

To be Used by Committees to Report Contributions of \$1,000 or more

1. Committee Name <b>Campaign to Elect Diane Wheatley</b>						7. Date <b>4/29/08</b>
2. Committee Address <b>Po Box 41035</b>						8. ID Number <b>NA</b>
3. City <b>Fayetteville</b>	4. State <b>NC</b>	5. Zip <b>28309</b>	6. Phone <b>910-424-1981</b>		9. Amendment <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

10. Treasurer Name  
**Walter J. Pikul, MBA, CPA, CEP**

11. Contributions Received (Submit multiple forms if additional space is required.)

a. Full Name, Mailing Address & Phone (include city, state, and zip) <b>Donovan McLaurin Po Box 97 Wade, NC 28395 910-484-0116</b>		b. Specify Type of Contributor: <input checked="" type="checkbox"/> Individual    Political Party    Other Political Committee <input type="checkbox"/> Not-for-Profit    Other Source: _____			c. If Not-for-Profit, list Fed ID #:	
		d. If Other Committee, specify Type of Committee: Federal    State    County: _____				
		e. If Ind, list Job Title/Profession: <b>Box + Shook Mfg</b>		f. If Ind, list Employer's Name/Specific Field: <b>Self-Employed</b>		
g. Election Cycle Sum to Date <b>\$ 2,000.00</b>	h. In-Kind	i. Account Number/Code	j. Form of Payment <b>Check</b>	k. Date (mm/dd/yyyy) <b>4/28/2008</b>	l. Amount <b>\$ 2,000.00</b>	

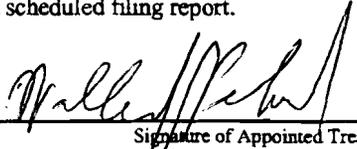
a. Full Name, Mailing Address & Phone (include city, state, and zip)		b. Specify Type of Contributor: <input type="checkbox"/> Individual    Political Party    Other Political Committee <input type="checkbox"/> Not-for-Profit    Other Source: _____			c. If Not-for-Profit, list Fed ID #:	
		d. If Other Committee, specify Type of Committee: Federal    State    County: _____				
		e. If Ind, list Job Title/Profession:		f. If Ind, list Employer's Name/Specific Field:		
g. Election Cycle Sum to Date <b>\$</b>	h. In-Kind	i. Account Number/Code	j. Form of Payment	k. Date (mm/dd/yyyy)	l. Amount <b>\$</b>	

a. Full Name, Mailing Address & Phone (include city, state, and zip)		b. Specify Type of Contributor: <input type="checkbox"/> Individual    Political Party    Other Political Committee <input type="checkbox"/> Not-for-Profit    Other Source: _____			c. If Not-for-Profit, list Fed ID #:	
		d. If Other Committee, specify Type of Committee: Federal    State    County: _____				
		e. If Ind, list Job Title/Profession:		f. If Ind, list Employer's Name/Specific Field:		
g. Election Cycle Sum to Date <b>\$</b>	h. In-Kind	i. Account Number/Code	j. Form of Payment	k. Date (mm/dd/yyyy)	l. Amount <b>\$</b>	

12. Total Contributions ALL Pages (if multi-page, only list on page 1)	<b>\$ 2,000.00</b>	13. Total Contributions THIS Page (sum all the 111 entries on this page)	<b>\$ 2,000.00</b>
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**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, correct, and the contributions were received no more than 48 hours prior to this notice being filed. All contributions received, not over \$1,000, will be reported on the next scheduled filing report.

  
Signature of Appointed Treasurer or Candidate  
(if multi-page, only sign on page 1)

**4/29/08**  
Date