

# COPY

## Detailed Summary

1. Name of Committee or Fund		2. Type of Report		3. ID Number	
E. B. HIATT FOR SHERIFF		FINAL			
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		\$1523.64			
<b>RECEIPTS</b>					
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)		\$	\$		
10) Refunds & Reimbursements to Committee (CRO-1240)		\$	\$		
11) Other Receipt Sources (CRO-1250)					
11a) Interest on Bank Accounts (CRO-1250)		\$	\$	RECEIVED FEB-11 03PM PSYTH COUNTY RO DELECTION	
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)		\$	\$		
<b>EXPENDITURES</b>					
13) Disbursements (CRO-1310)					
13a) Operating Expenditures (CRO-1310)		\$ 232.68	\$		
13b) Contributions to Candidates/Political Committees (CRO-1310)		\$	\$		
13c) Coordinated Party Expenditures (CRO-1310)		\$	\$		
14) Loan Repayments (CRO-1420)		\$ 1290.96	\$		
15) Refunds from Committee (CRO-1320)		\$	\$		
16) In-Kind Contributions (CRO-1510)		\$	\$		
17) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, and 16)		\$ 1523.64	\$		
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)		\$ - 0 -	\$		
<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)		\$			

## Disbursements

1. Name of Committee or Fund						2. ID Number	
E.B. HATT FOR SHERIFF							
(Please use separate CRO-1330 forms for each type of Disbursements.)							
Type of Disbursement		Contributions to Candidates/Political Committees			Coordinated Party Expenditures		
Operating Expenses							
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	
CCB P.O. BOX 1129 DURHAM NC 27702 919-382-7929		SERVICE CHARGE	CCB	DRAFT	12-17-02	\$14.66	
b. If Contribution to County Committee, specify:		c. If Coordinated Party Expense, list office:			i. Election Cycle Sum To Date		
					\$		
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	
JOHN H. WRIGHT #E 201 185 KING PARK WINSTON SALEM NC 336-768-1986 27103		CAMPAIGN EXPENSES	CCB	CHECK	12-28-02	\$232.68	
b. If Contribution to County Committee, specify:		c. If Coordinated Party Expense, list office:			i. Election Cycle Sum To Date		
					\$		
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. Election Cycle Sum To Date		
					\$		
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. Election Cycle Sum To Date		
					\$		
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. Election Cycle Sum To Date		
					\$		
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. Election Cycle Sum To Date		
					\$		
5. Total only this Page						\$	
6. Total of ALL CRO-1310 Related Pages						\$	
(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)							

## Loan Repayments

1. Name of Committee or Fund		2. ID Number	
E.B. HIATT FOR SHERIFF			
3. Lender	a. Full Name, Mailing Address & Phone (include city, state, and zip)	b. Original Loan Date (mm/dd/yyyy)	c. Repayment Date (mm/dd/yyyy)
	E.B. HIATT 5785 GERMANTON RD. WINSTON-SALEM NC 27105 336-744-1234	9-17-02	12-26-02
	d. Original Loan Amount	e. Remaining Balance of Loan	g. Account Number/Code
	\$ 1290.96	\$ 0-	CLB
	f. If Amendment, choose change type: <input type="checkbox"/> Add <input type="checkbox"/> Delete		h. Form of Payment
			i. Repayment Amount
			\$ 1290.96
3. Lender	a. Full Name, Mailing Address & Phone (include city, state, and zip)	b. Original Loan Date (mm/dd/yyyy)	c. Repayment Date (mm/dd/yyyy)
	d. Original Loan Amount	e. Remaining Balance of Loan	g. Account Number/Code
	\$	\$	
	f. If Amendment, choose change type: <input type="checkbox"/> Add <input type="checkbox"/> Delete		h. Form of Payment
			i. Repayment Amount
			\$
3. Lender	a. Full Name, Mailing Address & Phone (include city, state, and zip)	b. Original Loan Date (mm/dd/yyyy)	c. Repayment Date (mm/dd/yyyy)
	d. Original Loan Amount	e. Remaining Balance of Loan	g. Account Number/Code
	\$	\$	
	f. If Amendment, choose change type: <input type="checkbox"/> Add <input type="checkbox"/> Delete		h. Form of Payment
			i. Repayment Amount
			\$
3. Lender	a. Full Name, Mailing Address & Phone (include city, state, and zip)	b. Original Loan Date (mm/dd/yyyy)	c. Repayment Date (mm/dd/yyyy)
	d. Original Loan Amount	e. Remaining Balance of Loan	g. Account Number/Code
	\$	\$	
	f. If Amendment, choose change type: <input type="checkbox"/> Add <input type="checkbox"/> Delete		h. Form of Payment
			i. Repayment Amount
			\$
3. Lender	a. Full Name, Mailing Address & Phone (include city, state, and zip)	b. Original Loan Date (mm/dd/yyyy)	c. Repayment Date (mm/dd/yyyy)
	d. Original Loan Amount	e. Remaining Balance of Loan	g. Account Number/Code
	\$	\$	
	f. If Amendment, choose change type: <input type="checkbox"/> Add <input type="checkbox"/> Delete		h. Form of Payment
			i. Repayment Amount
			\$
3. Lender	a. Full Name, Mailing Address & Phone (include city, state, and zip)	b. Original Loan Date (mm/dd/yyyy)	c. Repayment Date (mm/dd/yyyy)
	d. Original Loan Amount	e. Remaining Balance of Loan	g. Account Number/Code
	\$	\$	
	f. If Amendment, choose change type: <input type="checkbox"/> Add <input type="checkbox"/> Delete		h. Form of Payment
			i. Repayment Amount
			\$
4. Total only this Page			\$
5. Total of ALL CRO-1420 Pages (only show on last page)			\$
(This line must be on line 14 of Detailed Summary Page CRO-1100)			