48-Hour Notice

Page 1 of 1 | Amendment ☐ Yes ☒ No

Use this form to report all contributions of $1,000 or more. Notice must be filed within 48 hours of receipt of contribution.
The 48-Hour reporting period begins the day after the last day of the 1st Qrtr-Plus report period and ends the day of the Primary and begins the day after the last day of the 3rd Qrtr-Plus report and ends the day of the General Election.
All 48 Hour In-Kind Contributions must be recorded on CRO-1510 and attached.
This notice may be faxed in order to meet the 48 hour deadline.

1. Committee Information

a. Full Name	c. ID Number
CAMPAIGN TO ELECT DIANE WHEATLEY	N/A
b. Mailing Address (include City, State and Zip Code)	**d. Report Date**
9774 RAMSEY STREET LINDEN, NC 28356.	11/3/08.
	e. Phone Number
	910-424-1981

2. Contributor Information

a. Full Name, Mailing Address & Phone (include city, state, and zip) ☒ Add ☐ Remove	a. Full Name, Mailing Address & Phone (include city, state, and zip) ☐ Add ☐ Remove
CUMBERLAND NORTH CAROLINA POLITICAL ACTION COMM. P.O. BOX 87185 FAYETTEVILLE, NC 28304.	
b. Type of Contributor	**b. Type of Contributor**
☐ Individual *(if checked, must specify b2 and b3)* ☐ Political Party ☒ Other Political Committee *(if checked, must specify b1)* ☐ Not-for-Profit *(if checked, must specify b4)* ☐ Other Source:	☐ Individual *(if checked, must specify b2 and b3)* ☐ Political Party ☐ Other Political Committee *(if checked, must specify b1)* ☐ Not-for-Profit *(if checked, must specify b4)* ☐ Other Source:
b1. Type of Committee	**b1. Type of Committee**
☐ Federal ☒ County: CUMBERLAND ☐ State ☐ Municipality:	☐ Federal ☐ County: ☐ State ☐ Municipality:
b2. Job Title/Profession / **b4. Federal ID Number**	**b2. Job Title/Profession** / **b4. Federal ID Number**
N/A / N/A	
b3. Employer's Name/Specific Field / **c. Form of Payment**	**b3. Employer's Name/Specific Field** / **c. Form of Payment**
N/A / CHECK	
d. Date (mm/dd/yyyy) / **f. Amount**	**d. Date (mm/dd/yyyy)** / **f. Amount**
11-3-08 / $ $1,000—.	$
e. Account Code / **g. Election Sum to Date**	**e. Account Code** / **g. Election Sum to Date**
B1 / $ 2,000—.	$

3. Total Contributions This Page $ 1,000—.

4. Total Contributions Attached Pages $

CERTIFICATION

I certify that the Committee or Fund is in compliance with all provisions of Article 22A, 22B,& 22D-22M of Chapter 163 of the NC General Statutes and that no funds are commingled with prohibited or other non-disclosed funds. I further certify that this report is complete, true, correct and that I have been trained by the NC State Board of Elections. The contributions were received no more than 48 hours prior to this notice being filed. I understand that all contributions including those reported on this notice must also be reported on the next scheduled campaign disclosure report.

WALTER J. PIKUL.	[signature]	11-4-08
Printed Name of Signer	Signature of Appointed Treasurer	Date