Disclosure Report Cover

Amendment
☐ Yes ☒ No

Please note that this cover sheet 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 those kinds of committee changes.
Use the Addendum form (CRO-1010) if more entries are needed.

1. Committee Information

a. Full Name	c. ID Number
Campaign To Elect Deane Wheatley	N/A
b. Mailing Address (include City, State and Zip Code)	**d. Date Filed**
9774 Ramsey St Linden, N.C. 28356	7-12-04
	e. Phone Number
	1-910-424-1981

2. Report Year	3. Period Start Date (mm/dd/yyyy)	4. Period End Date (mm/dd/yyyy)	5. Treasurer Full Name
2004	4-26-04	6-30-04	Walter J Pikul

6. Type of Committee *(Check one)*
- ☒ Candidate Campaign
- ☐ Party
- ☐ Joint Fundraiser
- ☐ PAC
- ☐ Referendum

7. Type of Fund *(if applicable, check one)*
- ☐ Soft Money Account
- ☐ "Booster Fund"
- ☐ Building Fund
- ☐ NC Political Party Financing Fund
- ☐ Presidential Election Year Candidates Fund
- ☐ NC Public Campaign Financing Fund
- ☐ Other:

8. 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 Plus	☐ Final
☐ Pre-election	☒ Second	☐ Supplemental Final
☐ Pre-runoff	☐ Third Plus	☐ Annual
Semi-annual	☐ Fourth	☐ Special
☐ Mid Year	Semi-annual	
☐ Year End	☐ Mid Year	**9. Special Report Name**
☐ Final	☐ Year End	
☐ Special	☐ Final	
	☐ Special	

10. Account Information

a. Financial Institution Full Name	
First Citizens Bank	
b. Purpose	**c. Code**
Election Campaign	
	d. Period Begin Balance
	$ 0

10. Account Information

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

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 and correct.

Walter J. Pikul	Walter Pikul	7-12-04
Printed Name of Signer	Signature of Appointed Treasurer	Date

FOR OFFICE USE ONLY

Date Received: _____ Employee: _____

Date Postmarked: _____ Employee: _____

Date Scanned: _____ Employee: _____

RECEIVED JUL 14 2004 NC State Board of Elections

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

Disclosure Report Cover Addendum

Amendment
☐ Yes ☒ No

If there is not enough room on the Disclosure Report Cover form (CRO-1000) to include all accounts, then use this form to include any additions and attach it to the Cover form.

Please note that this cover sheet cannot be used to amend committee information such as the committee name or account information.

You must amend the Statement of Organization (CRO-2100A-E) to make those kinds of committee changes.

1. Committee Full Name (and Fund if applicable)	2. ID Number
Campaign To Elect Diane Wheatley	N/A

3. Account Information		3. Account Information	
a. Financial Institution Full Name		a. Financial Institution Full Name	
b. Purpose	c. Code	b. Purpose	c. Code
	d. Period Begin Balance		d. Period Begin Balance
	$		$

3. Account Information		3. Account Information	
a. Financial Institution Full Name		a. Financial Institution Full Name	
b. Purpose	c. Code	b. Purpose	c. Code
	d. Period Begin Balance		d. Period Begin Balance
	$		$

3. Account Information		3. Account Information	
a. Financial Institution Full Name		a. Financial Institution Full Name	
b. Purpose	c. Code	b. Purpose	c. Code
	d. Period Begin Balance		d. Period Begin Balance
	$		$

3. Account Information		3. Account Information	
a. Financial Institution Full Name		a. Financial Institution Full Name	
b. Purpose	c. Code	b. Purpose	c. Code
	d. Period Begin Balance		d. Period Begin Balance
	$		$

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 and correct.

Walter J. Pikal	[signature]	7-12-04
Printed Name of Signer	Signature of Appointed Treasurer	Date

Detailed Summary

Amendment ☐ Yes ☒ No

1. Committee Full Name (and Fund if applicable)	2. Type of Report	3. ID Number
Campaign To Elect Diane Wheatley	2nd Quarter	N/A

Start of Election Cycle: January 1, 2004		Total this Reporting Period	Total this Election Cycle
4) Cash on Hand at Start		$ 0	$ 0
RECEIPTS			
5) Aggregated Contributions from Individuals	(CRO-1205)	$ 0	$ 0
6) Contributions from Individuals	(CRO-1210)	$ 0	$ 0
7) Contributions from Political Party Committees	(CRO-1220)	$ 0	$ 0
8) Contributions from Other Political Committees	(CRO-1230)	$ 0	$ 0
9) Loan Proceeds	(CRO-1410)	$ 659.78	$ 659.78
10) Refunds/Reimbursements To the Committee	(CRO-1240)	$ 0	$ 0
11) Other Receipt Sources	(CRO-1250)		
11a) Interest on Bank Accounts	(CRO-1250)	$ 0	$ 0
11b) Contributions from Not-for-Profit Organizations	(CRO-1250)	$ 0	$ 0
11c) Outside Sources of Income	(CRO-1250)	$ 0	$ 0
12) "Goods and Services" Contributions	(CRO-1260)	$ 0	$ 0
13) TOTAL RECEIPTS *(Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c, and 12)*		$ 659.78	$ 659.78
EXPENDITURES			
14) Disbursements	(CRO-1310)		
14a) Operating Expenditures	(CRO-1310)	$ 659.78	$ 659.78
14b) Contributions to Candidates/Political Committees	(CRO-1310)	$ 0	$ 0
14c) Coordinated Party Expenditures	(CRO-1310)	$ 0	$ 0
15) Loan Repayments	(CRO-1420)	$ 0	$ 0
16) Refunds/Reimbursements From the Committee	(CRO-1320)	$ 0	$ 0
17) In-Kind Contributions	(CRO-1510)	$ 0	$ 0
18) TOTAL EXPENDITURES *(Add lines 14a, 14b, 14c, 15, 16, and 17)*		$ 659.78	$ 659.78
19) Cash on Hand at End *(Add lines 4 and 13 together, then subtract line 18)*		$ 0	$ 0
ADDITIONAL INFORMATION			
20) Non-Monetary Gifts Given to Other Committees	(CRO-1330)	$ 0	
21) Outstanding Loans (incl. ones from other campaigns)	(CRO-1430)	$ 659.78	
22) Debts and Obligations owed By the Committee	(CRO-1610)	$ 0	
23) Debts and Obligations owed To the Committee	(CRO-1620)	$ 0	
24) Account Transfers Within the Committee	(CRO-1720)	$ 0	
25) Administrative Support	(CRO-1710)	$ 0	$ 0
26) Forgiven Loans	(CRO-1440)	$ 0	$ 0
27) 48-Hour Notice Reports Sum		$ 0	$ 0

Aggregated Contributions from Individuals

Page 1 of 18

Amendment ☐ Yes ☒ No

1. Committee Full Name (and Fund if applicable)	2. ID Number
Campaign To Elect Duane Wheatley	N/A

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					$
☐ Add ☐ Remove					$
☐ Add ☐ Remove					$
☐ Add ☐ Remove					$
☐ Add ☐ Remove					$
☐ Add ☐ Remove					$
☐ Add ☐ Remove					$
☐ Add ☐ Remove					$
☐ Add ☐ Remove					$
☐ Add ☐ Remove			None		$
☐ Add ☐ Remove					$
☐ Add ☐ Remove					$
☐ Add ☐ Remove					$
☐ Add ☐ Remove					$
☐ Add ☐ Remove					$
☐ Add ☐ Remove					$
☐ Add ☐ Remove					$
☐ Add ☐ Remove					$
☐ Add ☐ Remove					$
☐ Add ☐ Remove					$
☐ Add ☐ Remove					$
☐ Add ☐ Remove					$

4. Total only this Page	$ 0
5. Total of ALL CRO-1205 Pages *(This line must be on line 5 of Detailed Summary Page CRO-1100)*	$ 0

Contributions from Political Party Committees

Pg 3 of 18

Amendment ☐ Yes ☒ No

1. Committee Full Name (and Fund if applicable)	2. ID Number
Campaign To Elect Duane Wheatley	N/A

3. Contributor Information ☐ Add ☐ Remove

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

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

Done

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Comments
	c. Election Cycle 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	$ 0
5. Total of ALL CRO-1220 Pages *(This line must be on line 7 of Detailed Summary Page CRO-1100)*	$ 0

Contributions from Other Political Committees

Pg 4 of 18

Amendment ☐ Yes ☒ No

1. Committee Full Name (and Fund if applicable)	2. ID Number
Campaign To Elect Diane Wheatley	N/A

3. Contributor Information ☐ Add ☐ Remove

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

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

3. Contributor Information ☐ Add ☐ Remove

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

None

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

3. Contributor Information ☐ Add ☐ Remove

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

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

4. Total only this Page	$ 0
5. Total of ALL CRO-1230 Pages *(This line must be on line 8 of Detailed Summary Page CRO-1100)*	$ 0

Refunds/Reimbursements To the Committee

Amendment ☐ Yes ☒ No

1. Committee Full Name (and Fund if applicable)	2. ID Number
Campaign To Elect Diane Wheilley	N/A

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)	h. Original Expenditure Date
	☐ Federal ☐ County: ☐ State ☐ Municipality:	
		i. Original Expenditure Amt
		$

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

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)	h. Original Expenditure Date
	☐ Federal ☐ County: ☐ State ☐ Municipality:	
None		i. Original Expenditure Amt
		$

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

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)	h. Original Expenditure Date
	☐ Federal ☐ County: ☐ State ☐ Municipality:	
		i. Original Expenditure Amt
		$

b. Job Title/Profession	c. Employer's Name/Specific Field	f. Purpose	j. Election Cycle 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	$ 0
5. Total of ALL CRO-1240 Pages *(This line must be on line 10 of Detailed Summary Page CRO-1100)*	$ 0

Other Receipt Sources

Amendment ☐ Yes ☒ No

1. Committee Full Name (and Fund if applicable)	2. ID Number
Campaign To Elect Diane Wheatley	N/A

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 Cycle 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 Cycle 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 Cycle 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	$ 0
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

Goods and Services (including Fundraisers)

Amendment ☐ Yes ☒ No

1. Committee Full Name (and Fund if applicable)	2. ID Number
Campaign To Elect Raine Wheatley	N/A

3. Event Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Attendance (approx. count)	d. Date(s) Held (mm/dd/yyyy)
		FROM:
	c. Description	TO:
		e. Total Event Amount
		$

4. Items (goods and/or services) Sold

a. Cnt	b. Payment Breakdown			c. Item Description	d. Acct Code	e. Date (mm/dd/yyyy)	f. Amount per Item	g. Total Amount
	Check	Cash	Other					
							$	$
							$	$
							$	$
						None	$	$
							$	$
							$	$
							$	$
							$	$
							$	$

5. Total only this Page *(This should be the sum of all item '4g' from this page)*	$ 0
6. Total of ALL CRO-1260 Pages *(This line must be on line 12 of Detailed Summary Page CRO-1100)*	$ 0

Disbursements

Amendment ☐ Yes ☒ No

1. Committee Full Name (and Fund if applicable)	2. ID Number
Campaign To Elect Diane Wheatley	N/A

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 Cycle Sum to Date
Cumberland County Bd of Elections P.O. Drawer 1829 Fayetteville, N.C. 28302		☐ Federal ☒ County: ☐ State ☐ Municipality:		$ 159.00

f. Account Code	g. Form of Payment	h. Purpose	i. Date (mm/dd/yyyy)	j. Amount
	Check	Filing Fees	4-26-04	$ 159.00
				$

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 Cycle Sum to Date
Williams Parling + Office Supply 1033 Bragg Blvd Fayetteville, N.C. 28302		☐ Federal ☒ County: ☐ State ☐ Municipality:		$ 500.78

f. Account Code	g. Form of Payment	h. Purpose	i. Date (mm/dd/yyyy)	j. Amount
	Check	Supplies	3-5-04	$ 239.84
	Check	Burger Studios	3-12-04	$ 260.94

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 Cycle Sum to Date
		☐ Federal ☐ County: ☐ State ☐ Municipality:		$

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

5. Total only this Page	$ 659.78
6. Total of ALL CRO-1310 Pages *(This line goes in line 14a of Detailed Summary Page CRO-1100 if Operating Expenses)* *(This line goes in line 14b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)* *(This line goes in line 14c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)*	$ 659.78

Refunds/Reimbursements From the Committee

Amendment ☐ Yes ☒ No

1. Committee Full Name (and Fund if applicable)	2. ID Number
Campaign To Elect Diane Wheatley	N/A

3. Payee 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)	h. Original Receipt Date
	☐ Federal ☐ County: ☐ State ☐ Municipality:	
		i. Original Receipt Amt $

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

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

3. Payee 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)	h. Original Receipt Date
	☐ Federal ☐ County: ☒ State ☐ Municipality:	
	None	i. Original Receipt Amt $

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

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

3. Payee 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)	h. Original Receipt Date
	☐ Federal ☐ County: ☐ State ☐ Municipality:	
		i. Original Receipt Amt $

b. Job Title/Profession	c. Employer's Name/Specific Field	f. Purpose	j. Election Cycle 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	$ 0
5. Total of ALL CRO-1320 Pages *(This line must be on line 16 of Detailed Summary Page CRO-1100)*	$ 0

Non-Monetary Gifts Given to Other Committees

Amendment ☐ Yes ☒ No

1. Committee Full Name (and Fund if applicable)	2. ID Number
Campaign To Elect Diane Wheatley	N/A

3. Payee Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Type of Committee	d. Comments
	☐ Candidate ☐ PAC ☐ Referendum ☐ Party c. Level Registered (Specify) ☐ 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	d. Comments
None	☐ Candidate ☐ PAC ☐ Referendum ☐ Party c. Level Registered (Specify) ☐ 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	d. Comments
	☐ Candidate ☐ PAC ☐ Referendum ☐ Party c. Level Registered (Specify) ☐ 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	$ 0
5. Total of ALL CRO-1330 Pages *(This line must be on line 20 of Detailed Summary Page CRO-1100)*	$ 0

Loan Proceeds

Amendment ☐ Yes ☒ No

1. Committee Full Name (and Fund if applicable)	2. ID Number
Campaign To Elect Diane Wheatley	N/A

3. Lender Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	d. Comments
Diane Wheatley 9114 Ramsey St. Linden, NC. 28356	Office Mgr	3-5-04
	c. Employer's Name/Specific Field	e. Start Date (mm/dd/yyyy)
	Bragg Lines, Inc Fort Bragg, NC	6-30-04
		f. End Date (mm/dd/yyyy)
		N/A

g. Rate	h. Security Pledged	i. Account Code	j. Form of Payment	k. Amount
0%	None		Check	$ 659.78

l. Full Name of Lending Institution	m. Loan Number
Diane Wheatley	N/A

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
	None %	$

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 $ 659.78

(This line must be on line 9 of Detailed Summary Page CRO-1100)

Loan Repayments

Amendment ☐ Yes ☒ No

1. Committee Full Name (and Fund if applicable)	2. ID Number
Campaign To Elect Deane Wheatley	N/A

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
$				$
$				$

None

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	$ 0
5. Total of ALL CRO-1420 Pages *(This line must be on line 15 of Detailed Summary Page CRO-1100)*	$ 0

Outstanding Loans

Amendment ☐ Yes ☒ No

1. Committee Full Name (and Fund if applicable)	2. ID Number
Campaign To Elect Maine Wheatley	N/A

3. Lender Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Job Title/Profession	d. Comments
		e. Start Date (mm/dd/yyyy)
	c. Employer's Name/Specific Field	
		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
		e. Start Date (mm/dd/yyyy)
	c. Employer's Name/Specific Field	
	None	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
		e. Start Date (mm/dd/yyyy)
	c. Employer's Name/Specific Field	
		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	$ 0
5. Total of ALL CRO-1430 Pages *(This line must be on line 21 of Detailed Summary Page CRO-1100)*	$ 0

Forgiven Loans

Amendment ☐ Yes ☒ No

This form should be completed for each loan NOT being repaid by the committee. A Forgiven Loan Statement (CRO-6200) should accompany each forgiven loan.

The lender information should contain the same information as supplied under the original loan proceed. The people who satisfied the loan should be listed under loan payers, and should include their occupational information, as well as the amount they paid and their sum to date total as a contributor for the election cycle covered by the report.

1. Committee Full Name (and Fund if applicable)	2. ID Number
Campaign To Elect Diane Wheatley	N/A

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 Cycle Sum to Date
		$
	d. Original Loan Amount	g. Date (mm/dd/yyyy)
	$	
	e. Remaining Loan Balance	h. Forgiven Amount
	$	$

4. Loan Payers *(These are the people who satisfied the loan, and the amount they paid, if it wasn't completely satisfied by the lender.)*

a. Full Name, Mailing Address & Phone (include city, state, & zip)		a. Full Name, Mailing Address & Phone (include city, state, & zip)	
		None	
b. Job Title/Profession	d. Forgiven Amount	b. Job Title/Profession	d. Forgiven Amount
	$		$
c. Employer's Name/Specific Field	e. Elect Cycle Sum to Date	c. Employer's Name/Specific Field	e. Elect Cycle Sum to Date
	$		$

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

5. Total only this Page	$ 0
6. Total of ALL CRO-1440 Pages *(This line must be on line 17 of Detailed Summary Page CRO-1100)*	$ 0

In-Kind Contributions

Amendment ☐ Yes ☒ No

1. Committee Full Name (and Fund if applicable)	2. ID Number
Campaign To Elect Maine Wheatley	N/A

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Type of Contributor	c. Comments
	☐ Individual ☐ Candidate ☐ Party ☐ PAC ☐ Referendum ☐ Other Receipt Source	d. Election Cycle Sum to Date $

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

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Type of Contributor	c. Comments
	☐ Individual ☐ Candidate ☐ Party ☐ PAC ☐ Referendum ☐ Other Receipt Source	d. Election Cycle Sum to Date $

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

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Type of Contributor	c. Comments
	☐ Individual ☐ Candidate ☐ Party ☐ PAC ☐ Referendum ☐ Other Receipt Source	d. Election Cycle Sum to Date $

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

4. Total only this Page	$ -0-
5. Total of ALL CRO-1510 Pages *(This line must be on line 17 of Detailed Summary Page CRO-1100)*	$ -0-

Debts and Obligations Owed By the Committee

Amendment ☐ Yes ☒ No

1. Committee Full Name (and Fund if applicable)	2. ID Number
Campaign To Elect Raine Wheatley	N/A

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)*	$ 0
5. Total of ALL CRO-1610 Pages *(This line must be on line 22 of Detailed Summary Page CRO-1100)*	$ 0

Debts and Obligations Owed To the Committee

Amendment ☐ Yes ☒ No

1. Committee Full Name (and Fund if applicable)	2. ID Number
Campaign To Elect Diane Wheatly	N/A

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)*	$ 0
5. Total of ALL CRO-1620 Pages *(This line must be on line 23 of Detailed Summary Page CRO-1100)*	$ 0

Account Transfers Within the Committee

Amendment ☐ Yes ☒ No

1. Committee Full Name (and Fund if applicable)	2. ID Number
Campaign To Elect Deane Wheatley	N/A

3. Contributor Information

a. Amend	b. Account Code Transferred From	c. Account Code Transferred To	d. Date (mm/dd/yyyy)	e. Amount
☐ Add ☐ Remove				$
☐ Add ☐ Remove				$
☐ Add ☐ Remove				$
☐ Add ☐ Remove				$
☐ Add ☐ Remove				$
☐ Add ☐ Remove				$
☐ Add ☐ Remove				$
☐ Add ☐ Remove				$
☐ Add ☐ Remove				$
☐ Add ☐ Remove		None		$
☐ Add ☐ Remove				$
☐ Add ☐ Remove				$
☐ Add ☐ Remove				$
☐ Add ☐ Remove				$
☐ Add ☐ Remove				$
☐ Add ☐ Remove				$
☐ Add ☐ Remove				$
☐ Add ☐ Remove				$
☐ Add ☐ Remove				$
☐ Add ☐ Remove				$
☐ Add ☐ Remove				$
☐ Add ☐ Remove				$
☐ Add ☐ Remove				$
☐ Add ☐ Remove				$
☐ Add ☐ Remove				$

4. Total only this Page	$ 0
5. Total of ALL CRO-1720 Pages *(This line must be on line 24 of Detailed Summary Page CRO-1100)*	$ 0

Administrative Support

Amendment
☐ Yes ☒ No

1. Committee Full Name (and Fund if applicable)	2. ID Number
Campaign To Elect Diane Wheatley	N/A
3. Name of Parent Entity	

4. Administrative Support Items

Specific Support Service(s) Listed Below

a. Description	b. Amount
Record Keeping	$
Computer Services	$
Billings	$
Mailings	$
Office Supplies	$
Office Space	$
List Other Support Services Below	
	$
	$
	$
	$
	$
	$
	$
	$
	$
	$
	$
	$
	$
Special Support Service(s) Listed Below	
Parent Entity Employee Labor Cost	$ 0
(Employee must have spent more than 35% of time during normal business hours on committee work)	
5. Total of CRO-1710 Page *(This line must be on line 25 of Detailed Summary Page CRO-1100)*	$ 0

N/A

Loan Proceeds Statement

The individual making a loan to the committee must provide the following information. Failure to provide all of the information requested could be a violation of campaign reporting disclosure laws.

- **Name of committee to receive loan:** Campaign To Elect Deane Wheatley
- **Person lending money to committee (Lender):** Deane Wheatley
- **Date of loan to committee:** 4-26-04 to 6-30-04
- **Name of lending institution and account number (source):** N/A.
- **Amount of loan:** 659.98
- **Names of all parties responsible for payment of loan (guarantors):** Deane Wheatley
- **Period of loan:** Indefinite
- **Rate of interest of loan:** 0
- **Security pledged for loan:** None

I, Deane Wheatley, acknowledge that all of the information
(Person lending money to committee)
provided is complete, true, and accurate. I further understand I may not forgive a loan that has an outstanding balance to any source.

Signature of Lender

Signature of Treasurer of Committee

This form must be submitted with the disclosure report for which the loan is initially disclosed.

Forgiven Loan Statement

Name of Lender:
Committee receiving loan: N/A
Date of loan:
Amount of original loan:
***Amount of loan to be forgiven:**

I,_____, do not wish to be reimbursed for the amount of the loan indicated above* and will consider the amount loaned a contribution to the committee.

I understand and confirm no other parties are responsible for payment of this loan. I may not forgive a loan for which there is an outstanding balance owed to any source.

_____

Signature of Lender

_____

Signature of Committee Treasurer

Contribution from a Business Account Statement

I, _____, am the individual making the contribution of $ _____ to the _____ Committee.

The account from which the funds are drawn is in the name of

_____.

☐ Check if the contribution is a draft from a paycheck.

I do not have a personal checking account, in my name, from which this contribution could be made or this contribution is made as a result of a draft from personal funds. If the contribution is a draft, please include a written statement from the employer. This statement should be a signed agreement by the contributor that the funds drafted were derived from the personal salary of the contributor.

The funds from which this contribution is derived are my own personal funds and not that of any other individual or "business entity". For purposes of this **Statement,** the term "business entity" will include any "corporation, business entity, labor union, professional association, or insurance company".

I further understand that by signing this **Statement** I am declaring all of the above information is true and accurate. Signing this **Statement** with any portion not being true could result in a Class 2 Misdemeanor.

_____

Signature of Contributor

Note to the treasurer: Please attach a photocopy of the check submitted with this Statement. Maintain this information in your records to be made available upon request.