Disclosure Report Cover Sheet

COPY

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			10-26-02
2. Address			7.ID Number
185 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
	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 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		$ 8-30-02
			$
			$
			$
			$
			$

RECEIVED
NOV 22 02
FORSYTH COUNTY BOARD OF ELECTIONS

RECEIVED
NOV 22 02
FORSYTH COUNTY BOARD OF ELECTIONS

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.

John H Wright MD — Signature of Appointed Treasurer or Candidate

10-26-02 — Date

Detailed Summary

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

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		$8632.80		
RECEIPTS				
6) Contributions from Individuals	(CRO-1210)	$1725.00	$	
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-12..)			
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)*		$1725.00	$	
EXPENDITURES				
13) Disbursements	(CRO-1310)			
13a) Operating Expenditures	(CRO-1310)	$8834.16	$	
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)*		$8834.16	$	
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)*		$1523.64	$	
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)	$		

RECEIVED
DEC 9 02

Detailed Summary

1. Name of Committee or Fund	2. Type of Report	3. ID Number
E.B. HIATT FOR SHERIFF	AMENDED	

COPY

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)	$	$	
7) Contributions from Political Party Committees	(CRO-1220)	$	$	
8) Contributions from Other Political Committees	(CRO-1230)	$	$	
9) Loan Proceeds	(CRO-1410)	$1290.96	$	
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)*		$1290.96	$	
EXPENDITURES				
13) Disbursements	(CRO-1310)			
13a) Operating Expenditures	(CRO-1310)	$	$	
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)*		$	$	
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)*		$	$	
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)	$		

Loan Proceeds

1. Name of Committee or Fund

E. B. HIATT FOR SHERIFF

2. ID Number

3. Lender

a. Full Name, Mailing Address & Phone (include city, state, and zip)	b. Start Date (mm/dd/yyyy)	c. End Date (mm/dd/yyyy)	d. Interest Rate	i. Account Number/Code
E.B. HIATT 5785 GERMANTON RD. WINSTON-SALEM NC 27105 336-744-1234	9-17-02	12-31-02	0 %	0

- e. Job Title/Profession: RETIRED
- f. Employer's Name/Specific Field:
- g. Security Pledged: UNSECURED
- h. If Amendment, choose change type: ☑ Add ☐ Delete
- j. Form of Payment: CHECK
- k. Amount: $ 1290.96

3. Lender

a. Full Name, Mailing Address & Phone (include city, state, and zip)	b. Start Date (mm/dd/yyyy)	c. End Date (mm/dd/yyyy)	d. Interest Rate	i. Account Number/Code
			%	

- e. Job Title/Profession:
- f. Employer's Name/Specific Field:
- g. Security Pledged:
- h. If Amendment, choose change type: ☐ Add ☐ Delete
- j. Form of Payment:
- k. Amount: $

3. Lender

a. Full Name, Mailing Address & Phone (include city, state, and zip)	b. Start Date (mm/dd/yyyy)	c. End Date (mm/dd/yyyy)	d. Interest Rate	i. Account Number/Code
			%	

- e. Job Title/Profession:
- f. Employer's Name/Specific Field:
- g. Security Pledged:
- h. If Amendment, choose change type: ☐ Add ☐ Delete
- j. Form of Payment:
- k. Amount: $

3. Lender

a. Full Name, Mailing Address & Phone (include city, state, and zip)	b. Start Date (mm/dd/yyyy)	c. End Date (mm/dd/yyyy)	d. Interest Rate	i. Account Number/Code
			%	

- e. Job Title/Profession:
- f. Employer's Name/Specific Field:
- g. Security Pledged:
- h. If Amendment, choose change type: ☐ Add ☐ Delete
- j. Form of Payment:
- k. Amount: $

3. Lender

a. Full Name, Mailing Address & Phone (include city, state, and zip)	b. Start Date (mm/dd/yyyy)	c. End Date (mm/dd/yyyy)	d. Interest Rate	i. Account Number/Code
			%	

- e. Job Title/Profession:
- f. Employer's Name/Specific Field:
- g. Security Pledged:
- h. If Amendment, choose change type: ☐ Add ☐ Delete
- j. Form of Payment:
- k. Amount: $

3. Lender

a. Full Name, Mailing Address & Phone (include city, state, and zip)	b. Start Date (mm/dd/yyyy)	c. End Date (mm/dd/yyyy)	d. Interest Rate	i. Account Number/Code
			%	

- e. Job Title/Profession:
- f. Employer's Name/Specific Field:
- g. Security Pledged:
- h. If Amendment, choose change type: ☐ Add ☐ Delete
- j. Form of Payment:
- k. Amount: $

4. Total only this Page $

5. Total of ALL CRO-1410 Pages *(only show on last page)* $

(This line must be on line 9 of Detailed Summary Page CRO-1100)

Contributions from INDIVIDUALS

1. Name of Committee or Fund	2. ID Number
E.B. Hiatt for Sheriff	1 of 4

3. Contributor

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Account Number/Code	e. Form of Payment	f. Date (mm/dd/yyyy)	g. In-Kind	h. Prior Report	i. Amount
			BB&T	check	8-30-02	☐	☐	$ 50.00
						☐	☐	$
						☐	☐	$
						☐	☐	$

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)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Account Number/Code	e. Form of Payment	f. Date (mm/dd/yyyy)	g. In-Kind	h. Prior Report	i. Amount
Richard Badgett 200 W. First St. Winston-Salem NC 27101 724-3821	Attorney		NationsBank	check	9-3-02	☐	☐	$ 175.00
						☐	☐	$
						☐	☐	$
						☐	☐	$

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)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Account Number/Code	e. Form of Payment	f. Date (mm/dd/yyyy)	g. In-Kind	h. Prior Report	i. Amount
Frank Burchett 4631 Forrest Manor Dr. Winston-Salem NC 27103 766-6227	Insurance Agent		WACHOVIA	check	9-3-02	☐	☐	$ 250.00
						☐	☐	$
						☐	☐	$
						☐	☐	$

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)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Account Number/Code	e. Form of Payment	f. Date (mm/dd/yyyy)	g. In-Kind	h. Prior Report	i. Amount
			CCB	check	9-4-02	☐	☐	$ 75.00
						☐	☐	$
						☐	☐	$
						☐	☐	$

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)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Account Number/Code	e. Form of Payment	f. Date (mm/dd/yyyy)	g. In-Kind	h. Prior Report	i. Amount
			BB&T	check	9-5-02	☐	☐	$ 50
						☐	☐	$
						☐	☐	$
						☐	☐	$

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

k. Election Cycle Sum to Date: $

4. Total only this Page	$ 600.00
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
Heath 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
	Southern Comm.	check	9-1-02	☐	☐	$ 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
Roger Ebert 7805 Fairbluff Lewisville NC 27023 945-5464	BB&T	check	9-4-02	☐	☐	$ 200.00
				☐	☐	$
				☐	☐	$
b. Job Title/Profession Sign Company Owner				☐	☐	$
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
A.D. McGuire 135 Bermuda Run Dr. Bermuda Run NC 27006 336-998-5169		check	9-4-02	☐	☐	$ 100.00
	Southern			☐	☐	$
	Community			☐	☐	$
b. Job Title/Profession Construction Company Owner				☐	☐	$
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
	First Citizens	check	9-4-02	☐	☐	$ 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
	Southern	check	9-2-02	☐	☐	$ 50.00
	Community			☐	☐	$
				☐	☐	$
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	$ 475.00
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
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
	First Union	check	9-1-02	☐	☐	$ 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
	BB&T	check	9-7-02	☐	☐	$ 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
Thomas Sturgill 1460 Chesborough Rd. Winston-Salem NC 27107 784-8269	First Union	check	9-4-02	☐	☐	$ 100.00
				☐	☐	$
				☐	☐	$
b. Job Title/Profession Private Investigator				☐	☐	$
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
	BB&T	check	9-1-02	☐	☐	$ 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
	Bank of	check	8-29-02	☐	☐	$ 50.00
	American			☐	☐	$
				☐	☐	$
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	$ 325.00
5. Total of ALL CRO-1210 Pages *(only show on last page)* *(This must be on line 6 of Detailed Summary Page CRO-1100)*	$

Contributions from INDIVIDUALS

1. Name of Committee or Fund	2. ID Number
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
	BB&T	check	9-4-02	☐	☐	$ 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
William Pope 1233 Whispering Pines Dr. Pfafftown NC 27040 945-3321	CCB	check	9-10-02	☐	☐	$ 150 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
	Southern Community Fy	check	9-5-02	☐	☐	$ 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
	Bank of America	check	9-2-02	☐	☐	$ 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
				☐	☐	$
				☐	☐	$
				☐	☐	$
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	$ 325.00
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)*	$ 1725.00

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
WXII Box 11847 Winston Salem NC 27116 721-9944	advertising	CCB	check	9-5-02	$191.25
					$
					$
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
Color Bar Video 2180 Faculty Dr. Winston-Salem NC 27106 777-1234	tape production	CCB	check	9-4-02	$138.46
					$
					$
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
Winston-Salem Journal Box 3159 Winston-Salem NC 27102-3159 727-7400	advertising	CCB	check	9-4-02	$1294.00
					$
					$
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
Tim Windsurf Productions 864 W. 4th St. Winston Salem NC 750-0036 27101	advertising	CCB	check	9-4-02	$300.00
					$
					$
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
WSJS 875 W. 5th St. Winston Salem 27101 777-3900	advertising	CCB	check	9-9-02	$140.00
					$
					$
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	$

5. Total only this Page	$2064.51
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
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
Color Bar Video 2180 Faculty Dr. Winston Salem NC 27106 777-1234			ad production	CCB	check	8-30	$ 450.00	☐ Add ☐ Delete	$
Time Warner Cable 412 E. Blvd. Charlotte NC. 28202 704-973-7540			advertising	CCB	check	8-30-02	$ 754.00	☐ Add ☐ Delete	$
WKII Box 11847 Winston Salem NC 27116 721-8944			advertising	CCB	check	8-30-02	$ 786.00	☐ Add ☐ Delete	$
Clemmons Courier Clemmons Road Clemmons NC 27012 766-5505			advertising	CCB	check	8-30-02	$ 244.50	☐ Add ☐ Delete	$
WBFJ 1249 Trade St. Winston Salem NC 27101 777-1839			Advertising	CCB	check	9-3-02	$ 192.00	☐ Add ☐ Delete	$

5. Total only this Page	$ 2426.50
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
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
Winston-Salem Journal P.O. Box 3159 Winston Salem NC 27102-3159 336-727-7400			advertise mailer	CCB	check	8-30-02	$ 625.00	☐ Add ☐ Delete	$
Rick Foster 105 Jefferson Forest Ct. W-S. N.C. 27106 336-682-3984			D.J., BBQ Rally	CCB	check	8-30-02	$ 100.00	☐ Add ☐ Delete	$
Simos BBQ 3122 Indiana Ave Winston Salem 27105 723-6928			food for rally	CCB	check	8-30-02	$ 700.00	☐ Add ☐ Delete	$
Market Team Data 360 Cascade St. Winston-Salem NC 27107 722-2886			Mailer	CCB	check	8-30-02	$ 1988.51	☐ Add ☐ Delete	$
WSJS TV P.O. Box 11647 Winston-Salem NC. 27116 721-9494			advertise	CCB	check	8-30-02	$ 391.00	☐ Add ☐ Delete	$

5. Total only this Page	$ 3804.51
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
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
Rick Foster 105 Jefferson Forest Ct. Winston Salem NC 27106 336-682-3984			ads for ad	CCB	check	9-10-02	$75.00	☐ Add ☐ Delete	$
							$		
							$		
Simos BBQ 3122 Indiana Ave Winston-Salem 27105 723-6928			reception food	CCB	check	9-10-02	$250.00	☐ Add ☐ Delete	$
							$		
							$		
Video Impact 205 S. South Stratford Rd. Winston Salem NC 27104 724-3456			tape copies for ads	CCB	check	9-16-02	$95.85	☐ Add ☐ Delete	$
							$		
							$		
Bell South P.O. Box 1262 Charlotte NC 28201			campaign phone	CCB	check	9-16-02	$58.76	☐ Add ☐ Delete	$
							$		
							$		
			Report to final report				$	☐ Add ☐ Delete	$
							$		

5. Total only this Page	$479.61
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. Heath 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: ☐ Add ☐ Delete	j. Election Cycle Sum To Date
CCB P.O. Box 1129 Durham NC 27702 919-382-7929			service charge	CCB	checking draft	9-30-02	$ 21.86		$
							$		
							$		
CCB P.O. Box 1129 Durham NC 27702 919-382-7929			checks renewal	CCB	checking draft	9-30-02	$ 17.75		$
							$		
							$		
CCB P.O. Box 1129 Durham NC 27702 919-382-7929			service charge	CCB	draft	10-10-02	$ 19.42		$
							$		
							$		
[illegible]			[illegible] to final report	CCB			$		$
							$		
							$		
							$		$
							$		
							$		

5. Total only this Page $ 59.03

6. Total of ALL CRO-1310 Related Pages *(only show on last page)* $ 8834.16

(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)