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			8-29-02
2. Address			**7.ID Number**
185 Kimel Park Road Ste. 201			
3. City	**4. State**	**5. Zip**	**8. Phone**
Winston-Salem	NC	27103	336-768-1986

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

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

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

13. Treasurer Name

John H. Wright, M.D.

14. Assistant Treasurer Name(s)

RECEIVED
SEP 3 02
BOARD OF ELECTIONS

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		$ 5-1-02
			$
			$
			$
			$
			$

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

8-29-02
Date

Detailed Summary

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

Start of Election Cycle: January 1, 2002		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		$ 8,808.21		
RECEIPTS				
6) Contributions from Individuals	(CRO-1210)	$ 3,740.00	$	
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)*		$ 12,548.21	$	
EXPENDITURES				
13) Disbursements	(CRO-1310)			
13a) Operating Expenditures	(CRO-1310)	$ 3,915.41	$	
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)*		$ 3,915.41	$	
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)*		$ 8,632.80	$	
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
John W. Griffis 3123 Bonhurst Drive WSNC 27106 336-725-0096	CCB	check	7-24-02	☐	☐	$ 100.00
				☐	☐	$
				☐	☐	$
				☐	☐	$

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

c. Employer's Name/Specific Field

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	8-2-02	☐	☐	$ 50.00
				☐	☐	$
				☐	☐	$
				☐	☐	$

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

c. Employer's Name/Specific Field

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	7-23-02	☐	☐	$ 50.00
				☐	☐	$
				☐	☐	$
				☐	☐	$

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

c. Employer's Name/Specific Field

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
Barbara Harriman 1809 Barnstable Drive Clemmons, NC 27012 336-945-9868	CCB	check	7-31-02	☐	☐	$ 100.00
				☐	☐	$
				☐	☐	$
				☐	☐	$

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

c. Employer's Name/Specific Field

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	7-22-02	☐	☐	$ 50.00
				☐	☐	$
				☐	☐	$
				☐	☐	$

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

c. Employer's Name/Specific Field

4. Total only this Page	$ 350.00
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
Edith Everest 4331 Erie Dr WSNC 27106 336-922-2120	CCB	check	8-1-02	☐	☐	$ 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
Susan Ziglar 975 Ziglar Rd. WSNC 27105 336-877-9461	CCB	check	7-29-02	☐	☐	$ 400.00
				☐	☐	$
				☐	☐	$
b. Job Title/Profession: Physician slef				☐	☐	$
c. Employer's Name/Specific Field	i. 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	8-3-02	☐	☐	$ 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
Edward Blanchard 1127 Lake Road WSNC 27107 336-784-7353	CCB	check	7-3-02	☐	☐	$ 250.00
				☐	☐	$
				☐	☐	$
b. Job Title/Profession: Landscaper-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	8-2-02	☐	☐	$ 75.00
				☐	☐	$
				☐	☐	$
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	$ 1050.00
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
Jewel Olson P O Box 17124 WSNC 27116 336-723-2811	CCB	check	8-4-02	☐	☐	$ 500.00
				☐	☐	$
				☐	☐	$
				☐	☐	$

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 Bailey 158 Westhaven Circle WSNC 27104 336-768-0556	CCB	check	8/12/02	☐	☐	$ 300.00
				☐	☐	$
				☐	☐	$
				☐	☐	$

b. Job Title/Profession: Attorney

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	8-2-02	☐	☐	$ 75.00
				☐	☐	$
				☐	☐	$
				☐	☐	$

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
Richard Graves 400 Old Hollow Road WSNC 27105 336-767-0314	CCB	check		☐	☐	$ 100.00
				☐	☐	$
				☐	☐	$
				☐	☐	$

b. Job Title/Profession: EMPLOYED J.W. BURGESS.

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
Steve Newsome P O Box 24248 WSNC 27114 336-765-3333	CCB	check		☐	☐	$ 200.00
				☐	☐	$
				☐	☐	$
				☐	☐	$

b. Job Title/Profession: OWNER FORMATH ROTOR ROOTER

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	$ 1175.00
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		☐	☐	$ 65.00
				☐	☐	$
				☐	☐	$
				☐	☐	$
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
Frank Burchette 4631 Forest Manor Dr. WSNC 27103 336-766-6227	CCB	check		☐	☐	$ 100.00
				☐	☐	$
				☐	☐	$
				☐	☐	$
b. Job Title/Profession INSURANCE AGENT						
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
Jeff Byrd 805 Woodgreen Lane Kingsport TN 423-378-1739	CCB	check		☐	☐	$ 1000.00
				☐	☐	$
				☐	☐	$
				☐	☐	$
b. Job Title/Profession MANG. BRISTOL MOTOR SPWY.						
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
				☐	☐	$
				☐	☐	$
				☐	☐	$
				☐	☐	$
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
				☐	☐	$
				☐	☐	$
				☐	☐	$
				☐	☐	$
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	$ 1,165.00
5. Total of ALL CRO-1210 Pages *(only show on last page)*	$ 3,740.00
(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-1310 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)	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
W-S Journal 418 N. Marshall St. WSNC 27102 727-7211			ads	CCB	check	7-2-02	$752.40	☐ Add ☐ Delete	$
US Postal Service Hanes Mall WSNC 27103 1-800-275-8777			stamps	CCB	check	7-9-02	$ 37.00	☐ Add ☐ Delete	$
Kernersville News P O Box 337 Kernersville, NC 27285 993-2161			ads	CCB	check	7-29-02	$260.52	☐ Add ☐ Delete	$
Clemmons Courier P O Box 765 Clemmons, NC 27102 766-4126			ads	CCB	check	8-5-02	$ 72.00	☐ Add ☐ Delete	$
Town of Rural Hall P O Box 549 Rural Hall, NC 27045 969-6856			park rental	CCB	check	8/5/02	$ 80.00	☐ Add ☐ Delete	$

5. Total only this Page	$1,201.92
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	2. ID Number
E. B. Hiatt for Sheriff	

3. Type of Disbursement (*Please use separate CRO-1310 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)	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
King International P O Box 1009 King, NC 27021 983-5171			posters	CCB	check	8-5-02	$ 486.60	☐ Add ☐ Delete	$
Racheal Shabott 1428 Glade St. WSNC 27101 723-2775			web site	CCB	check	8-9-02	$ 20.00	☐ Add ☐ Delete	$
Lisa Helms 230 Oak Summit Rd. WSNC 27105 661-0180			computer work	CCB	check	8-12-02	$ 45.00	☐ Add ☐ Delete	$
Elks Club 3340 Silas Creek Pkwy. WSNC 27103 765-6970			rent for rally	CCB	check	8-22-02	$ 250.00	☐ Add ☐ Delete	$
King International P O Box 1009 King, NC 27021 983-5171			yard signs	CCB	check	8-2-02	$ 468.60	☐ Add ☐ Delete	$

5. Total only this Page	$ 1,270.20
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	2. ID Number
E. B. Hiatt for Sheriff	

3. Type of Disbursement *(Please use separate CRO-1310 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
USPS Hanes Mall WSNC 27103 1-800-275-8777	PO Box Rent	CCB	check	8-22-02	$ 48.00
					$
					$

b. If Contribution to County Committee, specify:	c. If Coordinated Party Expense, list office:	i. If Amendment, choose change type: ☐ Add ☐ Delete	j. Election Cycle Sum To Date
			$

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	8-22-02	$ 100.49
					$
					$

b. If Contribution to County Committee, specify:	c. If Coordinated Party Expense, list office:	i. If Amendment, choose change type: ☐ Add ☐ Delete	j. Election Cycle Sum To Date
			$

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
WS Journal 418 N. Marshall St. WSNC 27102 727-7211	ads	CCB	check	8-23-02	$ 1,294.80
					$
					$

b. If Contribution to County Committee, specify:	c. If Coordinated Party Expense, list office:	i. If Amendment, choose change type: ☐ Add ☐ Delete	j. Election Cycle Sum To Date
			$

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
					$
					$
					$

b. If Contribution to County Committee, specify:	c. If Coordinated Party Expense, list office:	i. If Amendment, choose change type: ☐ Add ☐ Delete	j. Election Cycle Sum To Date
			$

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
					$
					$
					$

b. If Contribution to County Committee, specify:	c. If Coordinated Party Expense, list office:	i. If Amendment, choose change type: ☐ Add ☐ Delete	j. Election Cycle Sum To Date
			$

5. Total only this Page	$ 1,443.29
6. Total of ALL CRO-1310 Related Pages *(only show on last page)*	$ 3,915.41

(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)