type="checkbox"/>	\$ 100.00	
							<input type="checkbox"/>	<input type="checkbox"/>	\$	
							<input type="checkbox"/>	<input type="checkbox"/>	\$	
b. Job Title/Profession			j. If Amendment, choose change type:			k. Election Cycle Sum to Date				
			Add Delete			\$				
3. Contributor	a. Full Name, Mailing Address & Phone (include city, state, & zip)			d. Account Number/Code	e. Form of Payment	f. Date (mm/dd/yyyy)	g. In-Kind	h. Prior Report	i. Amount	
	Terry Price 718 North Wind Dr Winston 27127			XXXXXXXXXX SCB	CK	10/30/02	<input type="checkbox"/>	<input type="checkbox"/>	\$ 300.00	
							<input type="checkbox"/>	<input type="checkbox"/>	\$	
							<input type="checkbox"/>	<input type="checkbox"/>	\$	
b. Job Title/Profession			j. If Amendment, choose change type:			k. Election Cycle Sum to Date				
Lt.			Add Delete			\$				
c. Employer's Name/Specific Field										
Highway Patrol										
3. Contributor	a. Full Name, Mailing Address & Phone (include city, state, & zip)			d. Account Number/Code	e. Form of Payment	f. Date (mm/dd/yyyy)	g. In-Kind	h. Prior Report	i. Amount	
	H.C. Roemer 341 Arbor Rd Winston 27104			XXXXXXXXXX SCB	CK	10/30/02	<input type="checkbox"/>	<input type="checkbox"/>	\$ 100.00	
						10/14/02	<input type="checkbox"/>	<input checked="" type="checkbox"/>	\$ 200.00	
							<input type="checkbox"/>	<input type="checkbox"/>	\$	
b. Job Title/Profession			j. If Amendment, choose change type:			k. Election Cycle Sum to Date				
Attorney			Add Delete			\$ 300.00				
c. Employer's Name/Specific Field										
3. Contributor	a. Full Name, Mailing Address & Phone (include city, state, & zip)			d. Account Number/Code	e. Form of Payment	f. Date (mm/dd/yyyy)	g. In-Kind	h. Prior Report	i. Amount	
	Clarence Spear 1149 Petree Rd Winston 27106 924.6179			XXXXXXXXXX SCB	CK	10/30/02	<input type="checkbox"/>	<input type="checkbox"/>	\$ 200.00	
							<input type="checkbox"/>	<input type="checkbox"/>	\$	
							<input type="checkbox"/>	<input type="checkbox"/>	\$	
b. Job Title/Profession			j. If Amendment, choose change type:			k. Election Cycle Sum to Date				
Retired			Add Delete			\$				
c. Employer's Name/Specific Field										
3. Contributor	a. Full Name, Mailing Address & Phone (include city, state, & zip)			d. Account Number/Code	e. Form of Payment	f. Date (mm/dd/yyyy)	g. In-Kind	h. Prior Report	i. Amount	
	Ann Lewallen Spencer 4 Graylyn Pl Winston 27106 7255984			XXXXXXXXXX SCB	CK	10/30/02	<input type="checkbox"/>	<input type="checkbox"/>	\$ 150.00	
							<input type="checkbox"/>	<input type="checkbox"/>	\$	
							<input type="checkbox"/>	<input type="checkbox"/>	\$	
b. Job Title/Profession			j. If Amendment, choose change type:			k. Election Cycle Sum to Date				
Homemaker			Add Delete			\$				
c. Employer's Name/Specific Field										
4. Total only this Page									\$ 850.00	
5. Total of ALL CRO-1210 Pages (only show on last page)									\$	
(This line must be on line 6 of Detailed Summary Page CRO-1100)										

Contributions from INDIVIDUALS

1. Name of Committee or Fund							2. ID Number		
Schatzman for Sheriff									
3. Contributor	a. Full Name, Mailing Address & Phone (include city, state, & zip)	d. Account Number/Code	e. Form of Payment	f. Date (mm/dd/yyyy)	g. In-Kind	h. Prior Report	i. Amount		
	Aggregated Individual Contribution	XXXXXXXXXX SCB	CK	10/30/02	<input type="checkbox"/>	<input type="checkbox"/>	\$ 50.00		
	b. Job Title/Profession				<input type="checkbox"/>	<input type="checkbox"/>	\$		
	c. Employer's Name/Specific Field				<input type="checkbox"/>	<input type="checkbox"/>	\$		
j. If Amendment, choose change type:					k. Election Cycle Sum to Date				
Add Delete					S				
3. Contributor	a. Full Name, Mailing Address & Phone (include city, state, & zip)	d. Account Number/Code	e. Form of Payment	f. Date (mm/dd/yyyy)	g. In-Kind	h. Prior Report	i. Amount		
	Aggregated Individual Contribution	XXXXXXXXXX SCB	CK	10/30/02	<input type="checkbox"/>	<input type="checkbox"/>	\$ 100.00		
	b. Job Title/Profession				<input type="checkbox"/>	<input type="checkbox"/>	\$		
	c. Employer's Name/Specific Field				<input type="checkbox"/>	<input type="checkbox"/>	\$		
j. If Amendment, choose change type:					k. Election Cycle Sum to Date				
Add Delete					S				
3. Contributor	a. Full Name, Mailing Address & Phone (include city, state, & zip)	d. Account Number/Code	e. Form of Payment	f. Date (mm/dd/yyyy)	g. In-Kind	h. Prior Report	i. Amount		
	J Nathan Tabor 5556 Long Walk Dr Kernersville, NC 336.993.0929	XXXXXXXXXX SCB	CK	10/30/02	<input type="checkbox"/>	<input type="checkbox"/>	\$ 1000.00		
	b. Job Title/Profession				<input type="checkbox"/>	<input type="checkbox"/>	\$		
	c. Employer's Name/Specific Field				<input type="checkbox"/>	<input type="checkbox"/>	\$		
j. If Amendment, choose change type:					k. Election Cycle Sum to Date				
Add Delete					S				
3. Contributor	a. Full Name, Mailing Address & Phone (include city, state, & zip)	d. Account Number/Code	e. Form of Payment	f. Date (mm/dd/yyyy)	g. In-Kind	h. Prior Report	i. Amount		
	Aggregated Individual Contribution	XXXXXXXXXX SCB	CK	11/4/02	<input type="checkbox"/>	<input type="checkbox"/>	\$ 100.00		
	b. Job Title/Profession				<input type="checkbox"/>	<input type="checkbox"/>	\$		
	c. Employer's Name/Specific Field				<input type="checkbox"/>	<input type="checkbox"/>	\$		
j. If Amendment, choose change type:					k. Election Cycle Sum to Date				
Add Delete					S				
3. Contributor	a. Full Name, Mailing Address & Phone (include city, state, & zip)	d. Account Number/Code	e. Form of Payment	f. Date (mm/dd/yyyy)	g. In-Kind	h. Prior Report	i. Amount		
	Aggregated Individual Contribution	XXXXXXXXXX SCB	CK	11/4/02	<input type="checkbox"/>	<input type="checkbox"/>	\$ 100.00		
	b. Job Title/Profession				<input type="checkbox"/>	<input type="checkbox"/>	\$		
	c. Employer's Name/Specific Field				<input type="checkbox"/>	<input type="checkbox"/>	\$		
j. If Amendment, choose change type:					k. Election Cycle Sum to Date				
Add Delete					S				
4. Total only this Page							\$ 1350.00		
5. Total of ALL CRO-1210 Pages (only show on last page)							\$		
(This line must be on line 6 of Detailed Summary Page CRO-1100)									

Contributions from INDIVIDUALS

1. Name of Committee or Fund							2. ID Number			
Schatzman for Sheriff										
1. Contributor	a. Full Name, Mailing Address & Phone (include city, state, & zip)			d. Account Number/Code	e. Form of Payment	f. Date (mm/dd/yyyy)	g. In-Kind	h. Prior Report	i. Amount	
	Ernesto E. de la Torre 1451 Williams Rd Lewisville, NC 27023			XXXXXXXXXX SCB	CK	11/4/02	<input type="checkbox"/>	<input type="checkbox"/>	\$ 250.00	
	b. Job Title/Profession						<input type="checkbox"/>	<input type="checkbox"/>	\$	
	c. Employer's Name/Specific Field						<input type="checkbox"/>	<input type="checkbox"/>	\$	
j. If Amendment, choose change type:							k. Election Cycle Sum to Date			
Add							Delete			\$
3. Contributor	a. Full Name, Mailing Address & Phone (include city, state, & zip)			d. Account Number/Code	e. Form of Payment	f. Date (mm/dd/yyyy)	g. In-Kind	h. Prior Report	i. Amount	
	Aggregated Individual Contribution			XXXXXXXXXX SCB	CK	11/4/02	<input type="checkbox"/>	<input type="checkbox"/>	\$ 100.00	
	b. Job Title/Profession						<input type="checkbox"/>	<input type="checkbox"/>	\$	
	c. Employer's Name/Specific Field						<input type="checkbox"/>	<input type="checkbox"/>	\$	
j. If Amendment, choose change type:							k. Election Cycle Sum to Date			
Add							Delete			\$
3. Contributor	a. Full Name, Mailing Address & Phone (include city, state, & zip)			d. Account Number/Code	e. Form of Payment	f. Date (mm/dd/yyyy)	g. In-Kind	h. Prior Report	i. Amount	
	Donald Flow 770 Rochlyn Rd WIS NC 27104 336.722.6087			XXXXXXXXXX SCB	CK	11/4/02	<input type="checkbox"/>	<input type="checkbox"/>	\$ 150.00	
	b. Job Title/Profession						<input type="checkbox"/>	<input type="checkbox"/>	\$	
	c. Employer's Name/Specific Field						<input type="checkbox"/>	<input type="checkbox"/>	\$	
j. If Amendment, choose change type:							k. Election Cycle Sum to Date			
Add							Delete			\$
3. Contributor	a. Full Name, Mailing Address & Phone (include city, state, & zip)			d. Account Number/Code	e. Form of Payment	f. Date (mm/dd/yyyy)	g. In-Kind	h. Prior Report	i. Amount	
	Aggregated Individual Contribution			XXXXXXXXXX SCB	CK	11/4/02	<input type="checkbox"/>	<input type="checkbox"/>	\$ 100.00	
	b. Job Title/Profession						<input type="checkbox"/>	<input type="checkbox"/>	\$	
	c. Employer's Name/Specific Field						<input type="checkbox"/>	<input type="checkbox"/>	\$	
j. If Amendment, choose change type:							k. Election Cycle Sum to Date			
Add							Delete			\$
3. Contributor	a. Full Name, Mailing Address & Phone (include city, state, & zip)			d. Account Number/Code	e. Form of Payment	f. Date (mm/dd/yyyy)	g. In-Kind	h. Prior Report	i. Amount	
	Aggregated Individual Contribution			XXXXXXXXXX SCB	CK	11/4/02	<input type="checkbox"/>	<input type="checkbox"/>	\$ 100.00	
	b. Job Title/Profession						<input type="checkbox"/>	<input type="checkbox"/>	\$	
	c. Employer's Name/Specific Field						<input type="checkbox"/>	<input type="checkbox"/>	\$	
j. If Amendment, choose change type:							k. Election Cycle Sum to Date			
Add							Delete			\$
4. Total only this Page										\$ 700.00
5. Total of ALL CRO-1210 Pages (only show on last page)										\$
(This line must be on line 6 of Detailed Summary Page CRO-1100)										

Contributions from INDIVIDUALS

1. Name of Committee or Fund							2. ID Number		
Schatzman for Sheriff									
3. Contributor	a. Full Name, Mailing Address & Phone (include city, state, & zip)	d. Account Number/Code	e. Form of Payment	f. Date (mm/dd/yyyy)	g. In-Kind	h. Prior Report	i. Amount		
	Scott Livingston 3504 Stonegate Ct WIS NC 27104 336.733.3701	00000000 SCB	CK	11/4/02	<input type="checkbox"/>	<input type="checkbox"/>	\$ 1000.00		
	b. Job Title/Profession				<input type="checkbox"/>	<input type="checkbox"/>	\$		
c. Employer's Name/Specific Field							j. If Amendment, choose change type:		k. Election Cycle Sum to Date
Krisna Krama							Add Delete		\$
3. Contributor	a. Full Name, Mailing Address & Phone (include city, state, & zip)	d. Account Number/Code	e. Form of Payment	f. Date (mm/dd/yyyy)	g. In-Kind	h. Prior Report	i. Amount		
	Charles Lynch 461 Chadbourne Ct WIS NC 27104	00000000 SCB	CK	11/4/02	<input type="checkbox"/>	<input type="checkbox"/>	\$ 250.00		
	b. Job Title/Profession				<input type="checkbox"/>	<input type="checkbox"/>	\$		
c. Employer's Name/Specific Field							j. If Amendment, choose change type:		k. Election Cycle Sum to Date
Retired - Deputy							Add Delete		\$
3. Contributor	a. Full Name, Mailing Address & Phone (include city, state, & zip)	d. Account Number/Code	e. Form of Payment	f. Date (mm/dd/yyyy)	g. In-Kind	h. Prior Report	i. Amount		
	Aggregated Individual Contribution	00000000 SCB	CK	11/4/02	<input type="checkbox"/>	<input type="checkbox"/>	\$ 57.00		
	b. Job Title/Profession				<input type="checkbox"/>	<input type="checkbox"/>	\$		
c. Employer's Name/Specific Field							j. If Amendment, choose change type:		k. Election Cycle Sum to Date
							Add Delete		\$
3. Contributor	a. Full Name, Mailing Address & Phone (include city, state, & zip)	d. Account Number/Code	e. Form of Payment	f. Date (mm/dd/yyyy)	g. In-Kind	h. Prior Report	i. Amount		
	T David Neill 438 Westover Ave WIS NC 27104 336.724.6814	00000000 SCB	CK	11/4/02	<input type="checkbox"/>	<input type="checkbox"/>	\$ 250.00		
	b. Job Title/Profession				<input type="checkbox"/>	<input type="checkbox"/>	\$		
c. Employer's Name/Specific Field							j. If Amendment, choose change type:		k. Election Cycle Sum to Date
Bus Dev							Add Delete		\$
3. Contributor	a. Full Name, Mailing Address & Phone (include city, state, & zip)	d. Account Number/Code	e. Form of Payment	f. Date (mm/dd/yyyy)	g. In-Kind	h. Prior Report	i. Amount		
	Aggregated Individual Contribution	00000000 SCB	CK	11/4/02	<input type="checkbox"/>	<input type="checkbox"/>	\$ 100.00		
	b. Job Title/Profession				<input type="checkbox"/>	<input type="checkbox"/>	\$		
c. Employer's Name/Specific Field							j. If Amendment, choose change type:		k. Election Cycle Sum to Date
							Add Delete		\$
4. Total only this Page								\$ 657.00	
5. Total of ALL CRO-1210 Pages (only show on last page)								\$	
(This line must be on line 6 of Detailed Summary Page CRO-1100)									

Contributions from INDIVIDUALS

1. Name of Committee or Fund							2. ID Number		
Schatzman for Sheriff									
3. Contributor	a. Full Name, Mailing Address & Phone (include city, state, & zip)	d. Account Number/Code	e. Form of Payment	f. Date (mm/dd/yyyy)	g. In-Kind	h. Prior Report	i. Amount		
	Aggregated Individual Contribution	00000000 SCB	CK	11/4/02	<input type="checkbox"/>	<input type="checkbox"/>	\$ 25.00		
	b. Job Title/Profession				<input type="checkbox"/>	<input type="checkbox"/>	\$		
	c. Employer's Name/Specific Field				<input type="checkbox"/>	<input type="checkbox"/>	\$		
j. If Amendment, choose change type:					k. Election Cycle Sum to Date				
Add Delete					S				
3. Contributor	a. Full Name, Mailing Address & Phone (include city, state, & zip)	d. Account Number/Code	e. Form of Payment	f. Date (mm/dd/yyyy)	g. In-Kind	h. Prior Report	i. Amount		
	Jesus Ruiz 150 Almont Forest Dr Clemmons, NC 27012 336.778.1177	00000000 SCB	CK	11/4/02	<input type="checkbox"/>	<input type="checkbox"/>	\$ 300.00		
	b. Job Title/Profession				<input type="checkbox"/>	<input type="checkbox"/>	\$		
	c. Employer's Name/Specific Field				<input type="checkbox"/>	<input type="checkbox"/>	\$		
j. If Amendment, choose change type:					k. Election Cycle Sum to Date				
Add Delete					S				
3. Contributor	a. Full Name, Mailing Address & Phone (include city, state, & zip)	d. Account Number/Code	e. Form of Payment	f. Date (mm/dd/yyyy)	g. In-Kind	h. Prior Report	i. Amount		
	Ralph Sides 5615 Hunsford Dr WS NC 27105 336.767.7455	00000000 SCB	CK	11/4/02	<input type="checkbox"/>	<input type="checkbox"/>	\$ 200.00		
	b. Job Title/Profession				<input type="checkbox"/>	<input type="checkbox"/>	\$		
	c. Employer's Name/Specific Field				<input type="checkbox"/>	<input type="checkbox"/>	\$		
j. If Amendment, choose change type:					k. Election Cycle Sum to Date				
Add Delete					S				
3. Contributor	a. Full Name, Mailing Address & Phone (include city, state, & zip)	d. Account Number/Code	e. Form of Payment	f. Date (mm/dd/yyyy)	g. In-Kind	h. Prior Report	i. Amount		
	Aggregated Individual Contribution	00000000 SCB	CK	11/4/02	<input type="checkbox"/>	<input type="checkbox"/>	\$ 100.00		
	b. Job Title/Profession				<input type="checkbox"/>	<input type="checkbox"/>	\$		
	c. Employer's Name/Specific Field				<input type="checkbox"/>	<input type="checkbox"/>	\$		
j. If Amendment, choose change type:					k. Election Cycle Sum to Date				
Add Delete					S				
3. Contributor	a. Full Name, Mailing Address & Phone (include city, state, & zip)	d. Account Number/Code	e. Form of Payment	f. Date (mm/dd/yyyy)	g. In-Kind	h. Prior Report	i. Amount		
	Stephen Strassburg 364 Buckingham Rd WS NC 27104 336.760.1610	00000000 SCB	CK	11/4/02	<input type="checkbox"/>	<input type="checkbox"/>	\$ 150.00		
	b. Job Title/Profession				<input type="checkbox"/>	<input type="checkbox"/>	\$		
	c. Employer's Name/Specific Field				<input type="checkbox"/>	<input type="checkbox"/>	\$		
j. If Amendment, choose change type:					k. Election Cycle Sum to Date				
Add Delete					S				
4. Total only this Page							\$ 775.00		
5. Total of ALL CRO-1210 Pages (only show on last page)							\$		
(This line must be on line 6 of Detailed Summary Page CRO-1100)									

Contributions from INDIVIDUALS

1. Name of Committee or Fund							2. ID Number		
Schatzman for Sheriff									
3. Contributor	a. Full Name, Mailing Address & Phone (include city, state, & zip)	d. Account Number/Code	e. Form of Payment	f. Date (mm/dd/yyyy)	g. In-Kind	h. Prior Report	i. Amount		
	Ralph Womble 3920 Cameron Hill Farm Rd WISNC 27106	00000000 SCB	CK	11/4/02	<input type="checkbox"/>	<input type="checkbox"/>	\$ 150.00		
	b. Job Title/Profession				<input type="checkbox"/>	<input type="checkbox"/>	\$		
	Retired - Lawyer				<input type="checkbox"/>	<input type="checkbox"/>	\$		
c. Employer's Name/Specific Field		j. If Amendment, choose change type:			k. Election Cycle Sum to Date				
		Add Delete			\$				
3. Contributor	a. Full Name, Mailing Address & Phone (include city, state, & zip)	d. Account Number/Code	e. Form of Payment	f. Date (mm/dd/yyyy)	g. In-Kind	h. Prior Report	i. Amount		
	Aggregated Individual Contribution	00000000 SCB	CK	11/4/02	<input type="checkbox"/>	<input type="checkbox"/>	\$ 20.00		
	b. Job Title/Profession				<input type="checkbox"/>	<input type="checkbox"/>	\$		
					<input type="checkbox"/>	<input type="checkbox"/>	\$		
c. Employer's Name/Specific Field		j. If Amendment, choose change type:			k. Election Cycle Sum to Date				
		Add Delete			\$				
3. Contributor	a. Full Name, Mailing Address & Phone (include city, state, & zip)	d. Account Number/Code	e. Form of Payment	f. Date (mm/dd/yyyy)	g. In-Kind	h. Prior Report	i. Amount		
	Aggregated Individual Contribution	00000000 SCB	CK	11/4/02	<input type="checkbox"/>	<input type="checkbox"/>	\$ 100.00		
	b. Job Title/Profession				<input type="checkbox"/>	<input type="checkbox"/>	\$		
					<input type="checkbox"/>	<input type="checkbox"/>	\$		
c. Employer's Name/Specific Field		j. If Amendment, choose change type:			k. Election Cycle Sum to Date				
		Add Delete			\$				
3. Contributor	a. Full Name, Mailing Address & Phone (include city, state, & zip)	d. Account Number/Code	e. Form of Payment	f. Date (mm/dd/yyyy)	g. In-Kind	h. Prior Report	i. Amount		
	Aggregated Individual Contribution	00000000 SCB	CK	11/4/02	<input type="checkbox"/>	<input type="checkbox"/>	\$ 25.00		
	b. Job Title/Profession				<input type="checkbox"/>	<input type="checkbox"/>	\$		
					<input type="checkbox"/>	<input type="checkbox"/>	\$		
c. Employer's Name/Specific Field		j. If Amendment, choose change type:			k. Election Cycle Sum to Date				
		Add Delete			\$				
3. Contributor	a. Full Name, Mailing Address & Phone (include city, state, & zip)	d. Account Number/Code	e. Form of Payment	f. Date (mm/dd/yyyy)	g. In-Kind	h. Prior Report	i. Amount		
	Timothy Dishon 3794 Williams Rd Lewisville, NC 27023	00000000 SCB	CK	11/4/02	<input type="checkbox"/>	<input type="checkbox"/>	\$ 400.00		
	b. Job Title/Profession				<input type="checkbox"/>	<input type="checkbox"/>	\$		
	Farmer				<input type="checkbox"/>	<input type="checkbox"/>	\$		
c. Employer's Name/Specific Field		j. If Amendment, choose change type:			k. Election Cycle Sum to Date				
Self-employed		Add Delete			\$				
4. Total only this Page							\$ 695.00		
5. Total of ALL CRO-1210 Pages (only show on last page)							\$		
(This line must be on line 6 of Detailed Summary Page CRO-1100)									

Contributions from INDIVIDUALS

1. Name of Committee or Fund							2. ID Number		
Schatzman for Sheriff									
3. Contributor	a. Full Name, Mailing Address & Phone (include city, state, & zip)	d. Account Number/Code	e. Form of Payment	f. Date (mm/dd/yyyy)	g. In-Kind	h. Prior Report	i. Amount		
	Carmen Lindheimer 4800 Williams Rd Lewisville, NC 27023	XXXXXXXXXX SCB	CK	11/4/02	<input type="checkbox"/>	<input type="checkbox"/>	\$ 200.00		
	b. Job Title/Profession				<input type="checkbox"/>	<input type="checkbox"/>	\$		
	c. Employer's Name/Specific Field	j. If Amendment, choose change type:		k. Election Cycle Sum to Date					
Hookins Rd Animal Hosp.		Add Delete		S					
3. Contributor	a. Full Name, Mailing Address & Phone (include city, state, & zip)	d. Account Number/Code	e. Form of Payment	f. Date (mm/dd/yyyy)	g. In-Kind	h. Prior Report	i. Amount		
	W. Everette Murphy 610 LanKashire Rd W's NC 27106 760-3838	XXXXXXXXXX SCB	CK	11/4/02	<input type="checkbox"/>	<input type="checkbox"/>	\$ 200.00		
	b. Job Title/Profession				<input type="checkbox"/>	<input type="checkbox"/>	\$		
	c. Employer's Name/Specific Field	j. If Amendment, choose change type:		k. Election Cycle Sum to Date					
Bunum & Murphy		Add Delete		S					
3. Contributor	a. Full Name, Mailing Address & Phone (include city, state, & zip)	d. Account Number/Code	e. Form of Payment	f. Date (mm/dd/yyyy)	g. In-Kind	h. Prior Report	i. Amount		
	Aggregated Individual Contribution	XXXXXXXXXX SCB	CK	11/4/02	<input type="checkbox"/>	<input type="checkbox"/>	\$ 20.00		
	b. Job Title/Profession				<input type="checkbox"/>	<input type="checkbox"/>	\$		
	c. Employer's Name/Specific Field	j. If Amendment, choose change type:		k. Election Cycle Sum to Date					
		Add Delete		S					
3. Contributor	a. Full Name, Mailing Address & Phone (include city, state, & zip)	d. Account Number/Code	e. Form of Payment	f. Date (mm/dd/yyyy)	g. In-Kind	h. Prior Report	i. Amount		
	William Whiteheart P.O. Box 40 Lewisville, NC 27023	XXXXXXXXXX SCB	CK	11/4/02	<input type="checkbox"/>	<input type="checkbox"/>	\$ 200.00		
	b. Job Title/Profession				<input type="checkbox"/>	<input type="checkbox"/>	\$		
	c. Employer's Name/Specific Field	j. If Amendment, choose change type:		k. Election Cycle Sum to Date					
Whiteheart Outdoor Advertising		Add Delete		S					
3. Contributor	a. Full Name, Mailing Address & Phone (include city, state, & zip)	d. Account Number/Code	e. Form of Payment	f. Date (mm/dd/yyyy)	g. In-Kind	h. Prior Report	i. Amount		
	J Lanier Williams 125 W 3rd St W's NC 27101 721-000	XXXXXXXXXX SCB	CK	11/4/02	<input type="checkbox"/>	<input type="checkbox"/>	\$ 200.00		
	b. Job Title/Profession				<input type="checkbox"/>	<input type="checkbox"/>	\$		
	c. Employer's Name/Specific Field	j. If Amendment, choose change type:		k. Election Cycle Sum to Date					
Lanier Williams Realtors		Add Delete		S					
4. Total only this Page							\$ 820.00		
5. Total of ALL CRO-1210 Pages (only show on last page)							\$		
(This line must be on line 6 of Detailed Summary Page CRO-1100)									

Contributions from INDIVIDUALS

1. Name of Committee or Fund							2. ID Number	
Schatzman for Sheriff								
3. Contributor	a. Full Name, Mailing Address & Phone (include city, state, & zip)	d. Account Number/Code	e. Form of Payment	f. Date (mm/dd/yyyy)	g. In-Kind	h. Prior Report	i. Amount	
	Aggregated Individual Contribution	SCB SCB	CK	11/5/02	<input type="checkbox"/>	<input type="checkbox"/>	\$ 65.00	
	b. Job Title/Profession				<input type="checkbox"/>	<input type="checkbox"/>	\$	
	c. Employer's Name/Specific Field	j. If Amendment, choose change type: Add Delete				<input type="checkbox"/>	<input type="checkbox"/>	\$
							k. Election Cycle Sum to Date	
							\$	
3. Contributor	a. Full Name, Mailing Address & Phone (include city, state, & zip)	d. Account Number/Code	e. Form of Payment	f. Date (mm/dd/yyyy)	g. In-Kind	h. Prior Report	i. Amount	
	David Grubb 851 S. Las Creek Pkwy W-S NC 27127 336-725-0500	SCB SCB	CK	11/5/02	<input type="checkbox"/>	<input type="checkbox"/>	\$ 500.00	
	b. Job Title/Profession				<input type="checkbox"/>	<input type="checkbox"/>	\$	
	c. Employer's Name/Specific Field	j. If Amendment, choose change type: Add Delete				<input type="checkbox"/>	<input type="checkbox"/>	\$
							k. Election Cycle Sum to Date	
							\$	
3. Contributor	a. Full Name, Mailing Address & Phone (include city, state, & zip)	d. Account Number/Code	e. Form of Payment	f. Date (mm/dd/yyyy)	g. In-Kind	h. Prior Report	i. Amount	
	George Veach 1570 Bridgeton Rd WS, NC 27127	SCB SCB	CK	11/5/02	<input type="checkbox"/>	<input type="checkbox"/>	\$ 200.00	
	b. Job Title/Profession				<input type="checkbox"/>	<input type="checkbox"/>	\$	
	c. Employer's Name/Specific Field	j. If Amendment, choose change type: Add Delete				<input type="checkbox"/>	<input type="checkbox"/>	\$
							k. Election Cycle Sum to Date	
							\$	
3. Contributor	a. Full Name, Mailing Address & Phone (include city, state, & zip)	d. Account Number/Code	e. Form of Payment	f. Date (mm/dd/yyyy)	g. In-Kind	h. Prior Report	i. Amount	
	Aggregated Individual Contribution	SCB SCB	CK	11/5/02	<input type="checkbox"/>	<input type="checkbox"/>	\$ 65.00	
	b. Job Title/Profession				<input type="checkbox"/>	<input type="checkbox"/>	\$	
	c. Employer's Name/Specific Field	j. If Amendment, choose change type: Add Delete				<input type="checkbox"/>	<input type="checkbox"/>	\$
							k. Election Cycle Sum to Date	
							\$	
3. Contributor	a. Full Name, Mailing Address & Phone (include city, state, & zip)	d. Account Number/Code	e. Form of Payment	f. Date (mm/dd/yyyy)	g. In-Kind	h. Prior Report	i. Amount	
	David Batten P.O. Box 879 Walkertown, NC 27051 336-595-8917	SCB SCB	CK	11/07/02	<input type="checkbox"/>	<input type="checkbox"/>	\$ 200.00	
	b. Job Title/Profession				<input type="checkbox"/>	<input type="checkbox"/>	\$	
	c. Employer's Name/Specific Field	j. If Amendment, choose change type: Add Delete				<input type="checkbox"/>	<input type="checkbox"/>	\$
							k. Election Cycle Sum to Date	
							\$	
4. Total only this Page							\$ 1,030.00	
5. Total of ALL CRO-1210 Pages (only show on last page)							\$	
(This line must be on line 6 of Detailed Summary Page CRO-1100)								

Contributions from INDIVIDUALS

1. Name of Committee or Fund							2. ID Number		
Schatzman for Sheriff									
3. Contributor	a. Full Name, Mailing Address & Phone (include city, state, & zip)	d. Account Number/Code	e. Form of Payment	f. Date (mm/dd/yyyy)	g. In-Kind	h. Prior Report	i. Amount / \$ 100.00		
	Aggregated Individual Contribution	XXXXXXXXXX SCB	CK	11/7/02	<input type="checkbox"/>	<input type="checkbox"/>	\$	100.00	
	b. Job Title/Profession				<input type="checkbox"/>	<input type="checkbox"/>	\$		
	c. Employer's Name/Specific Field				<input type="checkbox"/>	<input type="checkbox"/>	\$		
				j. If Amendment, choose change type:		k. Election Cycle Sum to Date			
				Add Delete		\$			
3. Contributor	a. Full Name, Mailing Address & Phone (include city, state, & zip)	d. Account Number/Code	e. Form of Payment	f. Date (mm/dd/yyyy)	g. In-Kind	h. Prior Report	i. Amount / \$ 250.00		
	Michael Grace 396 Gauthier Rd W-3 NC 27101 336 722, 7672	XXXXXXXXXX SCB	CK	11/7/02	<input type="checkbox"/>	<input type="checkbox"/>	\$	250	
	b. Job Title/Profession				<input type="checkbox"/>	<input type="checkbox"/>	\$		
	c. Employer's Name/Specific Field				<input type="checkbox"/>	<input type="checkbox"/>	\$		
				j. If Amendment, choose change type:		k. Election Cycle Sum to Date			
				Add Delete		\$			
3. Contributor	a. Full Name, Mailing Address & Phone (include city, state, & zip)	d. Account Number/Code	e. Form of Payment	f. Date (mm/dd/yyyy)	g. In-Kind	h. Prior Report	i. Amount / \$ 50.00		
	Aggregated Individual Contribution	XXXXXXXXXX SCB	CK	11/7/02	<input type="checkbox"/>	<input type="checkbox"/>	\$	50.00	
	b. Job Title/Profession				<input type="checkbox"/>	<input type="checkbox"/>	\$		
	c. Employer's Name/Specific Field				<input type="checkbox"/>	<input type="checkbox"/>	\$		
				j. If Amendment, choose change type:		k. Election Cycle Sum to Date			
				Add Delete		\$			
3. Contributor	a. Full Name, Mailing Address & Phone (include city, state, & zip)	d. Account Number/Code	e. Form of Payment	f. Date (mm/dd/yyyy)	g. In-Kind	h. Prior Report	i. Amount / \$ 100.00		
	Aggregated Individual Contribution	XXXXXXXXXX SCB	CK	11/7/02	<input type="checkbox"/>	<input type="checkbox"/>	\$	100.00	
	b. Job Title/Profession				<input type="checkbox"/>	<input type="checkbox"/>	\$		
	c. Employer's Name/Specific Field				<input type="checkbox"/>	<input type="checkbox"/>	\$		
				j. If Amendment, choose change type:		k. Election Cycle Sum to Date			
				Add Delete		\$			
3. Contributor	a. Full Name, Mailing Address & Phone (include city, state, & zip)	d. Account Number/Code	e. Form of Payment	f. Date (mm/dd/yyyy)	g. In-Kind	h. Prior Report	i. Amount / \$ 200.00		
	Scott Hollenbeck 1524 Chimney Rk Dr Kernersville, NC 27284 913-9523 / 840 611-8199	XXXXXXXXXX SCB	CK	11/7/02	<input type="checkbox"/>	<input type="checkbox"/>	\$	200.00	
	b. Job Title/Profession				<input type="checkbox"/>	<input type="checkbox"/>	\$		
	c. Employer's Name/Specific Field				<input type="checkbox"/>	<input type="checkbox"/>	\$		
				j. If Amendment, choose change type:		k. Election Cycle Sum to Date			
				Add Delete		\$			
4. Total only this Page							\$ 700.00		
5. Total of ALL CRO-1210 Pages (only show on last page)							\$		
(This line must be on line 6 of Detailed Summary Page CRO-1100)									

Contributions from INDIVIDUALS

1. Name of Committee or Fund							2. ID Number		
Schatzman for Sheriff									
3. Contributor	a. Full Name, Mailing Address & Phone (include city, state, & zip)			d. Account Number/Code	e. Form of Payment	f. Date (mm/dd/yyyy)	g. In-Kind	h. Prior Report	i. Amount
	Aggregated Individual Contribution			XXXXXXXXXX SCB	CK	11/7/02	<input type="checkbox"/>	<input type="checkbox"/>	\$ 50.00
	b. Job Title/Profession						<input type="checkbox"/>	<input type="checkbox"/>	\$
	c. Employer's Name/Specific Field						<input type="checkbox"/>	<input type="checkbox"/>	\$
j. If Amendment, choose change type:						k. Election Cycle Sum to Date			
Add				Delete		S			
3. Contributor	a. Full Name, Mailing Address & Phone (include city, state, & zip)			d. Account Number/Code	e. Form of Payment	f. Date (mm/dd/yyyy)	g. In-Kind	h. Prior Report	i. Amount
	Aggregated Individual Contribution			XXXXXXXXXX SCB	CK	11/7/02	<input type="checkbox"/>	<input type="checkbox"/>	\$ 50.00
	b. Job Title/Profession						<input type="checkbox"/>	<input type="checkbox"/>	\$
	c. Employer's Name/Specific Field						<input type="checkbox"/>	<input type="checkbox"/>	\$
j. If Amendment, choose change type:						k. Election Cycle Sum to Date			
Add				Delete		S			
3. Contributor	a. Full Name, Mailing Address & Phone (include city, state, & zip)			d. Account Number/Code	e. Form of Payment	f. Date (mm/dd/yyyy)	g. In-Kind	h. Prior Report	i. Amount
	Aggregated Individual Contribution			XXXXXXXXXX SCB	CK	11/7/02	<input type="checkbox"/>	<input type="checkbox"/>	\$ 100.00
	b. Job Title/Profession						<input type="checkbox"/>	<input type="checkbox"/>	\$
	c. Employer's Name/Specific Field						<input type="checkbox"/>	<input type="checkbox"/>	\$
j. If Amendment, choose change type:						k. Election Cycle Sum to Date			
Add				Delete		S			
3. Contributor	a. Full Name, Mailing Address & Phone (include city, state, & zip)			d. Account Number/Code	e. Form of Payment	f. Date (mm/dd/yyyy)	g. In-Kind	h. Prior Report	i. Amount
	Aggregated Individual Contribution			XXXXXXXXXX SCB	CK	11/7/02	<input type="checkbox"/>	<input type="checkbox"/>	\$ 50.00
	b. Job Title/Profession						<input type="checkbox"/>	<input type="checkbox"/>	\$
	c. Employer's Name/Specific Field						<input type="checkbox"/>	<input type="checkbox"/>	\$
j. If Amendment, choose change type:						k. Election Cycle Sum to Date			
Add				Delete		S			
3. Contributor	a. Full Name, Mailing Address & Phone (include city, state, & zip)			d. Account Number/Code	e. Form of Payment	f. Date (mm/dd/yyyy)	g. In-Kind	h. Prior Report	i. Amount
	Aggregated Individual Contribution			XXXXXXXXXX SCB	CK	11/7/02	<input type="checkbox"/>	<input type="checkbox"/>	\$ 25.00
	b. Job Title/Profession						<input type="checkbox"/>	<input type="checkbox"/>	\$
	c. Employer's Name/Specific Field						<input type="checkbox"/>	<input type="checkbox"/>	\$
j. If Amendment, choose change type:						k. Election Cycle Sum to Date			
Add				Delete		S			
4. Total only this Page									\$275.00
5. Total of ALL CRO-1210 Pages (only show on last page)									\$
(This line must be on line 6 of Detailed Summary Page CRO-1100)									

Contributions from INDIVIDUALS

1. Name of Committee or Fund							2. ID Number	
Schatzman for Sheriff								
3. Contributor	a. Full Name, Mailing Address & Phone (include city, state, & zip)	d. Account Number/Code	e. Form of Payment	f. Date (mm/dd/yyyy)	g. In-Kind	h. Prior Report	i. Amount	
	Aggregated Individual Contribution	00000000 SCB	CK	11/7/02	<input type="checkbox"/>	<input type="checkbox"/>	\$ 25.00	
					<input type="checkbox"/>	<input type="checkbox"/>	\$	
					<input type="checkbox"/>	<input type="checkbox"/>	\$	
b. Job Title/Profession		j. If Amendment, choose change type:			k. Election Cycle Sum to Date			
		Add Delete			\$			
3. Contributor	a. Full Name, Mailing Address & Phone (include city, state, & zip)	d. Account Number/Code	e. Form of Payment	f. Date (mm/dd/yyyy)	g. In-Kind	h. Prior Report	i. Amount	
	Aggregated Individual Contribution	00000000 SCB	CK	11/7/02	<input type="checkbox"/>	<input type="checkbox"/>	\$ 50.00	
					<input type="checkbox"/>	<input type="checkbox"/>	\$	
					<input type="checkbox"/>	<input type="checkbox"/>	\$	
b. Job Title/Profession		j. If Amendment, choose change type:			k. Election Cycle Sum to Date			
		Add Delete			\$			
3. Contributor	a. Full Name, Mailing Address & Phone (include city, state, & zip)	d. Account Number/Code	e. Form of Payment	f. Date (mm/dd/yyyy)	g. In-Kind	h. Prior Report	i. Amount	
	Aggregated Individual Contribution	00000000 SCB	CK	11/7/02	<input type="checkbox"/>	<input type="checkbox"/>	\$ 50.00	
					<input type="checkbox"/>	<input type="checkbox"/>	\$	
					<input type="checkbox"/>	<input type="checkbox"/>	\$	
b. Job Title/Profession		j. If Amendment, choose change type:			k. Election Cycle Sum to Date			
		Add Delete			\$			
3. Contributor	a. Full Name, Mailing Address & Phone (include city, state, & zip)	d. Account Number/Code	e. Form of Payment	f. Date (mm/dd/yyyy)	g. In-Kind	h. Prior Report	i. Amount	
	Djay Patel 900 Ashley Glen Dr WIS, NC 27104 336 760 2862	00000000 SCB	CK	11/7/02	<input type="checkbox"/>	<input type="checkbox"/>	\$ 250.00	
					<input type="checkbox"/>	<input type="checkbox"/>	\$	
					<input type="checkbox"/>	<input type="checkbox"/>	\$	
b. Job Title/Profession		j. If Amendment, choose change type:			k. Election Cycle Sum to Date			
Professor / Education		Add Delete			\$			
c. Employer's Name/Specific Field		Wake Forest Univ						
3. Contributor	a. Full Name, Mailing Address & Phone (include city, state, & zip)	d. Account Number/Code	e. Form of Payment	f. Date (mm/dd/yyyy)	g. In-Kind	h. Prior Report	i. Amount	
	Aggregated Individual Contribution	00000000 SCB	CK	11/7/02	<input type="checkbox"/>	<input type="checkbox"/>	\$ 50.00	
					<input type="checkbox"/>	<input type="checkbox"/>	\$	
					<input type="checkbox"/>	<input type="checkbox"/>	\$	
b. Job Title/Profession		j. If Amendment, choose change type:			k. Election Cycle Sum to Date			
		Add Delete			\$			
c. Employer's Name/Specific Field								
4. Total only this Page							\$ 425.00	
5. Total of ALL CRO-1210 Pages (only show on last page)							\$	
(This line must be on line 6 of Detailed Summary Page CRO-1100)								

Contributions from INDIVIDUALS

1. Name of Committee or Fund							2. ID Number		
Schatzman for Sheriff									
3. Contributor	a. Full Name, Mailing Address & Phone (include city, state, & zip)	d. Account Number/Code	e. Form of Payment	f. Date (mm/dd/yyyy)	g. In-Kind	h. Prior Report	i. Amount		
	Aggregated Individual Contribution	XXXXXXXXXX SCB	CK	11/7/02	<input type="checkbox"/>	<input type="checkbox"/>	\$ 100.00		
					<input type="checkbox"/>	<input type="checkbox"/>	\$		
					<input type="checkbox"/>	<input type="checkbox"/>	\$		
b. Job Title/Profession					<input type="checkbox"/>	<input type="checkbox"/>	\$		
c. Employer's Name/Specific Field	j. If Amendment, choose change type: Add Delete				k. Election Cycle Sum to Date				
							\$		
3. Contributor	a. Full Name, Mailing Address & Phone (include city, state, & zip)	d. Account Number/Code	e. Form of Payment	f. Date (mm/dd/yyyy)	g. In-Kind	h. Prior Report	i. Amount		
	Aggregated Individual Contribution	XXXXXXXXXX SCB	CK	11/7/02	<input type="checkbox"/>	<input type="checkbox"/>	\$ 100.00		
					<input type="checkbox"/>	<input type="checkbox"/>	\$		
					<input type="checkbox"/>	<input type="checkbox"/>	\$		
b. Job Title/Profession					<input type="checkbox"/>	<input type="checkbox"/>	\$		
c. Employer's Name/Specific Field	j. If Amendment, choose change type: Add Delete				k. Election Cycle Sum to Date				
							\$		
3. Contributor	a. Full Name, Mailing Address & Phone (include city, state, & zip)	d. Account Number/Code	e. Form of Payment	f. Date (mm/dd/yyyy)	g. In-Kind	h. Prior Report	i. Amount		
	Aggregated Individual Contribution	XXXXXXXXXX SCB	CK	11/7/02	<input type="checkbox"/>	<input type="checkbox"/>	\$ 50.00		
					<input type="checkbox"/>	<input type="checkbox"/>	\$		
					<input type="checkbox"/>	<input type="checkbox"/>	\$		
b. Job Title/Profession					<input type="checkbox"/>	<input type="checkbox"/>	\$		
c. Employer's Name/Specific Field	j. If Amendment, choose change type: Add Delete				k. Election Cycle Sum to Date				
							\$		
3. Contributor	a. Full Name, Mailing Address & Phone (include city, state, & zip)	d. Account Number/Code	e. Form of Payment	f. Date (mm/dd/yyyy)	g. In-Kind	h. Prior Report	i. Amount		
	Aggregated Individual Contribution	XXXXXXXXXX SCB	CK	11/2/02	<input type="checkbox"/>	<input type="checkbox"/>	\$ 50.00		
					<input type="checkbox"/>	<input type="checkbox"/>	\$		
					<input type="checkbox"/>	<input type="checkbox"/>	\$		
b. Job Title/Profession					<input type="checkbox"/>	<input type="checkbox"/>	\$		
c. Employer's Name/Specific Field	j. If Amendment, choose change type: Add Delete				k. Election Cycle Sum to Date				
							\$		
3. Contributor	a. Full Name, Mailing Address & Phone (include city, state, & zip)	d. Account Number/Code	e. Form of Payment	f. Date (mm/dd/yyyy)	g. In-Kind	h. Prior Report	i. Amount		
	Aggregated Individual Contribution	XXXXXXXXXX SCB	CK	11/19/02	<input type="checkbox"/>	<input type="checkbox"/>	\$ 50.00		
					<input type="checkbox"/>	<input type="checkbox"/>	\$		
					<input type="checkbox"/>	<input type="checkbox"/>	\$		
b. Job Title/Profession					<input type="checkbox"/>	<input type="checkbox"/>	\$		
c. Employer's Name/Specific Field	j. If Amendment, choose change type: Add Delete				k. Election Cycle Sum to Date				
							\$		
4. Total only this Page							\$ 350.00		
5. Total of ALL CRO-1210 Pages (only show on last page)							\$		
<i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>									

Contributions from INDIVIDUALS

1. Name of Committee or Fund							2. ID Number		
Schatzman for Sheriff									
3. Contributor	a. Full Name, Mailing Address & Phone (include city, state, & zip)			d. Account Number/Code	e. Form of Payment	f. Date (mm/dd/yyyy)	g. In-Kind	h. Prior Report	i. Amount
	Aggregated individual contribution			██████████ SCB	CK	10/28/02	<input type="checkbox"/>	<input type="checkbox"/>	\$ 70.00
	b. Job Title/Profession						<input type="checkbox"/>	<input type="checkbox"/>	\$
	c. Employer's Name/Specific Field						<input type="checkbox"/>	<input type="checkbox"/>	\$
				j. If Amendment, choose change type: Add Delete		k. Election Cycle Sum to Date \$			
3. Contributor	a. Full Name, Mailing Address & Phone (include city, state, & zip)			d. Account Number/Code	e. Form of Payment	f. Date (mm/dd/yyyy)	g. In-Kind	h. Prior Report	i. Amount
	MARI MAZZEO 1017 PEWTER CT WS, NC 27104 659-6293					9/15/02	X		\$ 96.00
	b. Job Title/Profession						<input type="checkbox"/>	<input type="checkbox"/>	\$
	c. Employer's Name/Specific Field						<input type="checkbox"/>	<input type="checkbox"/>	\$
				j. If Amendment, choose change type: Add Delete		k. Election Cycle Sum to Date \$			
3. Contributor	a. Full Name, Mailing Address & Phone (include city, state, & zip)			d. Account Number/Code	e. Form of Payment	f. Date (mm/dd/yyyy)	g. In-Kind	h. Prior Report	i. Amount
	Aggregated individual contribution			██████████ SCB	CK		<input type="checkbox"/>	<input type="checkbox"/>	\$
	b. Job Title/Profession						<input type="checkbox"/>	<input type="checkbox"/>	\$
	c. Employer's Name/Specific Field						<input type="checkbox"/>	<input type="checkbox"/>	\$
				j. If Amendment, choose change type: Add Delete		k. Election Cycle Sum to Date \$			
3. Contributor	a. Full Name, Mailing Address & Phone (include city, state, & zip)			d. Account Number/Code	e. Form of Payment	f. Date (mm/dd/yyyy)	g. In-Kind	h. Prior Report	i. Amount
	Aggregated individual contribution			██████████ SCB	CK		<input type="checkbox"/>	<input type="checkbox"/>	\$
	b. Job Title/Profession						<input type="checkbox"/>	<input type="checkbox"/>	\$
	c. Employer's Name/Specific Field						<input type="checkbox"/>	<input type="checkbox"/>	\$
				j. If Amendment, choose change type: Add Delete		k. Election Cycle Sum to Date \$			
3. Contributor	a. Full Name, Mailing Address & Phone (include city, state, & zip)			d. Account Number/Code	e. Form of Payment	f. Date (mm/dd/yyyy)	g. In-Kind	h. Prior Report	i. Amount
	Aggregated individual contribution			██████████ SCB	CK		<input type="checkbox"/>	<input type="checkbox"/>	\$
	b. Job Title/Profession						<input type="checkbox"/>	<input type="checkbox"/>	\$
	c. Employer's Name/Specific Field						<input type="checkbox"/>	<input type="checkbox"/>	\$
				j. If Amendment, choose change type: Add Delete		k. Election Cycle Sum to Date \$			
4. Total only this Page								\$ 1030.00	
5. Total of ALL CRO-1210 Pages (only show on last page)								\$ 18,166.16	
(This line must be on line 6 of Detailed Summary Page CRO-1100)									

Other Receipt Sources

1. Name of Committee or Fund				2. ID Number	
Schatzman for Sheriff					
3. Type of Receipt Source <i>(Please use separate CRO-1250 forms for each type of Receipt Source.)</i>					
<input checked="" type="checkbox"/> Interest		Contributions from Not-for-Profit Organizations		Outside Sources of Income	
4. Contributor	a. Full Name, Mailing Address & Phone (include city, state, and zip)	b. Account Number/Code	c. Form of Payment	d. Date (mm/dd/yyyy)	e. Amount
	Southern Community Bank O Box 26134 Winston-Salem, NC 27104 68-8500	100000000 SCB	Bank Credit	10/31/02 11/29/02 12/31/02	\$ 4.95 \$ 1.90 \$ 2.34 \$.71
f. If Outside Source of Income, explain:		g. If Amendment, choose change type: Add Delete		h. If Not-for-Profit, list Fed ID #:	
4. Contributor	a. Full Name, Mailing Address & Phone (include city, state, and zip)	b. Account Number/Code	c. Form of Payment	d. Date (mm/dd/yyyy)	e. Amount
					\$ \$ \$
f. If Outside Source of Income, explain:		g. If Amendment, choose change type: Add Delete		h. If Not-for-Profit, list Fed ID #:	
4. Contributor	a. Full Name, Mailing Address & Phone (include city, state, and zip)	b. Account Number/Code	c. Form of Payment	d. Date (mm/dd/yyyy)	e. Amount
					\$ \$ \$
f. If Outside Source of Income, explain:		g. If Amendment, choose change type: Add Delete		h. If Not-for-Profit, list Fed ID #:	
4. Contributor	a. Full Name, Mailing Address & Phone (include city, state, and zip)	b. Account Number/Code	c. Form of Payment	d. Date (mm/dd/yyyy)	e. Amount
					\$ \$ \$
f. If Outside Source of Income, explain:		g. If Amendment, choose change type: Add Delete		h. If Not-for-Profit, list Fed ID #:	
4. Contributor	a. Full Name, Mailing Address & Phone (include city, state, and zip)	b. Account Number/Code	c. Form of Payment	d. Date (mm/dd/yyyy)	e. Amount
					\$ \$ \$
f. If Outside Source of Income, explain:		g. If Amendment, choose change type: Add Delete		h. If Not-for-Profit, list Fed ID #:	
4. Contributor	a. Full Name, Mailing Address & Phone (include city, state, and zip)	b. Account Number/Code	c. Form of Payment	d. Date (mm/dd/yyyy)	e. Amount
					\$ \$ \$
f. If Outside Source of Income, explain:		g. If Amendment, choose change type: Add Delete		h. If Not-for-Profit, list Fed ID #:	
5. Total only this Page					\$ 4.95
6. Total of ALL CRO-1250 Related Pages <i>(only show on last page)</i>					\$ 4.95
<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>					

Disbursements

1. Name of Committee or Fund						2. ID Number		
Schatzman for Sheriff								
3. Type of Disbursement <small>(Please use separate CRO-1310 forms for each type of Disbursements.)</small>								
Operating Expenses		Contributions to Candidates/Political Committees			Coordinated Party Expenditures			
4. Payee	a. Full Name, Mailing Address & Phone			d. Purpose	e. Account Number/Code	f. Form of Payment	g. Date (mm/dd/yyyy)	h. Amount
	Bill Schatzman 3450 Kirklees Rd Winston-Salem, NC 27104 336-794-0988			FUND RAISER EXPENSES AT GRANDVIEW	XXXXXXXXXX SCB	CK	10/28/02	\$1872.00
b. If Contribution to County Committee, specify:		c. If Coordinated Party Expense, list office:		i. If Amendment, choose change type:		j. Election Cycle Sum To Date		
				Add <input type="checkbox"/> Delete <input type="checkbox"/>		\$ 8802.57		
4. Payee	a. Full Name, Mailing Address & Phone			d. Purpose	e. Account Number/Code	f. Form of Payment	g. Date (mm/dd/yyyy)	h. Amount
	Bill Schatzman 3450 Kirklees Rd Winston-Salem, NC 27104 336-794-0988			STANDS	XXXXXXXXXX SCB	CK	10/28/02	\$148.00
b. If Contribution to County Committee, specify:		c. If Coordinated Party Expense, list office:		i. If Amendment, choose change type:		j. Election Cycle Sum To Date		
				Add <input type="checkbox"/> Delete <input type="checkbox"/>		\$ 8950.57		
4. Payee	a. Full Name, Mailing Address & Phone <small>(include city, state, and zip)</small>			d. Purpose	e. Account Number/Code	f. Form of Payment	g. Date (mm/dd/yyyy)	h. Amount
	Horn & Stronach 315 N Spruce St Winston-Salem, NC 27101 336-721-2992			MARKETING	XXXXXXXXXX SCB	CK	10/29/02	\$12,000.00
b. If Contribution to County Committee, specify:		c. If Coordinated Party Expense, list office:		i. If Amendment, choose change type:		j. Election Cycle Sum To Date		
				Add <input type="checkbox"/> Delete <input type="checkbox"/>		\$ 37575.23		
4. Payee	a. Full Name, Mailing Address & Phone			d. Purpose	e. Account Number/Code	f. Form of Payment	g. Date (mm/dd/yyyy)	h. Amount
	Bill Schatzman 3450 Kirklees Rd Winston-Salem, NC 27104 336-794-0988			CAMPAIGN SUPPLIES	XXXXXXXXXX SCB	CK	11/12/02	\$1873.12
b. If Contribution to County Committee, specify:		c. If Coordinated Party Expense, list office:		i. If Amendment, choose change type:		j. Election Cycle Sum To Date		
				Add <input type="checkbox"/> Delete <input type="checkbox"/>		\$ 19823.69		
4. Payee	a. Full Name, Mailing Address & Phone <small>(include city, state, and zip)</small>			d. Purpose	e. Account Number/Code	f. Form of Payment	g. Date (mm/dd/yyyy)	h. Amount
	ANNE & ASSOC. 1340 REYNOLDA RD WS, NC 27104 63-1855			MEDIA TRAINING	XXXXXXXXXX SCB	CK	11/14/02	\$1500.00
b. If Contribution to County Committee, specify:		c. If Coordinated Party Expense, list office:		i. If Amendment, choose change type:		j. Election Cycle Sum To Date		
				Add <input type="checkbox"/> Delete <input type="checkbox"/>		\$ 1500.00		
5. Total only this Page								\$17393.12
6. Total of ALL CRO-1310 Related Pages <small>(only show on last page)</small>								\$
<small>(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)</small>								
<small>(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)</small>								
<small>(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)</small>								

Disbursements

1. Name of Committee or Fund		2. ID Number	
Schatzman for Sheriff			
3. Type of Disbursement (Please use separate CRO-1310 forms for each type of Disbursements.)			
Operating Expenses		Coordinated Party Expenditures	
a. Full Name, Mailing Address & Phone (include city, state, and zip)		d. Purpose	e. Account Number/Code
f. Form of Payment g. Date (mm/dd/yyyy)		h. Amount	
1. Payee CHARONNA REMICARD 4100 NEW WALKERT DR WJ, NC 27105 785-1010		ELECTION NIGHT PARTY SCB	CK 11/18/02 \$ 575.00 \$ \$
b. If Contribution to County Committee, specify:		c. If Coordinated Party Expense, list office:	
		i. If Amendment, choose change type: Add Delete	
		j. Election Cycle Sum To Date \$ 575.00	
a. Full Name, Mailing Address & Phone (include city, state, and zip)		d. Purpose	e. Account Number/Code
f. Form of Payment g. Date (mm/dd/yyyy)		h. Amount	
4. Payee Horn & Stronach 315 N Spruce St Winston-Salem, NC 27101 336-721-2992		MARKETING SCB	CK 12/3/02 \$ 2,000.00 \$ \$
b. If Contribution to County Committee, specify:		c. If Coordinated Party Expense, list office:	
		i. If Amendment, choose change type: Add Delete	
		j. Election Cycle Sum To Date \$ 57575.23	
a. Full Name, Mailing Address & Phone (include city, state, and zip)		d. Purpose	e. Account Number/Code
f. Form of Payment g. Date (mm/dd/yyyy)		h. Amount	
4. Payee FORSTH COUNTY FINANCE 200 N MAIN ST #713 WJ, NC 27101 727-2779		RECEIPTS SCB	CK 12/11/02 \$ 1,058.25 \$ \$
b. If Contribution to County Committee, specify:		c. If Coordinated Party Expense, list office:	
		i. If Amendment, choose change type: Add Delete	
		j. Election Cycle Sum To Date \$ 1058.25	
a. Full Name, Mailing Address & Phone (include city, state, and zip)		d. Purpose	e. Account Number/Code
f. Form of Payment g. Date (mm/dd/yyyy)		h. Amount	
4. Payee Bill Schatzman 3450 Kirkles Rd Winston-Salem, NC 27104 336-794-0988		MAILINGS SCB	CK 12/11/02 \$ 460.34 \$ \$
b. If Contribution to County Committee, specify:		c. If Coordinated Party Expense, list office:	
		i. If Amendment, choose change type: Add Delete	
		j. Election Cycle Sum To Date \$ 11284.03	
a. Full Name, Mailing Address & Phone (include city, state, and zip)		d. Purpose	e. Account Number/Code
f. Form of Payment g. Date (mm/dd/yyyy)		h. Amount	
4. Payee Bill Schatzman 3450 Kirkles Rd Winston-Salem, NC 27104 336-794-0988		TELEPHONE ELECTION COMMITTEE DINNER ELECTION SUPPLIES SCB	CK 12/20/02 \$ 348.09 \$ 589.09 \$ 814.17
b. If Contribution to County Committee, specify:		c. If Coordinated Party Expense, list office:	
		i. If Amendment, choose change type: Add Delete	
		j. Election Cycle Sum To Date \$ 13035.38	
5. Total only this Page		\$ 23844.94	
6. Total of ALL CRO-1310 Related Pages		(only show on last 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)			

Disbursements

1. Name of Committee or Fund						2. ID Number	
Schatzman for Sheriff							
3. Type of Disbursement <i>(Please use separate CRO-1310 forms for each type of Disbursements.)</i>							
Operating Expenses		Contributions to Candidates/Political Committees			Coordinated Party Expenditures		
4. Payee	a. Full Name, Mailing Address & Phone		d. Purpose	e. Account Number/Code	f. Form of Payment	g. Date (mm/dd/yyyy)	h. Amount
	Horn & Stronach 315 N Spruce St Winston-Salem, NC27101 336-721-2992		MARKETING	1067303 SCB	CK	12/23/02	\$2304.64
	b. If Contribution to County Committee, specify:		c. If Coordinated Party Expense, list office:		i. If Amendment, choose change type: Add Delete		j. Election Cycle Sum To Date \$ 59877.87
4. Payee	a. Full Name, Mailing Address & Phone (include city, state, and zip)		d. Purpose	e. Account Number/Code	f. Form of Payment	g. Date (mm/dd/yyyy)	h. Amount
							\$
	b. If Contribution to County Committee, specify:		c. If Coordinated Party Expense, list office:		i. If Amendment, choose change type: Add Delete		j. Election Cycle Sum To Date \$
4. Payee	a. Full Name, Mailing Address & Phone (include city, state, and zip)		d. Purpose	e. Account Number/Code	f. Form of Payment	g. Date (mm/dd/yyyy)	h. Amount
							\$
	b. If Contribution to County Committee, specify:		c. If Coordinated Party Expense, list office:		i. If Amendment, choose change type: Add Delete		j. Election Cycle Sum To Date \$
4. Payee	a. Full Name, Mailing Address & Phone (include city, state, and zip)		d. Purpose	e. Account Number/Code	f. Form of Payment	g. Date (mm/dd/yyyy)	h. Amount
				1067303 SCB	CK		\$
	b. If Contribution to County Committee, specify:		c. If Coordinated Party Expense, list office:		i. If Amendment, choose change type: Add Delete		j. Election Cycle Sum To Date \$
4. Payee	a. Full Name, Mailing Address & Phone (include city, state, and zip)		d. Purpose	e. Account Number/Code	f. Form of Payment	g. Date (mm/dd/yyyy)	h. Amount
				1067303 SCB	CK		\$
	b. If Contribution to County Committee, specify:		c. If Coordinated Party Expense, list office:		i. If Amendment, choose change type: Add Delete		j. Election Cycle Sum To Date \$
5. Total only this Page							\$2304.64
6. Total of ALL CRO-1310 Related Pages <i>(only show on last page)</i>							\$
<i>(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)</i>							\$
<i>(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)</i>							\$43542.70
<i>(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)</i>							

In-Kind Contributions

1. Name of Committee or Fund		2. ID Number		
Schatzman for Sheriff				
3. Contributor	a. Full Name, Mailing Address & Phone (include city, state, and zip)	c. Description	d. Date (mm/dd/yyyy)	e. Fair Market Amount
	MICKEY BULES 2920 REYNOLDS RD WJ, NC 27066 722-6388	STAKE	9/15/02	\$ 109.16 \$ \$ \$
b. Type of Contributor Individual <input checked="" type="checkbox"/> Party Committee <input type="checkbox"/> Other Political Committee <input type="checkbox"/> Other Receipt Source <input type="checkbox"/>		f. If Amendment, choose change type: Add <input type="checkbox"/> Delete <input type="checkbox"/>		g. Election Cycle Sum to Date \$ 109.16
3. Contributor	a. Full Name, Mailing Address & Phone (include city, state, and zip)	c. Description	d. Date (mm/dd/yyyy)	e. Fair Market Amount
	MARY MARZEO 1017 PEWTER CT WJ, NC 27061 659-6293	ADVERTISING	10/3/02	\$ 960.00 \$ \$ \$
b. Type of Contributor Individual <input checked="" type="checkbox"/> Party Committee <input type="checkbox"/> Other Political Committee <input type="checkbox"/> Other Receipt Source <input type="checkbox"/>		f. If Amendment, choose change type: Add <input type="checkbox"/> Delete <input type="checkbox"/>		g. Election Cycle Sum to Date \$ 960.00
3. Contributor	a. Full Name, Mailing Address & Phone (include city, state, and zip)	c. Description	d. Date (mm/dd/yyyy)	e. Fair Market Amount
				\$ \$ \$ \$
b. Type of Contributor Individual <input type="checkbox"/> Party Committee <input type="checkbox"/> Other Political Committee <input type="checkbox"/> Other Receipt Source <input type="checkbox"/>		f. If Amendment, choose change type: Add <input type="checkbox"/> Delete <input type="checkbox"/>		g. Election Cycle Sum to Date \$
3. Contributor	a. Full Name, Mailing Address & Phone (include city, state, and zip)	c. Description	d. Date (mm/dd/yyyy)	e. Fair Market Amount
				\$ \$ \$ \$
b. Type of Contributor Individual <input type="checkbox"/> Party Committee <input type="checkbox"/> Other Political Committee <input type="checkbox"/> Other Receipt Source <input type="checkbox"/>		f. If Amendment, choose change type: Add <input type="checkbox"/> Delete <input type="checkbox"/>		g. Election Cycle Sum to Date \$
3. Contributor	a. Full Name, Mailing Address & Phone (include city, state, and zip)	c. Description	d. Date (mm/dd/yyyy)	e. Fair Market Amount
				\$ \$ \$ \$
b. Type of Contributor Individual <input type="checkbox"/> Party Committee <input type="checkbox"/> Other Political Committee <input type="checkbox"/> Other Receipt Source <input type="checkbox"/>		f. If Amendment, choose change type: Add <input type="checkbox"/> Delete <input type="checkbox"/>		g. Election Cycle Sum to Date \$
3. Contributor	a. Full Name, Mailing Address & Phone (include city, state, and zip)	c. Description	d. Date (mm/dd/yyyy)	e. Fair Market Amount
				\$ \$ \$ \$
b. Type of Contributor Individual <input type="checkbox"/> Party Committee <input type="checkbox"/> Other Political Committee <input type="checkbox"/> Other Receipt Source <input type="checkbox"/>		f. If Amendment, choose change type: Add <input type="checkbox"/> Delete <input type="checkbox"/>		g. Election Cycle Sum to Date \$
4. Total only this Page				\$ 1069.16
5. Total of ALL CRO-1510 Pages (only show on last page)				\$ 1069.16
(This line must be on line 16 of Detailed Summary Page CRO-1100)				