

Disclosure Report Cover

Amendment
 Yes No

Use this form for general report and committee information, must be signed and submitted along with other detailed forms. Do not use this form to update information.

1. Committee Information	
a. Full Name Schatzman for Sheriff	c. ID Number -
b. Mailing Address (include City, State and Zip Code) 90 Stephen C. Mathis, 2521 Bitting Rd. Winston-Salem, NC 27104	d. Date Filled 1/25/2016
	e. Phone Number 336-722-1511

2. Report Year 2015	3. Period Start Date (mm/dd/yy) 7/1/2015	4. Period End Date (mm/dd/yy) 12/31/2015	5. Treasurer Full Name Stephen C. Mathis
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6. Type of Committee (Check One)		9. Type of Report (check only one type of report from one category)		
<input checked="" type="checkbox"/> Candidate Campaign	<input type="checkbox"/> Party	<input type="checkbox"/> Municipal	<input type="checkbox"/> State/County	<input type="checkbox"/> Referendum
<input type="checkbox"/> PAC	<input type="checkbox"/> Referendum	<input type="checkbox"/> Organizational	<input type="checkbox"/> Organizational	<input type="checkbox"/> Organizational
<input type="checkbox"/> Independent Expenditure	<input type="checkbox"/> Joint Fundraiser	<input type="checkbox"/> Thirty-five day	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Pre-referendum
<input type="checkbox"/> Legal Expense Fund		<input type="checkbox"/> Pre-primary	<input type="checkbox"/> First	<input type="checkbox"/> Final
		<input type="checkbox"/> Pre-election	<input type="checkbox"/> Second	<input type="checkbox"/> Supplemental Final
		<input type="checkbox"/> Pre-runoff	<input type="checkbox"/> Third	<input type="checkbox"/> Annual
		<input type="checkbox"/> Semi-annual	<input type="checkbox"/> Fourth	<input type="checkbox"/> Special
		<input type="checkbox"/> Mid Year	<input type="checkbox"/> Semi-annual	
		<input type="checkbox"/> Year End	<input type="checkbox"/> Mid Year	
		<input type="checkbox"/> Final	<input checked="" type="checkbox"/> Year End	
		<input type="checkbox"/> Special	<input type="checkbox"/> Final	
			<input type="checkbox"/> Special	
7. Type of Fund (if applicable, check one)		10. Special Report Name		
<input type="checkbox"/> Booster Fund		-		
<input type="checkbox"/> Building Fund				
<input type="checkbox"/> Other:				
8. Number of Fundraisers this Report				

10. Account Information		11. Account Information	
a. Financial Institution Full Name Capital Bank	a. Financial Institution Full Name -	b. Purpose Campaign Activity	b. Purpose -
c. Account Code 100	c. Account Code -	d. Period Begin Balance \$ 7,178,03	d. Period Begin Balance \$ -

CERTIFICATION

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

Stephen C. Mathis
 Printed Name of Signer

[Signature]
 Signature of Appointed Treasurer

1/25/2016
 Date

FOR OFFICE USE ONLY

Date Received: 1/25/16 Employee: *[Signature]*

Date Postmarked: _____ Employee: _____

Date Scanned: _____ Employee: _____

Date Data Entered: _____ Employee: _____

Delivery Method

Normal Mail

Registered Mail

Hand Delivered

Electronically Filed

Signer has not received mandatory training

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

Detailed Summary

Amendment

Yes

No

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

1. Committee Full Name (and Fund if applicable)	2. Type of Report	3. ID Number
Schatzman for Sheriff	semi-annual year end	-
Start of Election Cycle: January 1, <u>2015</u>	Total this Reporting Period	Total this Election Cycle
4) Cash on Hand at Start	\$ 7,178.03	\$ 7,676.12
RECEIPTS		
5) Aggregated Contributions from Individuals (CRO-1205)	\$ -	\$ -
6) Contributions from Individuals (CRO-1210)	\$ -	\$ -
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)	\$ 1.84	\$ 3.75
11b) Contributions from Not-For-Profit Organizations (CRO-1250)	\$ -	\$ -
11c) Outside Sources of Income (CRO-1250)	\$ -	\$ -
11d) Legal Expense Fund - Other Sources (CRO-1270)	\$ -	\$ -
11e) Exempt Purchase Price Sales (CRO-1265)	\$ -	\$ -
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d and 11e)	\$ 1.84	\$ 3.75
EXPENDITURES		
13) Disbursements		
13a) Operating Expenditures (CRO-1310)	\$ 10.00	\$ 10.00
13b) Contributions to Candidates/Political Committees (CRO-1310)	\$ -	\$ 500.00
13c) Coordinated Party Expenditures (CRO-1310)	\$ -	\$ -
14) Aggregated Non-Media Expenditures (CRO-1315)	\$ -	\$ -
15) Loan Repayments (CRO-1420)	\$ -	\$ -
16) Refunds/Reimbursements from the Committee (CRO-1320)	\$ -	\$ -
17) In-Kind Contributions (CRO-1510)	\$ -	\$ -
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)	\$ 10.00	\$ 510.00
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)	\$ 7,169.87	\$ 7,169.87
ADDITIONAL INFORMATION		
20) Non-Monetary Gifts Given to Other Committees (CRO-1330)	\$ -	
21) Outstanding Loans (incl. ones from other campaigns) (CRO-1430)	\$ -	
22) Debts and Obligations owed by the Committee (CRO-1610)	\$ -	
23) Debts and Obligations owed to the Committee (CRO-1620)	\$ -	
24) Account Transfers Within the Committee (CRO-1720)	\$ -	
25) Administrative Support (CRO-1710)	\$ -	\$ -
26) Forgiven Loans (CRO-1440)	\$ -	\$ -
27) 48-Hour Notice Reports Sum (CRO-2220)	\$ -	\$ -
28) Contributions to be Refunded (CRO-1215)	\$ -	\$ -

Other Receipt Sources

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

1. Committee Full Name (and Fund if applicable)				2. ID Number	
Schatzman for Sheriff				—	
3. Type of Receipt Source (Please use separate CRO-1250 forms for each type of Receipt Source.)					
<input type="checkbox"/> Interest <input type="checkbox"/> Contributions from Not-for-Profit Organizations <input type="checkbox"/> Outside Sources of Income					
4. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Not-for-Profit Federal ID #	d. Comments	
Capital Bank PO Box 21634 Winston-Salem, NC 27114 336-765-8500			—	Interest	
			c. Outside Source Explanation		
			—		
				e. Election Sum to Date	
				\$ ↓	
f. Account Code	g. Form of Payment	h. In-Kind Description	i. Date (mm/dd/yyyy)	j. Amount	
100	Bank Credit	—	8/2/2015	\$.35	
✓	✓ ✓	—	8/31/2015	\$.29	
4. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Not-for-Profit Federal ID #	d. Comments	
Capital Bank (cont)			—	Interest	
			c. Outside Source Explanation		
			—		
				e. Election Sum to Date	
				\$ ↓	
f. Account Code	g. Form of Payment	h. In-Kind Description	i. Date (mm/dd/yyyy)	j. Amount	
✓	✓ ✓	—	9/30/2015	\$.30	
✓	✓ ✓	—	11/1/2015	\$.31	
4. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Not-for-Profit Federal ID #	d. Comments	
Capital Bank (cont)			—	Interest	
			c. Outside Source Explanation		
			—		
				e. Election Sum to Date	
				\$ 3.75	
f. Account Code	g. Form of Payment	h. In-Kind Description	i. Date (mm/dd/yyyy)	j. Amount	
✓	✓ ✓	—	11/30/2015	\$.29	
✓	✓ ✓	—	12/31/2015	\$.30	
5. Total only this Page				\$ 1.84	
6. Total of ALL CRO-1250 Pages				\$ 1.84	
<small>(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)</small>					

Disbursements

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

1. Committee Full Name (and Fund if applicable)	2. ID Number
Schatzman for Sheriff	—

3. Type of Disbursement (Please use separate CRO-1310 forms for each type of Disbursement)

Operating Expenses Contributions to Candidates/Political Committees Coordinated Party Expenditures

4. Payee Information Add Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	d. Comments
Capital Bank PO Box 21634 Winston-Salem, NC 27114 336-765-8500	—	—
c. Level Registered (Specify)		e. Election Sum to Date
<input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		
		\$ 10.00

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
100	Draft	0	12/31/2015	\$ 10.00	Return Mail Fee
				\$	

4. Payee Information Add 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 Add 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 \$ 10.00

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)

\$ 10.00

7. Purpose Codes (List detailed expenditure code in (k) above)

A* - Media	B* - Printing	C* - Fundraising	D - To Another Candidate
E - Salaries	F* - Equipment	G - Political Party	H* - Holding Public Office Expenses
I - Postage	J - Penalties	K* - Office Expenses	Q* - Donation to Legal Expense Fund
O* Other			

Codes require detailed explanation in required remarks field (k)