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	c. ID Number
CAMPAIGN TO ELECT DIANE WHEATLEY	20-3055916
b. Mailing Address (include City, State and Zip Code)	**d. Date Filed**
9774 RAMSEY STREET LINDEN, NC 28356	1/10/11
	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	10/17/10	12/31/10	WALTER J. PIKUL

6. Type of Committee (Check One)

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

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

- ☐ Booster Fund
- ☐ Building 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	**c. Account Code**	**d. Period Begin Balance**
ELECTION CAMPAIGN	N/A	$10,866.09

11. Account Information

a. Financial Institution Full Name		
b. Purpose	**c. Account Code**	**d. Period Begin Balance**
		$

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 non-disclosed 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.

WALTER J. PIKUL.	[signature]	1/10/11
Printed Name of Signer	Signature of Appointed Treasurer	Date

FOR OFFICE USE ONLY

Date Received:	1-12-11	Employee:	Angie
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	4TH QTR. 2010	20-3055916

Start of Election Cycle: January 1, 2010.		Total this Reporting Period	Total this Election Cycle
4) Cash on Hand at Start		$ 10,866.09	$ 5,759.97
RECEIPTS			
5) Aggregated Contributions from Individuals	(CRO-1205)	$ 75.00	$ 2,410.00
6) Contributions from Individuals	(CRO-1210)	$ 1,575.00	$ 15,332.97
7) Contributions from Political Party Committees	(CRO-1220)	$ 0.00	$ 350.00
8) Contributions from Other Political Committees	(CRO-1230)	$ 650.00	$ 1,825.00
9) Loan Proceeds	(CRO-1410)	$ 1,940.00	$ 9,465.49
10) Refunds/Reimbursements to the Committee	(CRO-1240)	$ 251.39	$ 251.39
11) Other Receipt Sources			
11a) Interest on Bank Accounts	(CRO-1250)	$ 0.00	$ 0.00
11b) Contributions from Not-For-Profit Organizations	(CRO-1250)	$ 0.00	$ 0.00
11c) Outside Sources of Income	(CRO-1250)	$ 0.00	$ 0.00
11d) Legal Expense Fund - Other Sources	(CRO-1270)	$ 0.00	$ 0.00
11e) Exempt Purchase Price Sales	(CRO-1265)	$ 0.00	$ 0.00
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d and 11e)		$ 4,491.39	$ 29,634.85
EXPENDITURES			
13) Disbursements			
13a) Operating Expenditures	(CRO-1310)	$ 2,376.58	$ 19,155.95
13b) Contributions to Candidates/Political Committees	(CRO-1310)	$ 0.00	$ 0.00
13c) Coordinated Party Expenditures	(CRO-1310)	$ 0.00	$ 0.00
14) Aggregated Non-Media Expenditures	(CRO-1315)	$ 0.00	$ 0.00
15) Loan Repayments	(CRO-1420)	$ 0.00	$ 0.00
16) Refunds/Reimbursements from the Committee	(CRO-1320)	$ 0.00	$ 0.00
17) In-Kind Contributions	(CRO-1510)	$ 0.00	$ 3,257.97
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)		$ 2,376.58	$ 22,413.92
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)		$ 12,980.90	$ 12,980.90
ADDITIONAL INFORMATION			
20) Non-Monetary Gifts Given to Other Committees	(CRO-1330)	$ 0.00	
21) Outstanding Loans (incl. ones from other campaigns)	(CRO-1430)	$ 15,402.30	
22) Debts and Obligations owed by the Committee	(CRO-1610)	$ 0.00	
23) Debts and Obligations owed to the Committee	(CRO-1620)	$ 0.00	
24) Account Transfers Within the Committee	(CRO-1720)	$ 0.00	
25) Administrative Support	(CRO-1710)	$ 0.00	$ 0.00
26) Forgiven Loans	(CRO-1440)	$ 0.00	$ 0.00
27) 48-Hour Notice Reports Sum	(CRO-2220)	$ 0.00	$ 3,000.00
28) Contributions to be Refunded	(CRO-1215)	$ 0.00	$ 0.00

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	20-3055916

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	HODGE, R.	CHECK.		10/19/2010.	$ 25.00
☐ Add ☐ Remove	BOGGS, G.	"		10/28/2010.	$ 50.00
☐ Add ☐ Remove					$
☐ Add ☐ Remove					$
☐ Add ☐ Remove					$
☐ Add ☐ Remove					$
☐ Add ☐ Remove					$
☐ Add ☐ Remove					$
☐ Add ☐ Remove					$
☐ Add ☐ Remove					$
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☐ Add ☐ Remove					$
☐ Add ☐ Remove					$
☐ Add ☐ Remove					$
☐ Add ☐ Remove					$
☐ Add ☐ Remove					$
☐ Add ☐ Remove					$
☐ Add ☐ Remove					$
☐ Add ☐ Remove					$

4. Total only this Page	$ 75.00
5. Total of ALL CRO-1205 Pages *(This line must be on line 5 of Detailed Summary Page CRO-1100)*	$ 75.00

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	20-3055916

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
JERRY C. WOOD, SR. 305 SHAWCROFT ROAD FAYETTEVILLE, NC 28311 (910) 482-3047	Educator	Retired		$ 100.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐		CHECK		10/20/2010	$ 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
J. FRANKLIN JOHNSON, III 370 VALLEY ROAD FAYETTEVILLE, NC 28305 (910) 864-2626.	REALTOR	FRANKLIN JOHNSON COMMERCIAL R.E.		$ 100.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐		CHECK		10/25/2010	$ 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
D. KEITH ALLISON 401 HARLON DRIVE FAYETTEVILLE, NC.	C.E.O.	SYSTEL BUSINESS EQUIPMENT CO., INC.		$ 200.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐		CHECK		10/26/2010	$ 200.00
☐					$
☐					$

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)*	$ 1,575.00

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	20-3055916

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
JACQUELINE ALLISON 501 RUSH ROAD FAYETTEVILLE, NC 28305-4917 (910) 339-5133	REALTOR	JACQUELINE ALLISON REAL ESTATE		$ 200.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐		CHECK		10/26/2010	$ 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
DAVID G. SOLES 615 FARRELL AVENUE FAYETTEVILLE, NC 28312. (910) 485-2982	PRESIDENT	AAA AUTOMOTIVE TOWING & RECOVERY SERVICE, INC.		$ 250.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐		CHECK		10/26/2010	$ 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
DR. SAUNDRA N. SHORTER 6438 TOUCHSTONE DRIVE FAYETTEVILLE, NC 28311. (910) 672-1538.	EDUCATOR.	FAYETTEVILLE STATE UNIVERSITY.		$ 125.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐		CHECK		10/26/2010	$ 125.00
☐					$
☐					$

4. Total only this Page	$ 575.00
5. Total of ALL CRO-1210 Pages *(This line must be on line 6 of Detailed Summary Page CRO-1100)*	$ 1,575.00

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	20-3055916

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
RAKESH GUPTA, M.D. 2595 VIXEN STREET FAYETTEVILLE, NC 28303. (910) 323-2477.	MEDICAL DOCTOR	CAPE FEAR CTR. FOR DIGESTIVE DISEASES, 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		10/27/2010	$ 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
DONALD PORTER 1994 PENROSE DRIVE FAYETTEVILLE, NC 28304. (910) 487-7181.	EXECUTIVE DIR.	RAEFORD/HOKE ECONOMIC DEVELOPMENT.		$ 100.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐		CHECK		11/01/2010	$ 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
GENE HALLOCK 414 THORNCLIFF DRIVE FAYETTEVILLE, NC 28303	JUVENILE DETENTION DIR.	STATE OF NORTH CAROLINA		$ 100.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐		CHECK		11/05/2010	$ 100.00
☐					$
☐					$

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)*	$ 1,575.00

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	20-30559 16

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
SHIRLEY STALLINGS 1005 JIMREE AVENUE FAYETTEVILLE, NC 28312 (910) 483-3322.	V.P. FOR FINANCE & ADMINISTRATION	UNITED WAY OF CUMBERLAND COUNTY.		$ 200.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐		CHECK		11/17/2010.	$ 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
☐					$
☐					$
☐					$

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	$ 200.00
5. Total of ALL CRO-1210 Pages *(This line must be on line 6 of Detailed Summary Page CRO-1100)*	$ 1,575.00

Contributions from Political Party Committees

Amendment ☐ Yes ☒ No

Use this form to report contributions from a political party

1. Committee Full Name (and Fund if applicable)	2. ID Number
CAMPAIGN TO ELECT DIANE WHEATLEY	20-3055916

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Comments
	c. Election Sum to Date $

d. Account Code	e. Form of Payment	f. In-Kind Description	g. Date (mm/dd/yyyy)	h. Amount
				$
				$
				$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Comments
	c. Election Sum to Date $

d. Account Code	e. Form of Payment	f. In-Kind Description	g. Date (mm/dd/yyyy)	h. Amount
				$
				$
				$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Comments
	c. Election Sum to Date $

d. Account Code	e. Form of Payment	f. In-Kind Description	g. Date (mm/dd/yyyy)	h. Amount
				$
				$
				$

4. Total only this Page	$
5. Total of ALL CRO-1220 Pages *(This line must be on line 7 of Detailed Summary Page CRO-1100)*	$ 0.00

Contributions from Other Political Committees

Pg 7 of 18 Amendment ☐ Yes ☒ No

Use this form to report contributions from other candidate, referendum or PAC committees

1. Committee Full Name (and Fund if applicable)	2. ID Number
CAMPAIGN TO ELECT DIANE WHEATLEY	20-3055916

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)
CUMBERLAND NORTH CAROLINA
POLITICAL ACTION COMMITTEE
P.O. BOX 87185
FAYETTEVILLE, NC 28304
UNKNOWN TEL NO.

b. Type of Committee: ☐ Candidate ☒ PAC ☐ Referendum

c. Level Registered (Specify): ☐ Federal ☐ County: ☐ State ☐ Municipality:

d. Comments

e. Election Sum to Date: $ 1,250.00

f. Account Code	g. Form of Payment	h. In-Kind Description	i. Date (mm/dd/yyyy)	j. Amount
	CHECK		10/18/2010	$ 250.00
				$
				$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)
CUMBERLAND NORTH CAROLINA
POLITICAL ACTION COMMITTEE
P.O. BOX 87185
FAYETTEVILLE, NC 28304
UNKNOWN TEL. NO.

b. Type of Committee: ☐ Candidate ☐ PAC ☐ Referendum

c. Level Registered (Specify): ☐ Federal ☐ County: ☐ State ☐ Municipality:

d. Comments

e. Election Sum to Date: $ 1,500.00

f. Account Code	g. Form of Payment	h. In-Kind Description	i. Date (mm/dd/yyyy)	j. Amount
	CHECK		10/20/2010	$ 250.00
				$
				$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)
DAWKINS FOR NC HOUSE
122 THORNCLIFF DRIVE
FAYETTEVILLE, NC 28303
(910) 486-4444.

b. Type of Committee: ☐ Candidate ☐ PAC ☐ Referendum

c. Level Registered (Specify): ☐ Federal ☐ County: ☐ State ☐ Municipality:

d. Comments

e. Election Sum to Date: $ 325.00

f. Account Code	g. Form of Payment	h. In-Kind Description	i. Date (mm/dd/yyyy)	j. Amount
	CHECK		11/02/2010	$ 150.00
				$
				$

4. Total only this Page	$ 650.00
5. Total of ALL CRO-1230 Pages *(This line must be on line 8 of Detailed Summary Page CRO-1100)*	$ 650.00

Refunds/Reimbursements To the Committee

Pg 8 of 18 Amendment ☐ Yes ☒ No

Use this form to report refunds received by the committee or reimbursements for a previous expenditure.

1. Committee Full Name (and Fund if applicable)	2. ID Number
CAMPAIGN TO ELECT DIANE WHEATLEY	20-3055916

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	d. Type of Committee	g. Comments
HOPE MILLS CHAMBER OF COMMERCE P.O. BOX 451 HOPE MILLS, NC 28348. (910) 323-4848.	☒ Candidate ☐ PAC ☐ Referendum ☐ Party	VOIDED CHECK-INCORRECT AMOUNT.
	e. Level Registered (Specify): ☐ Federal ☐ County: ☐ State ☐ Municipality:	h. Original Expenditure Date: 10/12/2010
		i. Original Expenditure Amt: $ 125.00

b. Job Title/Profession	c. Employer's Name/Specific Field	f. Purpose	j. Election Sum to Date
		VOIDED CHECK	$ 125.00

k. Account Code	l. Form of Payment	m. In-Kind Description	n. Date (mm/dd/yyyy)	o. Amount
				$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	d. Type of Committee	g. Comments
BENTON CARD CO., INC. P.O. BOX 369 BENSON, NC 27504. (919) 894-3661.	☒ Candidate ☐ PAC ☐ Referendum ☐ Party	VOIDED CHECK INVOICE ALREADY PD
	e. Level Registered (Specify): ☐ Federal ☐ County: ☐ State ☐ Municipality	h. Original Expenditure Date: 11/5/2010.
		i. Original Expenditure Amt: $ 126.39

b. Job Title/Profession	c. Employer's Name/Specific Field	f. Purpose	j. Election Sum to Date
		VOIDED CHECK.	$ 7,471.60

k. Account Code	l. Form of Payment	m. In-Kind Description	n. Date (mm/dd/yyyy)	o. Amount
				$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	d. Type of Committee	g. Comments
	☐ Candidate ☐ PAC ☐ Referendum ☐ Party	
	e. Level Registered (Specify): ☐ Federal ☐ County: ☐ State ☐ Municipality:	h. Original Expenditure Date
		i. Original Expenditure Amt: $

b. Job Title/Profession	c. Employer's Name/Specific Field	f. Purpose	j. Election Sum to Date
			$

k. Account Code	l. Form of Payment	m. In-Kind Description	n. Date (mm/dd/yyyy)	o. Amount
				$

4. Total only this Page	$ 251.39
5. Total of ALL CRO-1240 Pages *(This line must be on line 10 of Detailed Summary Page CRO-1100)*	$ 251.39

Other Receipt Sources

 Amendment ☐ Yes ☒ No

Use this form to report income not reported on another form. i.e. interest income, not for profit contributions etc.

1. Committee Full Name (and Fund if applicable)	2. ID Number
CAMPAIGN TO ELECT DIANE WHEATLEY	20-3055916

3. Type of Receipt Source *(Please use separate CRO-1250 forms for each type of Receipt Source.)*

☐ Interest ☐ Contributions from Not-for-Profit Organizations ☐ Outside Sources of Income

4. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Not-for-Profit Federal ID #	c. Outside Source Explanation	d. Comments	e. Election Sum to Date
				$

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

4. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Not-for-Profit Federal ID #	c. Outside Source Explanation	d. Comments	e. Election Sum to Date
				$

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

4. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Not-for-Profit Federal ID #	c. Outside Source Explanation	d. Comments	e. Election Sum to Date
				$

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

5. Total only this Page	$
6. Total of ALL CRO-1250 Pages *(This line goes in line 11a of Detailed Summary Page CRO-1100 if Interest)* *(This line goes in line 11b of Detailed Summary Page CRO-1100 if Not-for-Profit Contribution)* *(This line goes in line 11c of Detailed Summary Page CRO-1100 if Outside Sources of Income)*	$ 0.00

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)	2. ID Number
CAMPAIGN TO ELECT DIANE WHEATLEY	20-3055916

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 (1-800-347-7367)		☐ Federal ☒ County: ☐ State ☐ Municipality:		$ 1,529.86

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
	CHECK	B	11/03/2010	$132.40	RED PENS.
				$	

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, INC. P.O. BOX 369 BENSON, NC 27504 (919) 894-3661.		☐ Federal ☒ County: ☐ State ☐ Municipality:		$ 7,471.60

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
	CHECK	B	11/03/2010	$177.79	REVISED FUNDRAISER MATERIAL.
				$	

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, INC. P.O. BOX 369 BENSON, NC 27504 (919) 894-3661.		☐ Federal ☒ County: ☐ State ☐ Municipality:		$ 7,597.99.

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
	CHECK	B	11/05/2010	$126.39	
				$	

5. Total only this Page	$ 436.58
6. Total of ALL CRO-1310 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)*	$ 2,376.58

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	Q* - Donation to Legal Expense Fund
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	20-3055916

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): CUMULUS BROADCASTING, 1009 DRAYTON ROAD, FAYETTEVILLE, NC 28303, (910) 864-5222.

b. Coordinated Committee Name:

c. Level Registered (Specify): ☐ Federal ☒ County: ☐ State ☐ Municipality:

d. Comments:

e. Election Sum to Date: $

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
	CHECK	A	10/21/2010	$1,765.00	RADIO ADVERTISING
				$	

4. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip): HOPE MILLS CHAMBER OF COMMERCE, P.O. BOX 451, HOPE MILLS, NC 28348, (910) 323-4848

b. Coordinated Committee Name:

c. Level Registered (Specify): ☐ Federal ☒ County: ☐ State ☐ Municipality:

d. Comments:

e. Election Sum to Date: $125.00

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
	CHECK	O	10/20/2010	$125.00	BOOTH RENTAL.
				$	& CHILI COOK-OFF.

4. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip): HOPE MILLS CHAMBER OF COMMERCE, P.O. BOX 451, HOPE MILLS, NC 28348, (910) 323-4848.

b. Coordinated Committee Name:

c. Level Registered (Specify): ☐ Federal ☒ County: ☐ State ☐ Municipality:

d. Comments:

e. Election Sum to Date: $ 175.00

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
	CHECK	A	10/20/2010	$ 50.00	SIGN TO CHILI COOK-OFF.
				$	

5. Total only this Page	$ 1,940.00
6. Total of ALL CRO-1310 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)*	$ 2,376.58

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	Q* - Donation to Legal Expense Fund
O* Other			

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

Non-Monetary Gifts Given to Other Committees

Pg 12 of 18 Amendment ☐ Yes ☒ No

Use this form to report any in-kind, non-monetary gift, service or items given to another committee.

1. Committee Full Name (and Fund if applicable)	2. ID Number
CAMPAIGN TO ELECT DIANE WHEATLEY	20-30559 16

3. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Type of Committee	c. Level Registered (Specify)	d. Comments
	☐ Candidate ☐ PAC ☐ Referendum ☐ Party	☐ Federal ☐ County: ☐ State ☐ Municipality:	

e. Type of Gift ☐ Coordinated Party Expenditure ☐ Contribution to Candidate/Political Committee

f. Description	g. Date (mm/dd/yyyy)	h. Fair Market Amount
		$
		$

3. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Type of Committee	c. Level Registered (Specify)	d. Comments
	☐ Candidate ☐ PAC ☐ Referendum ☐ Party	☐ Federal ☐ County ☐ State ☐ Municipality:	

e. Type of Gift ☐ Coordinated Party Expenditure ☒ Contribution to Candidate/Political Committee

f. Description	g. Date (mm/dd/yyyy)	h. Fair Market Amount
		$
		$

3. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Type of Committee	c. Level Registered (Specify)	d. Comments
	☐ Candidate ☐ PAC ☐ Referendum ☐ Party	☐ Federal ☐ County: ☐ State ☐ Municipality:	

e. Type of Gift ☐ Coordinated Party Expenditure ☐ Contribution to Candidate/Political Committee

f. Description	g. Date (mm/dd/yyyy)	h. Fair Market Amount
		$
		$

4. Total only this Page	$
5. Total of ALL CRO-1330 Pages *(This line must be on line 20 of Detailed Summary Page CRO-1100)*	$ 0.00

Loan Proceeds

Amendment ☐ Yes ☒ No

Use this form to report proceeds from a loan and loan endorser's information
A loan proceeds statement must accompany each loan that is from an individual

1. Committee Full Name (and Fund if applicable)	2. ID Number
CAMPAIGN TO ELECT DIANE WHEATLEY	20-3055916

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 W. WHEATLEY, JR. 9774 RAMSEY STREET LINDEN, NC 28356 (910) 980-0161	MANAGER	BRAGG LINES, INC.	PD. BY PERSONAL CHECK.	N/A	N/A.

g. Rate	h. Security Pledged	i. Account Code	j. Form of Payment	k. Amount
N/A %	N/A		PERSONAL CHECKS	$ 1,940.00

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
			%	$
			%	$
			%	$
			%	$

5. Total of ALL CRO-1410 Pages *(This line must be on line 9 of Detailed Summary Page CRO-1100)* $ 1,940.00.

Loan Repayments

Amendment ☐ Yes ☒ No

Use this form to report payments on an existing loan.

1. Committee Full Name (and Fund if applicable)	2. ID Number
CAMPAIGN TO ELECT DIANE WHEATLEY	20-3055916

3. Lender Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Comments	c. Original Loan Date	d. Original Loan Amount
			$

e. Remaining Loan Balance	f. Account Code	g. Form of Payment	h. Date (mm/dd/yyyy)	i. Repayment Amount
$				$
$				$

3. Lender Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Comments	c. Original Loan Date	d. Original Loan Amount
			$

e. Remaining Loan Balance	f. Account Code	g. Form of Payment	h. Date (mm/dd/yyyy)	i. Repayment Amount
$				$
$				$

3. Lender Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Comments	c. Original Loan Date	d. Original Loan Amount
			$

e. Remaining Loan Balance	f. Account Code	g. Form of Payment	h. Date (mm/dd/yyyy)	i. Repayment Amount
$				$
$				$

4. Total only this Page	$
5. Total of ALL CRO-1420 Pages *(This line must be on line 15 of Detailed Summary Page CRO-1100)*	$ 0.00

Outstanding Loans

Amendment ☐ Yes ☒ No

Use this form to report any outstanding loans received during a previous reporting period and until the loan is paid in full.

1. Committee Full Name (and Fund if applicable)	2. ID Number
CAMPAIGN TO ELECT DIANE WHEATLEY	20-3055916

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. 9774 RAMSEY STREET LINDEN, NC 28356 (910) 980-0161.	MANAGER	
	c. Employer's Name/Specific Field	e. Start Date (mm/dd/yyyy)
	BRAGG LINES, INC.	f. End Date (mm/dd/yyyy)

g. Rate	h. Security Pledged	i. Original Loan Amount	j. Remaining Loan Balance
N/A %	N/A	$ 7,865.50	$ 15,402.30

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	$
5. Total of ALL CRO-1430 Pages *(This line must be on line 21 of Detailed Summary Page CRO-1100)*	$ 15,402.30

Forgiven Loans

Amendment ☐ Yes ☒ No

Use this form to report any loan which has been forgiven by the lender.
A Forgiven loan statement (CRO-6200) must accompany each forgiven loan.

1. Committee Full Name (and Fund if applicable)	2. ID Number
CAMPAIGN TO ELECT DIANE WHEATLEY	20-3055916

3. Lender Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Comments	
	c. Original Loan Date (mm/dd/yyyy)	f. Election Sum to Date $
	d. Original Loan Amount $	g. Date (mm/dd/yyyy)
	e. Remaining Loan Balance $	h. Forgiven Amount $

3. Lender Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Comments	
	c. Original Loan Date (mm/dd/yyyy)	f. Election Sum to Date $
	d. Original Loan Amount $	g. Date (mm/dd/yyyy)
	e. Remaining Loan Balance $	h. Forgiven Amount $

3. Lender Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Comments	
	c. Original Loan Date (mm/dd/yyyy)	f. Election Sum to Date $
	d. Original Loan Amount $	g. Date (mm/dd/yyyy)
	e. Remaining Loan Balance $	h. Forgiven Amount $

4. Total only this Page	$
5. Total of ALL CRO-1440 Pages *(This line must be on line 26 of Detailed Summary Page CRO-1100)*	$ 0.00

The lender information should contain the same information as supplied on the original loan proceed statement.

Debts and Obligations Owed By the Committee

Pg 17 of 18 Amendment ☐ Yes ☒ No

Use this form to report any unpaid debts or obligations owed by the committee, to include campaign credit card payments.

1. Committee Full Name (and Fund if applicable)	2. ID Number
CAMPAIGN TO ELECT DIANE WHEATLEY	20-3055916.

3. Creditor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)

Note: All payments made toward debts should be listed on form CRO-1310 with the payee listed as this creditor.

b. Description of Creditor

c. Beginning Balance	d. Total Amount Paid	e. Total Amount Incurred	f. Remaining Balance
$	$	$	$

g. Incurred Debts (what the committee received)

g1. Date (mm/dd/yyyy)	g2. Amount	g1. Date (mm/dd/yyyy)	g2. Amount
	$		$

g3. Item Description

g3. Item Description

g4. Purchase Place Full Name, Mailing Address & Phone (include city, state, & zip)

g4. Purchase Place Full Name, Mailing Address & Phone (include city, state, & zip)

3. Creditor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)

Note: All payments made toward debts should be listed on form CRO-1310 with the payee listed as this creditor.

b. Description of Creditor

c. Beginning Balance	d. Total Amount Paid	e. Total Amount Incurred	f. Remaining Balance
$	$	$	$

g. Incurred Debts (what the committee received)

g1. Date (mm/dd/yyyy)	g2. Amount	g1. Date (mm/dd/yyyy)	g2. Amount
	$		$

g3. Item Description

g3. Item Description

g4. Purchase Place Full Name, Mailing Address & Phone (include city, state, & zip)

g4. Purchase Place Full Name, Mailing Address & Phone (include city, state, & zip)

4. Total only this Page *(This should be the sum of all item '3f' from this page)*	$
5. Total of ALL CRO-1610 Pages *(This line must be on line 22 of Detailed Summary Page CRO-1100)*	$ 0.00

Debts and Obligations Owed To the Committee

Pg 18 of 18 Amendment ☐ Yes ☒ No

Use this form to report debts and obligations owed to the Committee.

1. Committee Full Name (and Fund if applicable)	2. ID Number
CAMPAIGN TO ELECT DIANE WHEATLEY	20-3055916

3. Debtor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)

Note: All payments received toward debts should be listed on the appropriate receipt form with the contributor listed as this debtor.

b. Description of Debtor

c. Beginning Balance	d. Total Amount Paid	e. Total Amount Incurred	f. Remaining Balance
$	$	$	$

g. Incurred Debts (what the Committee gave)

g1. Date (mm/dd/yyyy)	g2. Amount	g3. Item Description
	$	
	$	
	$	
	$	
	$	

3. Debtor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)

Note: All payments received toward debts should be listed on the appropriate receipt form with the contributor listed as this debtor.

b. Description of Debtor

c. Beginning Balance	d. Total Amount Paid	e. Total Amount Incurred	f. Remaining Balance
$	$	$	$

g. Incurred Debts (what the Committee gave)

g1. Date (mm/dd/yyyy)	g2. Amount	g3. Item Description
	$	
	$	
	$	
	$	
	$	

4. Total only this Page *(This should be the sum of all item '3f' from this page)*	$
5. Total of ALL CRO-1620 Pages *(This line must be on line 23 of Detailed Summary Page CRO-1100)*	$ 0.00