# COPY

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Name of Committee or Fund E.B. Hiatt for Sher Address						6. Date	
						_	
Address	iff					7/30	
						7.10 1101	
Ste. 201 Kimel Park	c Dr.			1. 17	<u>.                                    </u>	8. Phone	
City			4. State	5. Zi		-	<u> </u>
Winston-Salem,			NC		103		768-1986 11. Amendme
Type of Report		<u> </u>			10. Period Cover Start	rea	Yes
Electro Quarter Report	st				End		No
2. Type of Committee or Fund	(Check one)		Joint Fundrais	er		Booster F	und"
X Candidate Campaign	Party Referendu	=	Soft Money A			uilding F	
_ PAC Other Fund:							
3. Treasurer Name				_			
John H. Wright, M.	D						
4. Assistant Treasurer Name(s)		·				<u></u>	<u> </u>
	• •				ww		
	<u> </u>	·····					
5. Custodian of Books Name							
John H, Wright, M.	D.						
16. Bank/Depository/Credit		mation					
a. Name	ICCOURT INTO A	b. Purpose			c. Code	d. Peri	od Begin Balan
Central Carolina E	Bank	All Campai	gn Expens	es		\$ 413	30/02
	<u> </u>					\$	
			<u>_</u>	<u> </u>		\$	
			<u> </u>			\$	
	<u></u>		<u> </u>			\$	
				-		\$	
CERTIFICATION							
-	in compliance	with all provisions o	f Article 22A,	includ	ling that no fur	nds are con	nmingled wit
CERTIFICATION I certify that the Committee is funds for a federal or out-of-st	in compliance	with all provisions o	f Article 22A, ort is complete	incluc	ling that no fun and correct.	ids are coi	mmingled wit

CRO-1000

NC State Board of Elections

February 2002

etailed Summary	. Type of Re	eport	3. ID Number			
Name of Committee of Fund	2nd quart					
E. B. Hiatt for Sheriff	Zuu quat	Total this	Total this	For Office		
tart of Election Cycle: January 1, 20		Period	Election Cycle	Use Only		
4) Cash on Hand at Start of Election Cycle		S				
5) Cash on Hand at Start of Present Reporting Period		<b>\$</b> 9,259.86				
RECEIPTS						
6) Contributions from Individuals		*3,360.00	<u> </u>	n - Alassiak -		
7) Contributions from Political Party Committees	(CRO-1220)		\$			
8) Contributions from Other Political Committees	(CRO-1230)	·	\$			
9) Loan Proceeds	(CRO-1410)		\$	الد المعادية التي		
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)	S	\$			
12) TOTAL RECEIPTS		<b>\$</b> 12,619,86	\$			
(Add lines 6, 7, 8, 9, 10, 11a, 11b, and 11c) EXPENDITURES						
13) Disbursements	(CRO-1310					
13a) Operating Expenditures	(CRO-1310	» \$ <sub>3,811.65</sub>	\$	e <del>d</del> e en en esta consta		
13b) Contributions to Candidates/Political Committees	(CRO-1310		\$ ·	ىغى ئى		
13c) Coordinated Party Expenditures	(CRO-131	0) \$	<b>\$</b>			
14) Loan Repayments	(CR0-142	0) \$	\$	، . موجع المراجع ا		
15) Refunds from Committee	(CRO-132	0) \$	\$	ا الي المراجع محمد من ال		
16) In-Kind Contributions	(CR0-151	0) <b>S</b>	\$			
17) TOTAL EXPENDITURES		\$ 3,811.65	s	د مراجع میں میں اور مراجع میں اور ا		
(Add lines 13a, 13b, 13c, 14, 15, and 16)				and the second sec		
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)	"	\$ 8,808.21	\$	111534		
Additional Information	. <u></u>					
19) Non-Monetary Gifts Given to Committees	(CRO-13.	30) \$				
20) Outstanding Loans (including ones from other campaign	is) <i>(CRO-14</i>	30) \$				
21) Debts and Obligations owed BY the Committee	(CRO-16	510) <b>S</b>		مەر بەر بەر بەر بەر بەر بەر بەر بەر بەر ب		
22) Debts and Obligations owed TO the Committee	(CRO-16	520) <b>\$</b>		an-stration		
23) Parent Entity's Administrative Support	(CRO-17	710) \$		28-12 M		

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Page \_\_\_\_\_ of \_\_\_\_\_

-	Name of Committee or Fund			12	2. ID N	umber	_	
	E. B. Hiatt for Sheriff		<u></u>					
		d. Account	e. Form of			h. Prior	<del></del> ;	i. Amount
Ţ	a. Full Name, Mailing Address & Phone (include city, state, & zip)	d. Account Number/Code	e. Form of Payment		•	Report		
				<u> </u>			\$ 20	10.00
È I	Donald Hamby	CCB	check 0	05/11/02	╤┼		20	00.00
١ <u>ٿ</u>	<sup>1</sup> P O Box 10	L 1					\$	
Ĩ	Donald Hamby P O Box 10 Clemmons, NC 27012		1 1				\$	
3. Co			╉────┤		╶╤┼		\$	<u></u>
	Owner Don's Peste							to Data
11	c. Employer's Name/Specific Field	j. If Amendment, cho			k. Electio	ion Cycle S	Jam	Jale
	Dull Mount Marilian 4.3.3	Add	Delete	f. Date	L	h. Prior		i. Amount
11	a. Full Name, Mailing Address & Phone (include city, state, & zip)	d. Account Number/Code	e. Form of Payment	1. Date (mm/dd/yyyy)	1 × 1	Report	1	
				05/20/02			\$	100.00
Ъ	William Ayers Jr.	ССВ	check	05/20/02				
but	2865 Weslyan Lane			۱ <u> </u>			\$	
3. Contributor	WSNC 27106			)			\$	5
ں س	h. Jah Title/Prafassian		+	<b>├</b> \	╷╧┤		┨──	<u>.</u>
1	b.Job Title/Profession retired	-					\$	4- P
	c. Employer's Name/Specific Field	j. If Amendment, ch				ion Cycle	Sum	a to Date
		Add	Delete	f. Date	\$ g. In-	h. Prior	<del></del>	i. Amount
ſ	a. Full Name, Mailing Address & Phone	d. Account Number/Code	e. Form of Payment	f. Date (mm/dd/yyyy)	g. In- Kind	h. Prior Report		.,vuut
1	(include city, state, & zip)						\$	100
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buto	740 Barnsdale Rd.	1					\$	
Contributor	Winston-Salem, NC 27106		<u> </u>	1			5	
Ŝ			+	<b></b>				
<b>j</b>	Job Title/Profession			L			\$	
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4	4. Total only this Page						\$	500.00
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	This line must be on line 6 of Detailed Summary Page C.						<b>1°</b>	

CRO-1210

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Page <u>A</u> of <u>4</u>

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_	E. B. Hiatt for Sheriff	d, Account	e. Form of	f. Date	0	h. Prior	i	i. Amount
الم	. Full Name, Mailing Address & Phone (include city, state, & zip)	d. Account Number/Code	Payment	(mm/dd/yyyy)	Kind	Report		<del></del>
	Quincy A. McNeil Jr.	ССВ	check	05/27/02			\$ 10	00.00
됩	1900 S. Hawthorne Rd.						\$	
Contributor	Ste 162							
۶I	WSNC 27103	1					\$	
~	b. Job Title/Profession Physician	_					\$	
·	c. Employer's Name/Specific Field	j. If Amendment, cho	ose change typ	e:		ion Cycle	Sum	to Date
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	Christy Spencer	CCB	check	06/12/02			\$	200.00
utor	4440 Greenbriar Rd.						\$	
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۱.	Sharon Cunningham	ССВ	check	06/11/02	$\downarrow \square$	$\square$	<b> \$</b>	200.00
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Ē	Pfafftown, NC 27040			1			\$	
l			<b></b>	<u> </u>	╷╝	┟───		<u></u>
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Page 3 of 4

1 N	ame of Committee or Fund				2. ID N	umber		
<u>. r</u>	E. B. Hiatt for Sheriff							
	a. Full Name, Mailing Address & Phone	d. Account Number/Code	e. Form of Payment	f. Date (mm/dd/yyyy)	~	h. Prior Report	i	. Amount
	(include city, state, & zip) Richard Respess	ССВ	check	05/20/02			<b>\$</b> 2(	00.00
utor	127 Chesire Lane						\$	
3. Contributor	Mooresville, NC 28117						\$	
Ŭ ri	b. Job Title/Profession						\$	
	retired c. Employer's Name/Specific Field	j. If Amendment, cho	ose change tvr	ve:	k. Electi	on Cycle S	Sum	to Date
	c. Employer s Ivanie/Specific Freid	Add	Delete		\$			
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	Dudley Humphrey	ССВ	check	05/13/02			<u>\$</u>	500.00
ibuto	1001 W. 4th St.						\$	
Contributor	WSNC 27101						\$	1
	b. Job Title/Profession		1				\$	
1	attorney c. Employer's Name/Specific Field	j. If Amendment, cho	l ose change ty	1 pe:	k. Elect	ion Cycle	Sum	to Date
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5	Olin Cranfill 125 Woodlands Ct.	ССВ	check	05/20/02		┝╌╧╴		500.00
ibut	Advance, NC 27006		<u> </u>	<u></u>		┝╘╝─	\$	
Contributor							\$	
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			<u> </u>				\$	<u> </u>
3. Contribute							\$	
6	b. Job Title/Profession housewife	-					\$	
1	c. Employer's Name/Specific Field	j. If Amendment, ch				tion Cycl	ie Sun	n to Date
L		Add	Delete		\$	h. Prio	-1	i. Amount
ſ	a. Full Name, Mailing Address & Phone (include city, state, & zip)	d. Account Number/Code	e. Form of Payment		g. In- ) Kind		t	
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ļ	2722 Castes Rd.						\$	
Contributor	Pfafftown, NC 27040						\$.	
~	b. Job Title/Profession	-	944 1				\$	
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	otal of ALL CRO-1210 Pages	(only show on last p	nage)				\$	,
10	This line must be an line 6 of Detailed Summary Page CR	·()-(100)						

CRO-1210

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Page <u>4</u> of <u>4</u>

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	ame of Committee or Fund				2. ID N	umber	
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	E. B. Hiatt for Sheriff Full Name, Mailing Address & Phone	d. Account	e. Form of	f. Date	g. In-	h. Prior	i. Amount
<u>وا</u>	. Full Name, Mailing Address & Filole (include city, state, & zip)	Number/Code	Payment	(mm/dd/yyyy)	Kind	Report	
		0.07	sheat	05/13/02			<b>1</b> 00.00
Į	Steve Carswell	CCB	check	<u></u>			<u> </u>
Contributor	109 Finborough Ct. Kernersville, NC 27284						
١,	Kernersville, NC 27204						\$
äh	. Job Title/Profession						\$
Ĺ	<u>Pharmacist</u> Employer's Name/Specific Field	j. If Amendment, cho	ose change typ	e:	k. Electi	on Cycle S	Sum to Date
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	bursements					2. ID Number				
N	ame of Committee or Fu	~								
	E. B. Hiatt for SI	neriff		f Dichursen	(metro )					
Ту	pe of Disbursement	– (Please use separate C)	RO-1330 forms for each ty andidates/Political Commit	tees	Coordinated P	arty Expenditures				
4	Operating Expenses 1. Full Name, Mailing Address		d. Purpose	e. Account	f. Form of	g. Date	h. Amount			
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ł			card layout	ССВ	check	04/24/02	<b>\$</b> 90.00			
ខ្ល	Creative Designs 6025 Holder Rd.	ŀ	design				\$			
4. rayee	Clemmons, NC 2701	2								
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1	P O Box 337						s			
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