Disclosure Report Cover

Amendment ☐ Yes ☐ No

Use this form for general report and committee information, must be signed and submitted along with other detailed forms
Do not use this form to update information

1. Committee Information

a. Full Name: CAMPAIGN TO ELECT DIANE WHEATLEY

c. ID Number:

b. Mailing Address (include City, State and Zip Code): 9774 RAMSEY STREET LINDEN, NC 28356.

d. Date Filed: 4/26/10

e. Phone Number: (910)424-1981

2. Report Year	3. Period Start Date (mm/dd/yy)	4. Period End Date (mm/dd/yy)	5. Treasurer Full Name
2010	01/01/2010	04/17/10	WALTER J. PIKUL

6. Type of Committee (Check One)

- ☒ Candidate Campaign
- ☐ Party
- ☐ Joint Fundraiser
- ☐ PAC
- ☐ Referendum
- ☐ Legal Expense Fund

7. Type of Fund *(if applicable, check one)*

- ☐ "Booster Fund"
- ☐ Building Fund
- ☐ NC Political Party Financing Fund
- ☐ Presidential Election Year Candidates Fund
- ☐ NC Public Campaign Financing Fund
- ☐ Other:

8. Number of Fundraisers this Report: Ø

9. Type of Report *(check only one type of report from one category)*

Municipal	State/County	Referendum
☐ Organizational	☐ Organizational	☐ Organizational
☐ Thirty-five day	Quarterly	☐ Pre-referendum
☐ Pre-primary	☒ First	☐ Final
☐ Pre-election	☐ Second	☐ Supplemental Final
☐ Pre-runoff	☐ Third	☐ Annual
Semi-annual	☐ Fourth	☐ Special
☐ Mid Year	Semi-annual	
☐ Year End	☐ Mid Year	
☐ Final	☐ Year End	
☐ Special	☐ Final	
	☐ Special	

10. Special Report Name

11. Account Information

a. Financial Institution Full Name: FIRST CITIZENS BANK

b. Purpose: ELECTION CAMPAIGN.

c. Account Code: N/A

d. Period Begin Balance: $ 5,759.97

CERTIFICATION

I certify that the Committee or Fund is in compliance with all applicable 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 undisclosed funds. I further certify that this report is complete, true and correct and that I have been trained by the NC State Board of Elections

Printed Name of Signer	Signature of Appointed Treasurer	Date
WALTER J. PIKUL	Walter Pikul	4/26/10

FOR OFFICE USE ONLY

Date Received:	4/26/10	Employee:	Omeie
Date Postmarked:		Employee:	
Date Scanned:		Employee:	
Date Data Entered:		Employee:	

Delivery Method
- ☒ Normal Mail
- ☐ Registered Mail
- ☒ Hand Delivered
- ☐ Electronically Filed

☐ Signer has not received mandatory training

Please Note: This form cannot be used to amend committee information such as the committee address, treasurer, assistant treasurer, custodian of books information, or account information.
You must amend the Statement of Organization (CRO-2100A-E) to make committee changes.

Detailed Summary

Use this form to summarize all disclosure reporting forms and to total monetary information

Amendment ☐ Yes ☐ No

1. Committee Full Name (and Fund if applicable)	2. Type of Report	3. ID Number
CAMPAIGN TO ELECT DIANE WHEATLEY	QUARTERLY	

Start of Election Cycle: January 1, 2010		Total this Reporting Period	Total this Election Cycle
4) Cash on Hand at Start		$ 5,759.97	$ 5,759.97
RECEIPTS			
5) Aggregated Contributions from Individuals	(CRO-1205)	$ 585.00	$ 585.00
6) Contributions from Individuals	(CRO-1210)	$ 1,150.00	$ 1,150.00
7) Contributions from Political Party Committees	(CRO-1220)	$ Ø	$ Ø
8) Contributions from Other Political Committees	(CRO-1230)	$ Ø	$ Ø
9) Loan Proceeds	(CRO-1410)	$ 1,828.69	$ 1,828.69
10) Refunds/Reimbursements to the Committee	(CRO-1240)	$ Ø	$ Ø
11) Other Receipt Sources			
11a) Interest on Bank Accounts	(CRO-1250)	$ Ø	$ Ø
11b) Contributions from Not-For-Profit Organizations	(CRO-1250)	$ Ø	$ Ø
11c) Outside Sources of Income	(CRO-1250)	$ Ø	$ Ø
11d) Legal Expense Fund - Other Sources	(CRO-1270)	$ Ø	$ Ø
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c and 11d)		$ 3,563.69	$ 3,563.69
EXPENDITURES			
13) Disbursements		Total this	Total this
13a) Operating Expenditures	(CRO-1310)	$ 6,647.90	$ 6,647.90
13b) Contributions to Candidates/Political Committees	(CRO-1310)	$ Ø	$ Ø
13c) Coordinated Party Expenditures	(CRO-1310)	$ Ø	$ Ø
14) Aggregated Non-Media Expenditures	(CRO-1315)	$ Ø	$ Ø
15) Loan Repayments	(CRO-1420)	$ Ø	$ Ø
16) Refunds/Reimbursements from the Committee	(CRO-1320)	$ Ø	$ Ø
17) In-Kind Contributions	(CRO-1510)	$ Ø	$ Ø
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)		$ 6,647.90	$ 6,647.90
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)		$ 2,675.76	$ 2,675.76
ADDITIONAL INFORMATION			
20) Non-Monetary Gifts Given to Other Committees	(CRO-1330)	$ Ø	
21) Outstanding Loans (incl. ones from other campaigns)	(CRO-1430)	$ 7,765.50	
22) Debts and Obligations owed by the Committee	(CRO-1610)	$ Ø	
23) Debts and Obligations owed to the Committee	(CRO-1620)	$ Ø	
24) Account Transfers Within the Committee	(CRO-1720)	$ Ø	
25) Administrative Support	(CRO-1710)	$ Ø	$ Ø
26) Forgiven Loans	(CRO-1440)	$ Ø	$ Ø
27) 48-Hour Notice Reports Sum	(CRO-2220)	$ Ø	$ Ø
28) Contributions to be Refunded	(CRO-1215)	$ Ø	$ Ø

Aggregated Contributions from Individuals

Page 1 of 18

Amendment ☐ Yes ☐ No

Optional form used to report NC Contributions From Individuals of $50 or less

1. Committee Full Name (and Fund if applicable)	2. ID Number
CAMPAIGN TO ELECT DIANE WHEATLEY.	

3. Contributor Information

a. Amend	b. Account Code	c. Form of Payment	d. In-Kind Description	e. Date (mm/dd/yyyy)	f. Amount
☐ Add ☐ Remove	JOHNSON	CHECK		3/14/2010	$ 50.00
☐ Add ☐ Remove	MELLOT	CASH		3/14/2010	$ 10.00
☐ Add ☐ Remove	WHEATLEY	CASH		3/14/2010	$ 50.00
☐ Add ☐ Remove	NEWTON	CHECK		4/7/2010	$ 25.00
☐ Add ☐ Remove	FRUIT	CHECK		4/7/2010	$ 25.00
☐ Add ☐ Remove	PEEPLES	CHECK		4/2/2010	$ 25.00
☐ Add ☐ Remove	NADING	CHECK		4/5/2010	$ 25.00
☐ Add ☐ Remove	NORRIS	CHECK		4/5/2010	$ 25.00
☐ Add ☐ Remove	TOWNSEND	CHECK		4/6/2010.	$ 50.00
☐ Add ☐ Remove	BROWN	CHECK		4/6/2010.	$ 50.00
☐ Add ☐ Remove	MATYGA	CHECK		4/2/2010.	$ 50.00
☐ Add ☐ Remove	WHITE	CHECK		4/2/2010.	$ 50.00
☐ Add ☐ Remove	BLANTON	CHECK		4/4/2010.	$ 50.00
☐ Add ☐ Remove	MEINHARDT	CHECK		4/5/2010.	$ 50.00.
☐ Add ☐ Remove	EARLE	CHECK		4/5/2010.	$ 50.00
☐ Add ☐ Remove					$
☐ Add ☐ Remove					$
☐ Add ☐ Remove					$
☐ Add ☐ Remove					$
☐ Add ☐ Remove					$
☐ Add ☐ Remove					$
☐ Add ☐ Remove					$
☐ Add ☐ Remove					$

4. Total only this Page	$ 585.00
5. Total of ALL CRO-1205 Pages *(This line must be on line 5 of Detailed Summary Page CRO-1100)*	$ 585.00.

Contributions from Individuals

Amendment ☐ Yes ☐ No

Use this form to report individual contributions over $50 or contributions under $50 if form CRO 1205 is not used

1. Committee Full Name (and Fund if applicable)	2. ID Number
CAMPAIGN TO ELECT DIANE WHEATLEY	–

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
LARRY D. TOWNSEND, JR. 114 BAYSHORE DRIVE PARKTON, NC 28371 (910) 425-7445.	DOD TECHNICIAN.	DEPARTMENT OF DEFENSE		$ 100.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐		CHECK		03/10/2010	$ 100.00
☐					$
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
CHARLES A. ALLEN, IV 2233 WILMINGTON HWY. FAYETTEVILLE, NC 28306. (910) 323-8811.	PRESIDENT	GREEN BIZ NURSERY & LANDSCAPING, INC.		$ 250.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐		CHECK		03/16/10.	$ 250.00
☐					$
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
DENNIS G. GOULD 7099 CALAMAR DRIVE FAYETTEVILLE, NC 28314 (910) 818-6384	RETIRED MILITARY			$ 100.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐		CHECK.		01/04/2010	$ 100.00
☐					$
☐					$

4. Total only this Page	$ 450.00
5. Total of ALL CRO-1210 Pages *(This line must be on line 6 of Detailed Summary Page CRO-1100)*	$ 1,150.00

Contributions from Individuals

Amendment ☐ Yes ☐ No

Use this form to report individual contributions over $50 or contributions under $50 if form CRO 1205 is not used

1. Committee Full Name (and Fund if applicable)	2. ID Number
CAMPAIGN TO ELECT DIANE WHEATLEY	-

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
D. RALPH HUFF, III 1127 OFFSHORE DRIVE FAYETTEVILLE, NC 28305 (910) 483-5353	BUILDER/DEVELOPER.	H&H BUILDERS.		$ 100.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐		CHECK			$ 100.00.
☐					$
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
JOHN E. ENGLISH 428 HOLLY LANE FAYETTEVILLE, NC 28305 (910) 484-7442.	RETIRED.			$ 100.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐		CHECK		03/02/2010	$ 100.00.
☐					$
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
GEORGE T. BOND, JR. 261 LIVERMORE DRIVE FAYETTEVILLE, NC 28314. (910) 867-7030	RETIRED MILITARY			$ 100.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐		CHECK		04/02/2010	$ 100.00
☐					$
☐					$

4. Total only this Page	$ 300.00
5. Total of ALL CRO-1210 Pages *(This line must be on line 6 of Detailed Summary Page CRO-1100)*	$ 1,150.00

Contributions from Individuals

Amendment ☐ Yes ☐ No

Use this form to report individual contributions over $50 or contributions under $50 if form CRO 1205 is not used

1. Committee Full Name (and Fund if applicable)	2. ID Number
CAMPAIGN TO ELECT DIANE WHEATLEY	

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
JOHN T. HENLEY, JR., M.D. 2004 RAEFORD ROAD FAYETTEVILLE, NC 28305. (910) 484-6324	PHYSICIAN	FAYETTEVILLE OTOLARYNGOLOGY P.A.		$ 200.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐		CHECK		04/04/2010	$ 200.00.
☐					$
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
A. HOWARD BULLARD 4901 MORGANTON ROAD FAYETTEVILLE, NC 28314. (910) 864-5533	PRESIDENT	BULLARD FURNITURE.		$ 200.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐		CHECK.		04/02/2010	$ 200.00
☐					$
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Election Sum to Date
				$

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐					$
☐					$
☐					$

4. Total only this Page	$ 400.00
5. Total of ALL CRO-1210 Pages *(This line must be on line 6 of Detailed Summary Page CRO-1100)*	$ 1,150.00

Disbursements

Amendment ☐ Yes ☐ No

Use this form to report expenditures from the committee for; operating expenses, contributions to candidate/political committees and coordinated party expenditures

1. Committee Full Name (and Fund if applicable): CAMPAIGN TO ELECT DIANE WHEATLEY

2. ID Number:

3. Type of Disbursement (*Please use separate CRO-1310 forms for each type of Disbursement.*)

☒ Operating Expenses ☐ Contributions to Candidates/Political Committees ☐ Coordinated Party Expenditures

4. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	c. Level Registered (Specify)	d. Comments	e. Election Sum to Date
NATIONAL PEN COMPANY P.O. BOX 55000 DETROIT, MI 48255-2745 1-800-854-1000.		☐ Federal ☐ County: ☐ State ☐ Municipality:		$ 271.90

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
	CHECK	B	02/27/2010	$ 271.90	PEN & PEN EMBOSSING
				$	

4. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	c. Level Registered (Specify)	d. Comments	e. Election Sum to Date
BENTON CARD COMPANY P.O. BOX 369 BENSON, NC 27504.		☐ Federal ☐ County: ☐ State ☐ Municipality:		$ 4,547.31

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
	CHECK	B	04/13/2010	$ 4,547.31	CARD PRINTING.
				$	

4. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	c. Level Registered (Specify)	d. Comments	e. Election Sum to Date
UNITED STATES POSTAL SERVICE VARIOUS LOCATIONS		☐ Federal ☐ County: ☐ State ☐ Municipality:		$ 440.00

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
	CHECK	I	VARIOUS	$ 440.00	
				$	

5. Total only this Page $ 5,259.21

6. Total of ALL CRO-1310 Pages $ 6,647.90

(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)

7. Purpose Codes (List detailed expenditure code in (h.) above)

A* - Media	B* - Printing	C* - Fundraising	D - To Another Candidate
E - Salaries	F* - Equipment	G - Political Party	H* - Holding Public Office Expenses
I - Postage	J - Penalties	K* - Office Expenses	O* - Other

* Codes require detailed explanation in required remarks field (k)

Disbursements

Amendment ☐ Yes ☐ No

Use this form to report expenditures from the committee for; operating expenses, contributions to candidate/political committees and coordinated party expenditures

1. Committee Full Name (and Fund if applicable)	2. ID Number
CAMPAIGN TO ELECT DIANE WHEATLEY	

3. Type of Disbursement *(Please use separate CRO-1310 forms for each type of Disbursement.)*

☒ Operating Expenses ☐ Contributions to Candidates/Political Committees ☐ Coordinated Party Expenditures

4. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	d. Comments
NATIONAL PEN COMPANY P.O. BOX 55000 DETROIT, MI 48255-2745 1-800-854-1000.	c. Level Registered (Specify): ☐ Federal ☐ County: ☐ State ☐ Municipality:	e. Election Sum to Date $ 531.80

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
	CHECK	B	04/03/2010.	$259.90	PENS & PEN EMBOSSING.
				$	

4. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	d. Comments
BENTON CARD COMPANY, INC. P.O. BOX 369 BENSON, NC 27504.	c. Level Registered (Specify): ☐ Federal ☐ County: ☐ State ☐ Municipality:	e. Election Sum to Date $ 5,233.30

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
	CHECK	B	03/15/2010	$685.99	DONATION CARDS, LETTERS, ENVELOPES AND MAILERS.
				$	

4. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Coordinated Committee Name	d. Comments
ACTION GRAPHICS 1031 BRAGG BLVD. FAYETTEVILLE, NC 28301. (910) 323-1220.	c. Level Registered (Specify): ☐ Federal ☐ County: ☐ State ☐ Municipality:	e. Election Sum to Date $ 442.80

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
	CHECK.	B	03/02/2010	$442.80	MAGNETIC SIGNS & BUMPER STICKERS.
				$	

5. Total only this Page $ 1,388.69

6. Total of ALL CRO-1310 Pages $ 6,647.90

(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)

7. Purpose Codes (List detailed expenditure code in (h.) above)

A* - Media	B* - Printing	C* - Fundraising	D - To Another Candidate
E - Salaries	F* - Equipment	G - Political Party	H* - Holding Public Office Expenses
I - Postage	J - Penalties	K* - Office Expenses	O* - Other

* Codes require detailed explanation in required remarks field (k)

Loan Proceeds

Amendment ☐ Yes ☐ No

1. Committee Full Name (and Fund if applicable)	2. ID Number
CAMPAIGN TO ELECT DIANE WHEATLEY	

3. Lender Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Comments	e. Start Date (mm/dd/yyyy)	f. End Date (mm/dd/yyyy)
ALFRED H. WHEATLEY, JR. DIANE D. WHEATLEY 9774 RAMSEY STREET LINDEN, NC 28356 (910) 980-0160	MANAGER	BRAGG LINES, INC.		01/01/2010	04/17/2010

g. Rate	h. Security Pledged	i. Account Code	j. Form of Payment	k. Amount
N/A%	N/A		CHECK	$ 1,828.69

l. Full Name of Lending Institution	m. Loan Number

4. Endorsers/Makers *(The people who guarantee the loan.)*

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Percentage	e. Amount
			%	$

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Percentage	e. Amount
			%	$

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Percentage	e. Amount
			%	$

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	c. Employer's Name/Specific Field	d. Percentage	e. Amount
			%	$

5. Total of ALL CRO-1410 Pages

(This line must be on line 9 of Detailed Summary Page CRO-1100) $ 1,828.69

Outstanding Loans

Amendment ☐ Yes ☐ No

1. Committee Full Name (and Fund if applicable)	2. ID Number
CAMPAIGN TO ELECT DIANE WHEATLEY	

3. Lender Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	d. Comments
ALFRED W. WHEATLEY, JR. DIANE D. WHEATLEY 9774 RAMSEY STREET LINDEN, NC. 28356 (910) 980-0161	MANAGER	
	c. Employer's Name/Specific Field	e. Start Date (mm/dd/yyyy): 01/01/2010
	BRAGG LINES, INC.	f. End Date (mm/dd/yyyy): 04/17/2010

g. Rate	h. Security Pledged	i. Original Loan Amount	j. Remaining Loan Balance
N/A %	N/A	$ 5,936.81	$ 7,765.50

k. Full Name of Lending Institution	l. Loan Number
N/A	

3. Lender Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	d. Comments
	c. Employer's Name/Specific Field	e. Start Date (mm/dd/yyyy)
		f. End Date (mm/dd/yyyy)

g. Rate	h. Security Pledged	i. Original Loan Amount	j. Remaining Loan Balance
%		$	$

k. Full Name of Lending Institution	l. Loan Number

3. Lender Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	d. Comments
	c. Employer's Name/Specific Field	e. Start Date (mm/dd/yyyy)
		f. End Date (mm/dd/yyyy)

g. Rate	h. Security Pledged	i. Original Loan Amount	j. Remaining Loan Balance
%		$	$

k. Full Name of Lending Institution	l. Loan Number

4. Total only this Page	$ 7,765.50
5. Total of ALL CRO-1430 Pages *(This line must be on line 21 of Detailed Summary Page CRO-1100)*	$ 7,765.50

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	
b. Mailing Address (include City, State and Zip Code)	**d. Report Date**
9774 RAMSEY STREET LINDEN, NC 28356.	4/20/10
	e. Phone Number
	(910) 424-1981.

2. Contribution Information

a. Full Name, Mailing Address & Phone (include city, state, and zip) ☐ Add ☐ Remove

DONOVAN MCLAURIN
P.O. BOX 97
WADE, NC 28395
(910) 484-0116.

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:

b1. Type of Committee
- ☐ Federal ☐ County:
- ☐ State ☐ Municipality:

b2. Job Title/Profession	b4. Federal ID Number
RETIRED	N/A.
b3. Employer's Name/Specific Field	**c. Form of Payment**
N/A.	CHECK
d. Date (mm/dd/yyyy)	**f. Amount**
04/20/2010	$1,000.00
e. Account Code	**g. Election Sum to Date**
N/A.	$1,000.00

2. Contribution Information

a. Full Name, Mailing Address & Phone (include city, state, and zip) ☐ Add ☐ Remove

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:

b1. Type of Committee
- ☐ Federal ☐ County:
- ☐ State ☐ Municipality:

b2. Job Title/Profession	b4. Federal ID Number
b3. Employer's Name/Specific Field	**c. Form of Payment**
d. Date (mm/dd/yyyy)	**f. Amount**
	$
e. Account Code	**g. Election Sum to Date**
	$

3. Total Contributions THIS Page *(sum all the '2f' entries on this page)* $ 1,000.00

4. Total Contributions ALL Pages *(if multi-page, only list on page 1)* $ 1,000.00

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. PIKUN	[signature]	4/20/10.
Printed Name of Signer	Signature of Appointed Treasurer	Date