

# COPY

## Disclosure Report Cover

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.

Amendment  
☐ Yes ☒ No

<b>1. Committee Information</b>			
a. Full Name <b>Schatzman for Sher</b>		c. ID Number —	
b. Mailing Address (include City, State and Zip Code) <b>50 Stephen C. Mathis, Treasurer 2521 Bitting Rd. Winston-Salem, NC 27104</b>		d. Date Filed <b>7/22/2013</b>	
		e. Phone Number <b>336-722-1511</b>	
<b>2. Report Year</b>	<b>3. Period Start Date (mm/dd/yy)</b>	<b>4. Period End Date (mm/dd/yy)</b>	<b>5. Treasurer Full Name</b>
<b>2013</b>	<b>1/1/2013</b>	<b>6/30/2013</b>	<b>Stephen C. Mathis</b>
<b>6. Type of Committee (Check One)</b>		<b>9. Type of Report (check only one type of report from one category)</b>	
<input checked="" type="checkbox"/> Candidate Campaign <input type="checkbox"/> PAC <input type="checkbox"/> Independent Expenditure <input type="checkbox"/> Legal Expense Fund <input type="checkbox"/> Party <input type="checkbox"/> Referendum <input type="checkbox"/> Joint Fundraiser		<b>Municipal</b> <input type="checkbox"/> Organizational <input type="checkbox"/> Thirty-five day <input type="checkbox"/> Pre-primary <input type="checkbox"/> Pre-election <input type="checkbox"/> Pre-runoff <input type="checkbox"/> Semi-annual <input type="checkbox"/> Mid Year <input type="checkbox"/> Year End <input type="checkbox"/> Final <input type="checkbox"/> Special <b>State/County</b> <input type="checkbox"/> Organizational <input type="checkbox"/> Quarterly <input type="checkbox"/> First <input type="checkbox"/> Second <input type="checkbox"/> Third <input type="checkbox"/> Fourth <input type="checkbox"/> Semi-annual <input checked="" type="checkbox"/> Mid Year <input type="checkbox"/> Year End <input type="checkbox"/> Final <input type="checkbox"/> Special <b>Referendum</b> <input type="checkbox"/> Organizational <input type="checkbox"/> Pre-referendum <input type="checkbox"/> Final <input type="checkbox"/> Supplemental Final <input type="checkbox"/> Annual <input type="checkbox"/> Special	
<b>7. Type of Fund (if applicable, check one)</b>		<b>10. Special Report Name</b>	
<input type="checkbox"/> Booster Fund <input type="checkbox"/> Building Fund <input type="checkbox"/> Other:		<b>11. Account Information</b> a. Financial Institution Full Name <b>Capital Bank</b> b. Purpose <b>Campaign Activity</b> c. Account Code <b>100</b> d. Period Begin Balance <b>\$ 9,155.55</b>	
<b>8. Number of Fundraisers this Report</b>			
<b>none</b>			
<b>CERTIFICATION</b>			
I certify that the Committee or Fund is in compliance with all applicable provisions of Article 22A, 22B & 22D-22M of Chapter 163 of the NC General Statutes and that no funds are commingled with prohibited or other non-disclosed funds. I further certify that this report is complete, true and correct and that I have been trained by the NC State Board of Elections.			
<b>Stephen C. Mathis</b> Printed Name of Signer		<b>[Signature]</b> Signature of Appointed Treasurer	
		<b>7/22/2013</b> Date	
<b>FOR OFFICE USE ONLY</b>			
Date Received:	<b>7/23/2013</b>	Employee:	<b>Judy Speas</b>
Date Postmarked:	_____	Employee:	_____
Date Scanned:	_____	Employee:	_____
Date Data Entered:	_____	Employee:	_____
		<b>Delivery Method</b> <input checked="" type="checkbox"/> Normal Mail <input type="checkbox"/> Registered Mail <input type="checkbox"/> Hand Delivered <input type="checkbox"/> Electronically Filed <input type="checkbox"/> Signer has not received mandatory training	
<b>Please Note:</b> This form cannot be used to amend committee information such as the committee address, treasurer, assistant treasurer, custodian of books information, or account information. You must amend the Statement of Organization (CRO-2100A-E) to make committee changes.			

# Detailed Summary

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

Amendment  
☐ Yes ☒ No

1. Committee Full Name (and Fund if applicable)		2. Type of Report		3. ID Number	
Schatzman for Sheriff		Mid Year Semi annual		—	
Start of Election Cycle: January 1, 2011		Total this Reporting Period		Total this Election Cycle	
4) Cash on Hand at Start		\$ 9,155.55		\$ 11,134.11	
<b>RECEIPTS</b>					
5) Aggregated Contributions from Individuals (CRO-1205)		\$ —		\$ —	
6) Contributions from Individuals (CRO-1210)		\$ 40.16		\$ 1,040.74	
7) Contributions from Political Party Committees (CRO-1220)		\$ —		\$ —	
8) Contributions from Other Political Committees (CRO-1230)		\$ —		\$ —	
9) Loan Proceeds (CRO-1410)		\$ —		\$ —	
10) Refunds/Reimbursements to the Committee (CRO-1240)		\$ —		\$ —	
11) Other Receipt Sources					
11a) Interest on Bank Accounts (CRO-1250)		\$ 2.30		\$ 22.32	
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)		\$ 42.46		\$ 1,063.06	
<b>EXPENDITURES</b>					
13) Disbursements					
13a) Operating Expenditures (CRO-1310)		\$ 199.00		\$ 847.00	
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)		\$ —		\$ —	
16) Refunds/Reimbursements from the Committee (CRO-1320)		\$ 40.16		\$ 840.74	
17) In-Kind Contributions (CRO-1510)		\$ 40.16		\$ 840.74	
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)		\$ 279.32		\$ 3,278.48	
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)		\$ 8,918.69		\$ 8,918.69	
<b>ADDITIONAL INFORMATION</b>					
20) Non-Monetary Gifts Given to Other Committees (CRO-1330)		\$ —			
21) Outstanding Loans (incl. ones from other campaigns) (CRO-1430)		\$ —			
22) Debts and Obligations owed by the Committee (CRO-1610)		\$ —			
23) Debts and Obligations owed to the Committee (CRO-1620)		\$ —			
24) Account Transfers Within the Committee (CRO-1720)		\$ —			
25) Administrative Support (CRO-1710)		\$ —		\$ —	
26) Forgiven Loans (CRO-1440)		\$ —		\$ —	
27) 48-Hour Notice Reports Sum (CRO-2220)		\$ —		\$ —	
28) Contributions to be Refunded (CRO-1215)		\$ —		\$ —	

# Contributions from Individuals

Pg 1 of 1 Amendment ☐ Yes ☒ No

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

1. Committee Full Name (and Fund if applicable)					2. ID Number	
Schatzman For Sheriff					-	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments
William T. Schatzman 3450 Kinklees Rd Winston-Salem, NC 27104 336-917-7127				Sheriff		
				c. Employer's Name/Specific Field		e. Election Sum to Date
				Forsyth County		
						\$ 840.74
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	lunch meeting	1/28/2013	\$ 40.16	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments
				c. Employer's Name/Specific Field		e. Election Sum to Date
						\$
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments
				c. Employer's Name/Specific Field		e. Election Sum to Date
						\$
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 40.16	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$ 40.16	

# Other Receipt Sources

Pg 1 of 1 Amendment ☐ Yes ☒ No

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

<b>1. Committee Full Name (and Fund if applicable)</b>				<b>2. ID Number</b>	
Schatzman for Sheriff				—	
<b>3. Type of Receipt Source</b> (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					
<b>4. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove					
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)			<b>b. Not-for-Profit Federal ID #</b>		<b>d. Comments</b>
Capital Bank PO Box 26134 Winston-Salem, NC 27114 336-765-8500			—		
			<b>c. Outside Source Explanation</b>		
			—		<b>e. Election Sum to Date</b>
					\$
<b>f. Account Code</b>	<b>g. Form of Payment</b>	<b>h. In-Kind Description</b>	<b>i. Date (mm/dd/yyyy)</b>	<b>j. Amount</b>	
100	Bank Credit	—	1/31/13	\$ .46	
✓	✓	—	2/28/13	\$ .34	
<b>4. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove					
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)			<b>b. Not-for-Profit Federal ID #</b>		<b>d. Comments</b>
Capital Bank cont			—		
			<b>c. Outside Source Explanation</b>		
			—		<b>e. Election Sum to Date</b>
					\$ —
<b>f. Account Code</b>	<b>g. Form of Payment</b>	<b>h. In-Kind Description</b>	<b>i. Date (mm/dd/yyyy)</b>	<b>j. Amount</b>	
✓	✓	—	3/31/13	\$ .38	
✓	✓	—	4/30/13	\$ .37	
<b>4. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove					
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)			<b>b. Not-for-Profit Federal ID #</b>		<b>d. Comments</b>
Capital Bank cont			—		
			<b>c. Outside Source Explanation</b>		
			—		<b>e. Election Sum to Date</b>
					\$ —
<b>f. Account Code</b>	<b>g. Form of Payment</b>	<b>h. In-Kind Description</b>	<b>i. Date (mm/dd/yyyy)</b>	<b>j. Amount</b>	
✓	✓	—	6/2/13	\$ .40	
✓	✓	—	6/30/13	\$ .35	
<b>5. Total only this Page</b>				\$ 2.30	
<b>6. Total of ALL CRO-1250 Pages</b> (This line goes in line 11a of Detailed Summary Page CRO-1100 if Interest) (This line goes in line 11b of Detailed Summary Page CRO-1100 if Not-for-Profit Contribution) (This line goes in line 11c of Detailed Summary Page CRO-1100 if Outside Sources of Income)				\$ 2.30	

# Disbursements

Pg 1 of 1

Amendment  
☐ Yes ☒ No

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

1. Committee Full Name (and Fund if applicable)				2. ID Number	
Schatzman for Sheriff				—	
3. Type of Disbursement (Please use separate CRO-1310 forms for each type of Disbursement)					
<input checked="" type="checkbox"/> Operating Expenses <input type="checkbox"/> Contributions to Candidates/Political Committees <input type="checkbox"/> Coordinated Party Expenditures					
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Coordinated Committee Name		d. Comments
Carter Publishing Company, Inc. PO Box 337 (Kernersville News) Kernersville, NC 27285 336-993-2161			—		—
c. Level Registered (Specify)			e. Election Sum to Date		
<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:					\$ 597.00
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
100	check	A	1/14/13	\$ 199.00	newspaper ad
				\$	
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Coordinated Committee Name		d. Comments
			—		—
c. Level Registered (Specify)			e. Election Sum to Date		
<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:					\$
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
				\$	
				\$	
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Coordinated Committee Name		d. Comments
			—		—
c. Level Registered (Specify)			e. Election Sum to Date		
<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:					\$
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
				\$	
				\$	
5. Total only this Page					\$ 199.00
6. Total of ALL CRO-1310 Pages (This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses) (This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm) (This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)					\$ 199.00
7. Purpose Codes (List detailed expenditure code in (h.) above)					
A* - Media		B* - Printing		C* - Fundraising	
E - Salaries		F* - Equipment		D - To Another Candidate	
I - Postage		J - Penalties		G - Political Party	
O* Other				H* - Holding Public Office Expenses	
				K* - Office Expenses	
				Q* - Donation to Legal Expense Fund	
* Codes require detailed explanation in required remarks field (k)					

# Refunds/Reimbursements From the Committee

Pg 1 of 1

Amendment

☐ Yes

☒ No

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

1. Committee Full Name (and Fund if applicable)			2. ID Number		
Schatzman for Sheriff			-		
3. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)			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		1/28/2013
			<input type="checkbox"/> Referendum <input type="checkbox"/> Party		
			e. Level Registered		i. Original Receipt Amount
			<input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$ 40.16
b. Job Title/Profession			f. Purpose Code		j. Election Sum to Date
c. Employer's Name/Specific Field			P		\$ 840.74
g. Comments			k. Account Code		
Sheriff			100		
l. Form of Payment		m. Required Remarks	n. Date (mm/dd/yyyy)	o. Amount	
check		Reimbursement for lunch meeting	2/21/2013	\$ 40.16	
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
			<input type="checkbox"/> Candidate <input type="checkbox"/> PAC		
			<input type="checkbox"/> Referendum <input type="checkbox"/> Party		
			e. Level Registered		i. Original Receipt Amount
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$
b. Job Title/Profession			f. Purpose Code		j. Election Sum to Date
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		h. Original Receipt Date
			<input type="checkbox"/> Candidate <input type="checkbox"/> PAC		
			<input type="checkbox"/> Referendum <input type="checkbox"/> Party		
			e. Level Registered		i. Original Receipt Amount
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$
b. Job Title/Profession			f. Purpose Code		j. Election Sum to Date
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					\$ 40.16
5. Total of ALL CRO-1320 Pages (This line must be on line 16 of Detailed Summary Page CRO-1100)					\$ 40.16
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

Pg 1 of 1

Amendment  
☐ Yes ☒ No

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

1. Committee Full Name (and Fund if applicable)		2. ID Number	
Schatzman for Sherika			
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	
		\$ 840.74	
e. Description		f. Date (mm/dd/yyyy)	g. Fair Market Amount
Lunch meeting		11/28/2013	\$ 40.16
			\$
			\$
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Type of Contributor	
		<input type="checkbox"/> Individual <input type="checkbox"/> Candidate <input type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Other Receipt Source	
		c. Comments	
		d. Election Sum to Date	
		\$	
e. Description		f. Date (mm/dd/yyyy)	g. Fair Market Amount
			\$
			\$
			\$
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Type of Contributor	
		<input type="checkbox"/> Individual <input type="checkbox"/> Candidate <input type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Other Receipt Source	
		c. Comments	
		d. Election Sum to Date	
		\$	
e. Description		f. Date (mm/dd/yyyy)	g. Fair Market Amount
			\$
			\$
			\$
4. Total only this Page		\$ 40.16	
5. Total of ALL CRO-1510 Pages (This line must be on line 17 of Detailed Summary Page CRO-1100)		\$ 40.16	