Disclosure Report Cover Sheet

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
E. B. Hiatt for Sheriff			26 April 2002
2. Address			**7.ID Number**
Ste 202 755 Highland Oaks Drive			
3. City	**4. State**	**5. Zip**	**8. Phone**
Winston-Salem	NC	27103	336-768-1986

9. Type of Report	10. Period Covered		11. Amendment
First Quarter Report	Start		☐ Yes
	End		☒ No

12. Type of Committee or Fund *(Check one)*

- ☒ Candidate Campaign
- ☐ PAC
- ☐ Other Fund: _____
- ☐ Party
- ☐ Referendum
- ☐ Joint Fundraiser
- ☐ Soft Money Account
- ☐ "Booster Fund"
- ☐ Building Fund

13. Treasurer Name

John H. Wright, MD

14. Assistant Treasurer Name(s)

15. Custodian of Books Name

John H. Wright, MD

16. Bank/Depository/Credit Account Information

a. Name	b. Purpose	c. Code	d. Period Begin Balance
Central Carolina Bank	All Campaign Expenses		$ 2/28/02
			$
			$
			$
			$
			$

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

29 April 2002
Date

POLITICAL COMMITTEE DISCLOSURE REPORT

Name of Committee	SBOE ID Number
E.B. Hiatt for Sheriff	
Address of Committee P.O. Box 30751	Type of Report Initial
City Winston-Salem State NC ZIP 27130	Period Covered From 01/01/02 To 04/29/02

Type of Committee (check one)

☒ Candidate Campaign ☐ PAC ☐ Party ☐ Referendum ☐ Individual

Treasurer Name John Herman Wright Phone Number (optional) 768-1986
Mailing Address: P.O. Box 30751, Winston-Salem, NC 27130
Street Address 755 Highland Oaks Drive, Winston-Salem, NC 27103

City/State/Zip Winston-Salem, NC 27103

Assistant Treasurer Name _____ Phone Number (optional) _____
Street Address _____
City/State/Zip _____

Custodian of Books Name John Herman Wright Phone Number (optional) 768-1986
Street Address 755 Highland Oakes, Drive
City/State/Zip Winston-Salem, NC 27103

Depository Centeral Carolina Bank
Address 2140 Country Club Road, Winston-Salem, NC 27104
Account Number(s) [redacted]

VERIFICATION BY OATH OR AFFIRMATION

State North Carolina

County Forsyth

Being duly sworn, I depose (affirm) and say 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

Subscribed and sworn (affirmed) to before me, this 28th day of February, 19 2002.

Seal

Notary Public
My commission expires _____

Is this an amendment? ____ yes x no
NCSBOE/CR/D (may be copied)

Detailed Summary

1. Name of Committee or Fund	2. Type of Report	3. ID Number
E. B. Hiatt for Sheriff	First Quarter Plus	

Start of Election Cycle: January 1, 20____		Total this Period	Total this Election Cycle	*For Office Use Only*
4) Cash on Hand at Start of Election Cycle			$	
5) Cash on Hand at Start of Present Reporting Period		$		
RECEIPTS				
6) Contributions from Individuals	*(CRO-1210)*	$ 10,475.00	$	
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 Committee	*(CRO-1240)*	$	$	
11) Other Receipt Sources	*(CRO-1250)*			
11a) Interest on Bank Accounts	*(CRO-1250)*	$	$	
11b) Contributions from Not-for-Profit Organizations	*(CRO-1250)*	$	$	
11c) Outside Sources of Income	*(CRO-1250)*	$ 1,240.00	$	
12) TOTAL RECEIPTS *(Add lines 6, 7, 8, 9, 10, 11a, 11b, and 11c)*		$ 11,715.00	$	
EXPENDITURES				
13) Disbursements	*(CRO-1310)*			
13a) Operating Expenditures	*(CRO-1310)*	$ 2,455.14	$	
13b) Contributions to Candidates/Political Committees	*(CRO-1310)*	$	$	
13c) Coordinated Party Expenditures	*(CRO-1310)*	$	$	
14) Loan Repayments	*(CRO-1420)*	$	$	
15) Refunds from Committee	*(CRO-1320)*	$	$	
16) In-Kind Contributions	*(CRO-1510)*	$	$	
17) TOTAL EXPENDITURES *(Add lines 13a, 13b, 13c, 14, 15, and 16)*		$ 2,455.14	$	
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)*		$ 9,259.86	$	
Additional Information				
19) Non-Monetary Gifts Given to Committees	*(CRO-1330)*	$		
20) Outstanding Loans (including ones from other campaigns)	*(CRO-1430)*	$		
21) Debts and Obligations owed BY the Committee	*(CRO-1610)*	$		
22) Debts and Obligations owed TO the Committee	*(CRO-1620)*	$		
23) Parent Entity's Administrative Support	*(CRO-1710)*	$		

Contributions from INDIVIDUALS

1. Name of Committee or Fund	2. ID Number
E. B. Hiatt 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
Stephen Porter 375 Roslyn Road Winston-Salem, NC 27104	CCB	check	02/27/2002	☐	☐	$ 1000.00
				☐	☐	$
				☐	☐	$
b. Job Title/Profession: retired				☐	☐	$
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
	CCB	check	02/27/2002	☐	☐	$ 50.00
				☐	☐	$
				☐	☐	$
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
Donald Stone 4521 Myrtle Avenue Winston-Salem, NC 27106	CCB	check	01/29/2002	☐	☐	$ 100.00
				☐	☐	$
				☐	☐	$
b. Job Title/Profession: retired				☐	☐	$
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
Jack Higgins 4852 Barjmuth Trail Clemmons, NC 27012	CCB	check	02/27/2002	☐	☐	$ 300.00
				☐	☐	$
				☐	☐	$
b. Job Title/Profession: retired				☐	☐	$
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
Marty Tharpe P O Box 11845 Winston-Salem, NC 27012	CCB	check	02/26/2002	☐	☐	$ 1,000.00
				☐	☐	$
				☐	☐	$
b. Job Title/Profession: CEO				☐	☐	$
c. Employer's Name/Specific Field: Spevco	j. If Amendment, choose change type: ☐ Add ☐ Delete			k. Election Cycle Sum to Date: $		

4. Total only this Page	$ 2450.00
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: E. B. Hiatt for Sheriff

2. ID Number:

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
Wilson Martin 536 Innisbrook Drive Statesville, NC 28625	CCB	check	03/22/2002	☐	☐	$ 500.00
				☐	☐	$
				☐	☐	$
b. Job Title/Profession: self				☐	☐	$
c. Employer's Name/Specific Field: Air Drilling Co.	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
Dr. James D. Yopp 1095 Fieldwood Lane Winston-Salem, NC 27106	CCB	check	04/09/2002	☐	☐	$ 1000.00
				☐	☐	$
				☐	☐	$
b. Job Title/Profession: physician				☐	☐	$
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
	CCB	check	04/09/2002	☐	☐	$ 60.00
				☐	☐	$
				☐	☐	$
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
Dennis Hauser 3641 Grandview Club Drive Pfafftown, NC 27040	CCB	check	04/09/2002	☐	☐	$ 240.00
				☐	☐	$
				☐	☐	$
b. Job Title/Profession: retired				☐	☐	$
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
Donald Hurst 2930 Saints Marks Rd. Apt. A Winston-Salem, NC 27103	CCB	check	04/09/2002	☐	☐	$ 120.00
				☐	☐	$
				☐	☐	$
b. Job Title/Profession: bus. manager				☐	☐	$
c. Employer's Name/Specific Field: Dr. Clapp	j. If Amendment, choose change type: ☐ Add ☐ Delete			k. Election Cycle Sum to Date: $		

Total only this Page: $ 1920.00

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
E. B. Hiatt 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
Willism D. Stone 4521 Myrtle Avenue Winston-Salem, NC 27106	CCB	check	02/26/2002	☐	☐	$ 100.00
				☐	☐	$
				☐	☐	$
b. Job Title/Profession: retired				☐	☐	$
c. Employer's Name/Specific Field	j. If Amendment, choose change type: ☐ Add ☐ Delete			k. Election Cycle Sum to Date: $ 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
Claudette B. Weston 22005 Buena Vista Rd. Winston-Salem, NC 27104	CCB	check	04/15/2002	☐	☐	$ 100.00
				☐	☐	$
				☐	☐	$
b. Job Title/Profession: owner				☐	☐	$
c. Employer's Name/Specific Field: Weston & Assoc.	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
Mary Lee Smith 310 North Street Rural Hall, NC 27045	CCB	check	03/08/2002	☐	☐	$ 400.00
				☐	☐	$
				☐	☐	$
b. Job Title/Profession: Housewife				☐	☐	$
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
Jill Craft 4640 Palace Drive Winston-Salem, NC 27101	CCB	check	03/05/2002	☐	☐	$ 100.00
				☐	☐	$
				☐	☐	$
b. Job Title/Profession: Admin. Asst.				☐	☐	$
c. Employer's Name/Specific Field: McGuire Const.	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
Charles M. Davis 1818 Meadowbrook Drive Winston-Salem, NC 27104	CCB	check	03/04/2002	☐	☐	$ 250.00
				☐	☐	$
				☐	☐	$
b. Job Title/Profession: retired				☐	☐	$
c. Employer's Name/Specific Field	j. If Amendment, choose change type: ☐ Add ☐ Delete			k. Election Cycle Sum to Date: $		

Total only this Page	$ 950.00
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: E. B. Hiatt for Sheriff

2. ID Number:

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
Doris Patterson 2790 Lockwood Drive Winston-Salem, NC 27103	CCB	check	03/05/2002	☐	☐	$ 100.00
				☐	☐	$
				☐	☐	$
				☐	☐	$

b. Job Title/Profession: Office Mgr.

c. Employer's Name/Specific Field: McGuire Const.

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
William T. Fenimore 7913 Lasley Forest Rd. Lewisville, NC 27023	CCB	check	04/19/2002	☐	☐	$ 240.00
				☐	☐	$
				☐	☐	$
				☐	☐	$

b. Job Title/Profession: President

c. Employer's Name/Specific Field: Embroidery Store

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
	CCB	check	04/19/2002	☐	☐	$ 75.00
				☐	☐	$
				☐	☐	$
				☐	☐	$

b. Job Title/Profession: retired

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
Dorothy G. Clayton 5530 Gyddie Drive Winston-Salem, NC 27105	CCB	check	04/19/2002	☐	☐	$ 100.00
				☐	☐	$
				☐	☐	$
				☐	☐	$

b. Job Title/Profession: housewife

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
	CCB	check	04/19/2002	☐	☐	$ 60.00
				☐	☐	$
				☐	☐	$
				☐	☐	$

b. Job Title/Profession:

c. Employer's Name/Specific Field:

j. If Amendment, choose change type: ☐ Add ☐ Delete

k. Election Cycle Sum to Date: $

Total only this Page	$ 575.00
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: E. B. Hiatt for Sheriff

2. ID Number:

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): Sutton Slawter, 2817 Wesleyan Lane, Winston-Salem, NC 27106	CCB	check	04/19/2002	☐	☐	$ 180.00
				☐	☐	$
				☐	☐	$
b. Job Title/Profession: ~~sales~~				☐	☐	$
c. Employer's Name/Specific Field: Graham Boles RealEstate	j. If Amendment, choose change type: ☐ Add ☐ Delete			k. Election Cycle Sum to Date: $		

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):	CCB	check	04/19/2002	☐	☐	$ 39.00
				☐	☐	$
				☐	☐	$
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	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):	CCB	check	04/19/2002	☐	☐	$ 60.00
				☐	☐	$
				☐	☐	$
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	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): Dan S. Henley, 471 Kingsmill Drive, Advance, NC 27006	CCB	check	04/19/2002	☐	☐	$ 250.00
				☐	☐	$
				☐	☐	$
b. Job Title/Profession: retired				☐	☐	$
c. Employer's Name/Specific Field	j. If Amendment, choose change type: ☐ Add ☐ Delete			k. Election Cycle Sum to Date: $		

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):	CCB	check	04/19/2002	☐	☐	$ 46.00
				☐	☐	$
				☐	☐	$
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: $ 575.00

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
E. B. Hiatt 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
	CCB	check	04/19/2002	☐	☐	$ 60.00
				☐	☐	$
				☐	☐	$
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
	CCB	check	04/12/2002	☐	☐	$ 60.00
				☐	☐	$
				☐	☐	$
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
M. Gray Kiger 7896 Creedmor Rd. Rural Hall, NC 27045	CCB	check	04/12/2002	☐	☐	$ 100.00
				☐	☐	$
				☐	☐	$
b. Job Title/Profession self-owner				☐	☐	$
c. Employer's Name/Specific Field Kiger's Furniture	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
Tom Champney 388 Kings Mill Drive Advance, NC 27006	CCB	check	04/12/2002	☐	☐	$ 100.00
				☐	☐	$
				☐	☐	$
b. Job Title/Profession self-owner				☐	☐	$
c. Employer's Name/Specific Field Champney Hair Salon	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
	CCB	check	04/19/2002	☐	☐	$ 60.00
				☐	☐	$
				☐	☐	$
b. Job Title/Profession				☐	☐	$
c. Employer's Name/Specific Field	j. If Amendment, choose change type: ☐ Add ☐ Delete			k. Election Cycle Sum to Date $		

Total only this Page	$ 380.00
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
E. B. Hiatt 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
	CCB	check	04/19/2002	☐	☐	$ 80.00
				☐	☐	$
				☐	☐	$
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
William D. Stone 4521 Myrtle Avenue Winston-Salem, NC 27106	CCB	check	04/19/2002	☐	☐	$ 50.00
				☐	☐	$
				☐	☐	$
b. Job Title/Profession retired				☐	☐	$
c. Employer's Name/Specific Field	j. If Amendment, choose change type: ☐ Add ☐ Delete			k. Election Cycle Sum to Date $ 250.00		

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
	CCB	check	04/03/2002	☐	☐	$ 60.00
				☐	☐	$
				☐	☐	$
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
Myron Mitchell 1662 Watts Rd. Walnut Cove, NC 27052	CCB	check	04/18/2002	☐	☐	$ 100.00
				☐	☐	$
				☐	☐	$
b. Job Title/Profession Financial Planner				☐	☐	$
c. Employer's Name/Specific Field Allmerica Financial	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
Lawrence J. Hicks 1808 Hicks Edward Road Kernersville, NC 27284	CCB	check	04/16/2002	☐	☐	$ 480.00
				☐	☐	$
				☐	☐	$
b. Job Title/Profession self/owner				☐	☐	$
c. Employer's Name/Specific Field Kernersville Carpets	j. If Amendment, choose change type: ☐ Add ☐ Delete			k. Election Cycle Sum to Date $		

Total only this Page	$ 770.00
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
E. B. Hiatt 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
Frank Burchette 4631 Forest Manor Drive Winston-Salem, NC 27103	CCB	check	04/10/2002	☐	☐	$ 220.00
				☐	☐	$
				☐	☐	$
				☐	☐	$

b. Job Title/Profession	j. If Amendment, choose change type:	k. Election Cycle Sum to Date
insurance agent	☐ Add ☐ Delete	$

c. Employer's Name/Specific Field
Frank Burchette Ins.

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
A. D. McGuire 135 Bermuda Run Bermuda Run, NC 27006	CCB	check	04/11/2002	☐	☐	$ 240.00
				☐	☐	$
				☐	☐	$
				☐	☐	$

b. Job Title/Profession	j. If Amendment, choose change type:	k. Election Cycle Sum to Date
owner	☐ Add ☐ Delete	$

c. Employer's Name/Specific Field
McGuire Const.

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
Dana Clayton 6060 Providence Church Rd. Winston-Salem, NC 27105	CCB	check	04/18/2002	☐	☐	$ 200.00
				☐	☐	$
				☐	☐	$
				☐	☐	$

b. Job Title/Profession	j. If Amendment, choose change type:	k. Election Cycle Sum to Date
self	☐ Add ☐ Delete	$

c. Employer's Name/Specific Field
Aqua Drill Inc.

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. Michael Kocsis P O Box 509 Clemmons, NC 27012	CCB	check	04/06/2002	☐	☐	$ 100.00
				☐	☐	$
				☐	☐	$
				☐	☐	$

b. Job Title/Profession	j. If Amendment, choose change type:	k. Election Cycle Sum to Date
self	☐ Add ☐ Delete	$

c. Employer's Name/Specific Field
Village Candle & Gifts

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
Terri F. Champney 388 Kingsmill Dr. Advance, NC 27006	CCB	check	04/11/2002	☐	☐	$ 120.00
				☐	☐	$
				☐	☐	$
				☐	☐	$

b. Job Title/Profession	j. If Amendment, choose change type:	k. Election Cycle Sum to Date
~~hair cutter~~	☐ Add ☐ Delete	$

c. Employer's Name/Specific Field
Lions Den

4. Total only this Page	$ 880.00
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
E. B. Hiatt 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
L. Charles Johnson 119 S. Niblick Court Advance, NC 27006	CCB	check	04/02/2002	☐	☐	$ 240.00
				☐	☐	$
				☐	☐	$
b. Job Title/Profession: retired				☐	☐	$
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
Tony M. Alexander 7719 Lasater Rd. Clemmons, NC 27012	CCB	check	04/03/2002	☐	☐	$ 100.00
				☐	☐	$
				☐	☐	$
b. Job Title/Profession: retired				☐	☐	$
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
Wesley Beroth 186 Bermuda Run Bermuda Run, NC 27006	CCB	check	04/05/2002	☐	☐	$ 280.00
				☐	☐	$
				☐	☐	$
b. Job Title/Profession: vice-president				☐	☐	$
c. Employer's Name/Specific Field: Video Impact	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
Ronald Montgomery 101 Maple Hill Court Winston-Salem, NC 27106	CCB	check	04/12/2002	☐	☐	$ 100.00
				☐	☐	$
				☐	☐	$
b. Job Title/Profession: mgr. hair cutter				☐	☐	$
c. Employer's Name/Specific Field: Possibilities	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
David Hunsucker P O box 1311 Rural Hall, NC 27045	CCB	check	04/12/2002	☐	☐	$ 100.00
				☐	☐	$
				☐	☐	$
b. Job Title/Profession: self				☐	☐	$
c. Employer's Name/Specific Field: Daves BP	j. If Amendment, choose change type: ☐ Add ☐ Delete			k. Election Cycle Sum to Date $		

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
E. B. Hiatt 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
Harry S. Davis Jr. 4676 Greenway Winston-Salem, NC 27103	CCB	check	03/27/2002	☐	☐	$ 100.00
				☐	☐	$
				☐	☐	$
b. Job Title/Profession: self				☐	☐	$
c. Employer's Name/Specific Field: city revenue	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
	CCB	check	03/07/2002	☐	☐	$ 50.00
				☐	☐	$
				☐	☐	$
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
Gray Robinson 370 Knollwood St. Ste. 600 Winston-Salem, NC 27103-1830	CCB	check	03/06/2002	☐	☐	$ 500.00
				☐	☐	$
				☐	☐	$
b. Job Title/Profession: attorney/ self				☐	☐	$
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
	CCB	check	03/27/2002	☐	☐	$ 25.00
				☐	☐	$
				☐	☐	$
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
Cecil Foushee 3711 Herchel Lane Winston-Salem, NC 27106	CCb	check	03/25/2002	☐	☐	$ 100.00
				☐	☐	$
				☐	☐	$
b. Job Title/Profession: self				☐	☐	$
c. Employer's Name/Specific Field: Fishel Steele	j. If Amendment, choose change type: ☐ Add ☐ Delete			k. Election Cycle Sum to Date: $		

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
E. B. Hiatt 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
Norman Bennett 920 Old Winston Rd. Kernersville, NC 27284	CCB	check	04/03/2002	☐	☐	$ 200.00
b. Job Title/Profession: self				☐	☐	$
c. Employer's Name/Specific Field: Modern Machine	j. If Amendment, choose change type: ☐ Add ☐ Delete			k. Election Cycle Sum to Date: $		
David Peterson 7901 Lasley Forest Drive Lewisville, NC 27023	CCb	check	04/14/2002	☐	☐	$ 180.00
b. Job Title/Profession: ~~1st Vice Pres.~~				☐	☐	$
c. Employer's Name/Specific Field: Scott Stringfellow	j. If Amendment, choose change type: ☐ Add ☐ Delete			k. Election Cycle Sum to Date: $		
				☐	☐	$
b. Job Title/Profession:				☐	☐	$
c. Employer's Name/Specific Field:	j. If Amendment, choose change type: ☐ Add ☐ Delete			k. Election Cycle Sum to Date: $		
				☐	☐	$
b. Job Title/Profession:				☐	☐	$
c. Employer's Name/Specific Field:	j. If Amendment, choose change type: ☐ Add ☐ Delete			k. Election Cycle Sum to Date: $		
				☐	☐	$
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: $ 380.00

5. Total of ALL CRO-1210 Pages *(only show on last page)*: $ 10,475.00

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

Disbursements

1. Name of Committee or Fund	2. ID Number
E. B. Hiatt for Sheriff	

3. Type of Disbursement *(Please use separate CRO-1330 forms for each type of Disbursements.)*

[X] Operating Expenses [ ] Contributions to Candidates/Political Committees [ ] Coordinated Party Expenditures

4. Payee: a. Full Name, Mailing Address & Phone (include city, state, and zip)	b. If Contribution to County Committee, specify:	c. If Coordinated Party Expense, list office:	d. Purpose	e. Account Number/Code	f. Form of Payment	g. Date (mm/dd/yyyy)	h. Amount	i. If Amendment, choose change type:	j. Election Cycle Sum To Date
Winston-Salem Forsyth County Board of Elections			Filing Fee	CCB	check	02/28/2002	$ 658.94	[ ] Add [ ] Delete	$ 658.94
Forsyth Republican Party			Party Dinner	CCB	check		$ 125.00	[ ] Add [ ] Delete	$ 809.44
Winston-Salem Journal 416-420 N. Marshall St. Winston-Salem, NC 27101 336-727-7211			hand-out cards	CCB	check	03/04/2002	$ 200.00	[ ] Add [ ] Delete	$ 1009.44
Reynolds Park Golf Course 2391 Reynolds Park Rd. Winston-Salem, NC 27101 336-650-7660			fund raising tournament expenses	CCB	check	04/19/2002	$ 1438.01	[ ] Add [ ] Delete	$ 2447.45
CCB P O Box 931 Durham, NC 27702			checking & bank fees	CCB	draft	04/05/2002	$ 33.19	[ ] Add [ ] Delete	$ 2,455.14

5. Total only this Page	$ 2,455.14
6. Total of ALL CRO-1310 Related Pages *(only show on last page)*	$ 2,455.14

(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)

Other Receipt Sources

1. Name of Committee or Fund	2. ID Number
E. B. Hiatt for Sheriff	

3. Type of Receipt Source *(Please use separate CRO-1250 forms for each type of Receipt Source.)*

☐ 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
Golf Fund Raiser 31@ $40.00 each Reynolds Park Golf Course 2391 Reynolds Park Rd Winston-Salem, nC 27107	CCB	cash	04/19/2002	$ 1240.00
				$
				$
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	$ 1240.00
6. Total of ALL CRO-1250 Related Pages *(only show on last page)* *(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)*	$ 1240.00