

# COPY

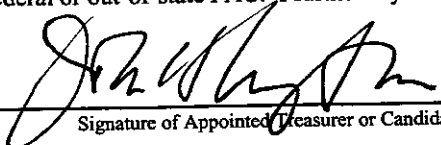
## Disclosure Report Cover Sheet

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				7/30/02	
2. Address				7. ID Number	
Ste. 201 Kimel Park Dr.					
3. City	4. State	5. Zip	8. Phone		
Winston-Salem,	NC	27103	336-768-1986		
9. Type of Report			10. Period Covered		11. Amendment
<del>First</del> <b>Second</b> Quarter Report			Start		<input type="checkbox"/> Yes
			End		<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					
John H. Wright, M.D.					
14. Assistant Treasurer Name(s)					
15. Custodian of Books Name					
John H. Wright, M.D.					
16. Bank/Depository/Credit Account Information					
a. Name	b. Purpose	c. Code	d. Period Begin Balance		
Central Carolina Bank	All Campaign Expenses		\$ 4/30/02		
			\$		
			\$		
			\$		
			\$		
			\$		

### 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

7/30/02  
\_\_\_\_\_  
Date

# Detailed Summary

1. Name of Committee or Fund E. B. Hiatt for Sheriff		2. Type of Report 2nd quarter		3. ID Number	
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		\$9,259.86			
<b>RECEIPTS</b>					
6) Contributions from Individuals (CRO-1210)		\$3,360.00	\$		
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)		\$	\$		
12) TOTAL RECEIPTS (Add lines 6, 7, 8, 9, 10, 11a, 11b, and 11c)		\$12,619.86	\$		
<b>EXPENDITURES</b>					
13) Disbursements (CRO-1310)					
13a) Operating Expenditures (CRO-1310)		\$3,811.65	\$		
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)		\$3,811.65	\$		
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	\$		
<b>Additional Information</b>					
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

Page 1 of 4

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
	Donald Hamby P O Box 10 Clemmons, NC 27012	CCB	check	05/11/02	<input type="checkbox"/>	<input type="checkbox"/>	\$ 200.00
					<input type="checkbox"/>	<input type="checkbox"/>	\$
					<input type="checkbox"/>	<input type="checkbox"/>	\$
3. Contributor	b. Job Title/Profession				<input type="checkbox"/>	<input type="checkbox"/>	\$
	Owner Don's PestControl				<input type="checkbox"/>	<input type="checkbox"/>	\$
	c. Employer's Name/Specific Field	j. If Amendment, choose change type:		k. Election Cycle Sum to Date			
		<input type="checkbox"/> Add <input type="checkbox"/> 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
	William Ayers Jr. 2865 Wesleyan Lane WSNC 27106	CCB	check	05/20/02	<input type="checkbox"/>	<input type="checkbox"/>	\$ 100.00
					<input type="checkbox"/>	<input type="checkbox"/>	\$
					<input type="checkbox"/>	<input type="checkbox"/>	\$
3. Contributor	b. Job Title/Profession				<input type="checkbox"/>	<input type="checkbox"/>	\$
	retired				<input type="checkbox"/>	<input type="checkbox"/>	\$
	c. Employer's Name/Specific Field	j. If Amendment, choose change type:		k. Election Cycle Sum to Date			
		<input type="checkbox"/> Add <input type="checkbox"/> Delete		\$			
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
	Nanette Shutt 740 Barnsdale Rd. Winston-Salem, NC 27106	CCB	check	06/16/02	<input type="checkbox"/>	<input type="checkbox"/>	\$ 100.00
					<input type="checkbox"/>	<input type="checkbox"/>	\$
					<input type="checkbox"/>	<input type="checkbox"/>	\$
Contributor	b. Job Title/Profession				<input type="checkbox"/>	<input type="checkbox"/>	\$
	hairstylist				<input type="checkbox"/>	<input type="checkbox"/>	\$
	c. Employer's Name/Specific Field	j. If Amendment, choose change type:		k. Election Cycle Sum to Date			
		<input type="checkbox"/> Add <input type="checkbox"/> 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
		CCB	check	05/31/02	<input type="checkbox"/>	<input type="checkbox"/>	\$ 50.00
					<input type="checkbox"/>	<input type="checkbox"/>	\$
					<input type="checkbox"/>	<input type="checkbox"/>	\$
3. Contributor	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			
		<input type="checkbox"/> Add <input type="checkbox"/> 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
		CCB	check	05/15/02	<input type="checkbox"/>	<input type="checkbox"/>	\$ 50.00
					<input type="checkbox"/>	<input type="checkbox"/>	\$
					<input type="checkbox"/>	<input type="checkbox"/>	\$
3. Contributor	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			
		<input type="checkbox"/> Add <input type="checkbox"/> Delete		\$			
4. Total only this Page						\$ 500.00	
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
	Quincy A. McNeil Jr. 1900 S. Hawthorne Rd. Ste 162 WSNC 27103	CCB	check	05/27/02	<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"/>	\$
	Physician						
	c. Employer's Name/Specific Field	j. If Amendment, choose change type:			k. Election Cycle Sum to Date		
		<input type="checkbox"/> Add <input type="checkbox"/> 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
	Christy Spencer 4440 Greenbriar Rd. WSNC 27106	CCB	check	06/12/02	<input type="checkbox"/>	<input type="checkbox"/>	\$ 200.00
					<input type="checkbox"/>	<input type="checkbox"/>	\$
					<input type="checkbox"/>	<input type="checkbox"/>	\$
	b. Job Title/Profession				<input type="checkbox"/>	<input type="checkbox"/>	\$
	JKS Sports						
	c. Employer's Name/Specific Field	j. If Amendment, choose change type:			k. Election Cycle Sum to Date		
		<input type="checkbox"/> Add <input type="checkbox"/> Delete			\$		
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
	Sharon Cunningham 4349 Shadi Green Lane Pfafttown, NC 27040	CCB	check	06/11/02	<input type="checkbox"/>	<input type="checkbox"/>	\$ 200.00
					<input type="checkbox"/>	<input type="checkbox"/>	\$
					<input type="checkbox"/>	<input type="checkbox"/>	\$
	b. Job Title/Profession				<input type="checkbox"/>	<input type="checkbox"/>	\$
	In Mar Corp.						
	c. Employer's Name/Specific Field	j. If Amendment, choose change type:			k. Election Cycle Sum to Date		
		<input type="checkbox"/> Add <input type="checkbox"/> 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
	Dennis Hauser 3641 Grandview Club Rd. Pfafttown, NC 27040	CCB	check	06/03/02	<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"/>	\$
	retired						
	c. Employer's Name/Specific Field	j. If Amendment, choose change type:			k. Election Cycle Sum to Date		
		<input type="checkbox"/> Add <input type="checkbox"/> 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
		CCB	check	05/23/02	<input type="checkbox"/>	<input type="checkbox"/>	\$ 60.00
					<input type="checkbox"/>	<input type="checkbox"/>	\$
					<input type="checkbox"/>	<input type="checkbox"/>	\$
	b. Job Title/Profession				<input type="checkbox"/>	<input type="checkbox"/>	\$
	c. Employer's Name/Specific Field	j. If Amendment, choose change type:			k. Election Cycle Sum to Date		
		<input type="checkbox"/> Add <input type="checkbox"/> Delete			\$		
4. Total only this Page							\$ 660.00
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
	Richard Respass 127 Chesire Lane Mooresville, NC 28117	CCB	check	05/20/02	<input type="checkbox"/>	<input type="checkbox"/>	\$ 200.00
					<input type="checkbox"/>	<input type="checkbox"/>	\$
					<input type="checkbox"/>	<input type="checkbox"/>	\$
	b. Job Title/Profession				<input type="checkbox"/>	<input type="checkbox"/>	\$
	retired						
	c. Employer's Name/Specific Field	j. If Amendment, choose change type:			k. Election Cycle Sum to Date		
		<input type="checkbox"/> Add <input type="checkbox"/> 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
	Dudley Humphrey 1001 W. 4th St. WSNC 27101	CCB	check	05/13/02	<input type="checkbox"/>	<input type="checkbox"/>	\$ 500.00
					<input type="checkbox"/>	<input type="checkbox"/>	\$
					<input type="checkbox"/>	<input type="checkbox"/>	\$
	b. Job Title/Profession				<input type="checkbox"/>	<input type="checkbox"/>	\$
	attorney						
	c. Employer's Name/Specific Field	j. If Amendment, choose change type:			k. Election Cycle Sum to Date		
		<input type="checkbox"/> Add <input type="checkbox"/> Delete			\$		
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
	Olin Cranfill 125 Woodlands Ct. Advance, NC 27006	CCB	check	05/20/02	<input type="checkbox"/>	<input type="checkbox"/>	\$ 500.00
					<input type="checkbox"/>	<input type="checkbox"/>	\$
					<input type="checkbox"/>	<input type="checkbox"/>	\$
	b. Job Title/Profession				<input type="checkbox"/>	<input type="checkbox"/>	\$
	Developer						
	c. Employer's Name/Specific Field	j. If Amendment, choose change type:			k. Election Cycle Sum to Date		
		<input type="checkbox"/> Add <input type="checkbox"/> 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
	Pam Goldstein 450 Burke's Crossing WSNC 27104	CCB	check	05/18/02	<input type="checkbox"/>	<input type="checkbox"/>	\$ 200.00
					<input type="checkbox"/>	<input type="checkbox"/>	\$
					<input type="checkbox"/>	<input type="checkbox"/>	\$
	b. Job Title/Profession				<input type="checkbox"/>	<input type="checkbox"/>	\$
	housewife						
	c. Employer's Name/Specific Field	j. If Amendment, choose change type:			k. Election Cycle Sum to Date		
		<input type="checkbox"/> Add <input type="checkbox"/> 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
	Larry Waller 2722 Castes Rd. Pfafftown, NC 27040	CCB	check	05/18/02	<input type="checkbox"/>	<input type="checkbox"/>	\$ 200.00
					<input type="checkbox"/>	<input type="checkbox"/>	\$
					<input type="checkbox"/>	<input type="checkbox"/>	\$
	b. Job Title/Profession				<input type="checkbox"/>	<input type="checkbox"/>	\$
	Investor						
	c. Employer's Name/Specific Field	j. If Amendment, choose change type:			k. Election Cycle Sum to Date		
		<input type="checkbox"/> Add <input type="checkbox"/> Delete			\$		
4. Total only this Page							\$ 1600.00
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
	Steve Carswell 109 Finborough Ct. Kernersville, NC 27284	CCB	check	05/13/02	<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:			k. Election Cycle Sum to Date		
	Pharmacist	<input type="checkbox"/> Add <input type="checkbox"/> 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
	Lucian Neal 155 Warwick Green Rd. WSNC 27104	CCB	check	05/13/02	<input type="checkbox"/>	<input type="checkbox"/>	\$ 500.00
					<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:			k. Election Cycle Sum to Date		
	Automobile Dealership owner	<input type="checkbox"/> Add <input type="checkbox"/> Delete			\$		
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
					<input type="checkbox"/>	<input type="checkbox"/>	\$
					<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:			k. Election Cycle Sum to Date		
		<input type="checkbox"/> Add <input type="checkbox"/> 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
					<input type="checkbox"/>	<input type="checkbox"/>	\$
					<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:			k. Election Cycle Sum to Date		
		<input type="checkbox"/> Add <input type="checkbox"/> 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
					<input type="checkbox"/>	<input type="checkbox"/>	\$
					<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:			k. Election Cycle Sum to Date		
		<input type="checkbox"/> Add <input type="checkbox"/> 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
					<input type="checkbox"/>	<input type="checkbox"/>	\$
					<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:			k. Election Cycle Sum to Date		
		<input type="checkbox"/> Add <input type="checkbox"/> Delete			\$		
4. Total only this Page							\$600.00
Total of ALL CRO-1210 Pages (only show on last page)							\$3360.00
(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.)							
Operating Expenses		Contributions to Candidates/Political Committees		Coordinated Party Expenditures			
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
	Creative Designs 6025 Holder Rd. Clemmons, NC 27012 712-0473		card layout design	CCB	check	04/24/02	\$ 90.00
							\$
							\$
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	
				<input type="checkbox"/> Add <input type="checkbox"/> Delete		\$	
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
	David Reavis 77 Edith Dr. WSNC 27106 723-8018		photography	CCB	check	04/24/02	\$ 98.99
							\$
							\$
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	
				<input type="checkbox"/> Add <input type="checkbox"/> Delete		\$	
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
	Bell South P O Box 1262 Charlotte, NC 28201 770-2800		phone	CCB	check	04/24/02	\$ 126.06
							\$
							\$
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	
				<input type="checkbox"/> Add <input type="checkbox"/> Delete		\$	
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
	W-S Journal 418 N Marshall st WSNC 27102 727-7211		advertisement	CCB	check	05/20/02	\$ 1105.92
							\$
							\$
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	
				<input type="checkbox"/> Add <input type="checkbox"/> Delete		\$	
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
	Kernersville News P O Box 337 Kernersville, NC 27285 993-2161		advertisement	CCB	check	05/20/02	\$ 521.04
							\$
							\$
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	
				<input type="checkbox"/> Add <input type="checkbox"/> Delete		\$	
5. Total only this Page							\$ 1,942.01
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 E. B. Hiatt for Sheriff						2. ID Number	
3. Type of Disbursement (Please use separate CRO-1330 forms for each type of Disbursements.)							
Operating Expenses		Contributions to Candidates/Political Committees		Coordinated Party Expenditures			
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
	Clemmons Courier P O Box 765 Clemmons, NC 27012 766-4126		advertisement	CCB	check	05/20/02	\$ 138.00
							\$
							\$
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	
				<input type="checkbox"/> Add <input type="checkbox"/> Delete		\$	
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
	Rachel Shabott 1428 GLADE ST. WINSTON-SALEM NC 27101 723-2775		web site	CCB	check	05/21/02	\$ 400.00
							\$
							\$
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	
				<input type="checkbox"/> Add <input type="checkbox"/> Delete		\$	
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
	Bell South P O Box 1262 Charlotte, NC 28201		phone	CCB	check	05/28/02	\$ 48.82
							\$
							\$
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	
				<input type="checkbox"/> Add <input type="checkbox"/> Delete		\$	
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
	Rainbow Catering 3140 MACBRANDON LANE PFAFFTOWN NC 27040 922-6998		food/golf fund raiser	CCB	check	05/30/02	\$ 360.00
							\$
							\$
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	
				<input type="checkbox"/> Add <input type="checkbox"/> Delete		\$	
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
	King International P O Box 1009 King, NC 27021 983-5171		posters	CCB	check	06/10/02	\$ 724.20
							\$
							\$
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	
				<input type="checkbox"/> Add <input type="checkbox"/> Delete		\$	
5. Total only this Page							\$ 1,671.02
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

<b>1. Name of Committee or Fund</b> E. B. Hiatt for Sheriff						<b>2. ID Number</b>	
<b>3. Type of Disbursement</b> (Please use separate CRO-1330 forms for each type of Disbursements.)							
<input type="checkbox"/> Operating Expenses		<input type="checkbox"/> Contributions to Candidates/Political Committees		<input type="checkbox"/> Coordinated Party Expenditures			
<b>4. Payee</b>	<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, and zip)		<b>d. Purpose</b>	<b>e. Account Number/Code</b>	<b>f. Form of Payment</b>	<b>g. Date</b> (mm/dd/yyyy)	<b>h. Amount</b>
	Creative Designs 6025 Holder Rd. Clemmons, NC 27012 712-0473		signs	CCB	check	06/29/02	\$ 150.00
							\$
							\$
<b>b. If Contribution to County Committee, specify:</b>		<b>c. If Coordinated Party Expense, list office:</b>		<b>i. If Amendment, choose change type:</b> <input type="checkbox"/> Add <input type="checkbox"/> Delete		<b>j. Election Cycle Sum To Date</b> \$	
<b>4. Payee</b>	<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, and zip)		<b>d. Purpose</b>	<b>e. Account Number/Code</b>	<b>f. Form of Payment</b>	<b>g. Date</b> (mm/dd/yyyy)	<b>h. Amount</b>
	Bell South P O Box 1262 Charlotte, NC 28201		phone	CCB	check	06/29/02	\$ 48.62
							\$
							\$
<b>b. If Contribution to County Committee, specify:</b>		<b>c. If Coordinated Party Expense, list office:</b>		<b>i. If Amendment, choose change type:</b> <input type="checkbox"/> Add <input type="checkbox"/> Delete		<b>j. Election Cycle Sum To Date</b> \$	
<b>4. Payee</b>	<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, and zip)		<b>d. Purpose</b>	<b>e. Account Number/Code</b>	<b>f. Form of Payment</b>	<b>g. Date</b> (mm/dd/yyyy)	<b>h. Amount</b>
							\$
							\$
							\$
<b>b. If Contribution to County Committee, specify:</b>		<b>c. If Coordinated Party Expense, list office:</b>		<b>i. If Amendment, choose change type:</b> <input type="checkbox"/> Add <input type="checkbox"/> Delete		<b>j. Election Cycle Sum To Date</b> \$	
<b>4. Payee</b>	<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, and zip)		<b>d. Purpose</b>	<b>e. Account Number/Code</b>	<b>f. Form of Payment</b>	<b>g. Date</b> (mm/dd/yyyy)	<b>h. Amount</b>
							\$
							\$
							\$
<b>b. If Contribution to County Committee, specify:</b>		<b>c. If Coordinated Party Expense, list office:</b>		<b>i. If Amendment, choose change type:</b> <input type="checkbox"/> Add <input type="checkbox"/> Delete		<b>j. Election Cycle Sum To Date</b> \$	
<b>4. Payee</b>	<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, and zip)		<b>d. Purpose</b>	<b>e. Account Number/Code</b>	<b>f. Form of Payment</b>	<b>g. Date</b> (mm/dd/yyyy)	<b>h. Amount</b>
							\$
							\$
							\$
<b>b. If Contribution to County Committee, specify:</b>		<b>c. If Coordinated Party Expense, list office:</b>		<b>i. If Amendment, choose change type:</b> <input type="checkbox"/> Add <input type="checkbox"/> Delete		<b>j. Election Cycle Sum To Date</b> \$	
<b>5. Total only this Page</b>						\$ 198.62	
<b>6. Total of ALL CRO-1310 Related Pages</b> (only show on last page)						\$ 3,811.65	
(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)							