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: 12/31/10

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	07/01/10	10/16/10	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

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: $4,825.76

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]	12/31/10
Printed Name of Signer	Signature of Appointed Treasurer	Date

FOR OFFICE USE ONLY

Date Received:	12/31/10	Employee:	
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

Amendment ☒ Yes ☐ No

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

1. Committee Full Name (and Fund if applicable)	2. Type of Report	3. ID Number
CAMPAIGN TO ELECT DIANE WHEATLEY	2010 3RD QTR. +	20-3055916

Start of Election Cycle: January 1, 2010		Total this Reporting Period	Total this Election Cycle
4) Cash on Hand at Start		$4,825.76	$5,759.97
RECEIPTS			
5) Aggregated Contributions from Individuals	(CRO-1205)	$ 975.00	$2,335.00
6) Contributions from Individuals	(CRO-1210)	$7,907.97	$12,757.97
7) Contributions from Political Party Committees	(CRO-1220)	$ 250.00	$ 350.00
8) Contributions from Other Political Committees	(CRO-1230)	$2,000.00	$2,175.00
9) Loan Proceeds	(CRO-1410)	$5,596.80	$7,525.49
10) Refunds/Reimbursements to the Committee	(CRO-1240)	$ 0.00	$ 0.00
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)		$16,729.77	$25,143.46
EXPENDITURES			
13) Disbursements			
13a) Operating Expenditures	(CRO-1310)	$7,431.47	$16,779.37
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)	$3,257.97	$3,257.97
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)		$10,689.44	$20,037.34
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)		$10,866.09	$10,866.09
ADDITIONAL INFORMATION			
20) Non-Monetary Gifts Given to Other Committees	(CRO-1330)	$ 0.00	
21) Outstanding Loans (incl. ones from other campaigns)	(CRO-1430)	$13,462.30	
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)	$2,000.00	$3,000.00
28) Contributions to be Refunded	(CRO-1215)	$ 0.00	$ 0.00

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
LEWIS HANDELSMAN 20950 OXNARD STREET 14 WOODLAND HILLS, CA 91367 (910) 426-5900.	OWNER	FAYETTEVILLE SWAMPDOGS (BASEBALL TEAM)		$ 500.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐		CHECK		07/15/2010	$ 500.00
☐					$
☐					$

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
ROBERT J. TIMBERS 913 EAST WINDS LANE FAYETTEVILLE, NC 28311 (910) 488-5855	RETIRED INSTRUCTOR	F.T.C.C.		$ 350.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐		CHECK		07/30/2010	$ 300.00
☐					$
☐					$

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 S. POULOS 3025 BRECHIN ROAD FAYETTEVILLE, NC 28303 (910) 867-2622	RETIRED			$ 100.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐		CHECK		09/08/2010	$ 100.00
☐					$
☐					$

4. Total on this Page	$ 900.00
5. Total of ALL CRO 1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)	$ 7,907.97

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
DENNIS G. GOULD 7099 CALAMAR DRIVE FAYETTEVILLE, NC 28314. (910) 860-2563.	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		09/08/2010	$ 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
JAMES J. HERRON 1723 PURDUE DRIVE FAYETTEVILLE, NC 28304 (910) 484-5979.	RETIRED			$ 100.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐		CHECK		09/08/2010	$ 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
JOANN C. HERRON 1723 PURDUE DRIVE FAYETTEVILLE, NC 28304 (910) 484-5979	RETIRED			$ 100.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐		CHECK		09/08/2010	$ 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)	$ 7,907.97

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
TOM J. KEITH 121 S. COOL SPRING STREET FAYETTEVILLE, NC 28301. (910) 323-3222	REAL ESTATE APPRAISER/OWNER	TOM KEITH & ASSOCIATES, INC.		$ 150.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐		CHECK		09/09/2010	$ 150.00
☐					$
☐					$

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 MERCADO 6791 SURREY ROAD FAYETTEVILLE, NC 28306 (910) 423-3524	VICE-PRESIDENT	TEAM DANIEL, LLC.		$ 200.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐		CHECK		09/09/2010	$ 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
JAY H. WYATT, III 3810 SYCAMORE DAIRY RD. FAYETTEVILLE, NC 28303 (910) 867-7000.	GENERAL MANAGER.	VALLEY AUTO WORLD, INC.		$ 100.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐		CHECK		09/09/2010	$ 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))	$ 7,907.97

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): CAMPAIGN TO ELECT DIANE WHEATLEY

2. ID Number: 20-3055916

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip): J. C. BASNIGHT, 6257 RIVER RIDGE ROAD, FAYETTEVILLE, NC 28311, (910) 485-1808.

b. Job Title/Profession: SUPERINTENDENT

c. Employer's Name/Specific Field: NORTHWOOD TEMPLE ACADEMY

d. Comments:

e. Election Sum to Date: $ 100.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐		CHECK		09/10/2010	$ 100.00.
☐					$
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip): RICHARD H. EARLE, 313 PALOMAR STREET, FAYETTEVILLE, NC 28314, (910) 864-4560.

b. Job Title/Profession: RETIRED.

c. Employer's Name/Specific Field:

d. Comments:

e. Election Sum to Date: $ 100.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐		CHECK		09/13/2010	$ 100.00
☐					$
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip): WILLIAM S. HELLONS, JR., 406 OVERTON PLACE, FAYETTEVILLE, NC, (910) 436-3131.

b. Job Title/Profession: PRESIDENT

c. Employer's Name/Specific Field: HELLONS REALTY

d. Comments:

e. Election Sum to Date: $ 100.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐		CHECK		09/14/2010	$ 100.00
☐					$
☐					$

4. Total only this Page: $ 300.00

5. Total of ALL CRO-1210 Pages: $ 7,907.97

(This line must be on line 6 of Detailed Summary Page CRO-1100)

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): CAMPAIGN TO ELECT DIANE WHEATLEY

2. ID Number: 20-3055916

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (Include city, state, & zip): BETTY J. CAVINESS, 3489 WILMINGTON HWY., FAYETTEVILLE, NC 28306, (910) 484-8777.

b. Job Title/Profession: HOMEMAKER

c. Employer's Name/Specific Field:

d. Comments:

e. Election Sum to Date: $ 100.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐		CHECK		09/21/2010	$ 100.00
☐					$
☐					$

6. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (Include city, state, & zip): DAVID M. MCCUNE, SR., P.O. BOX 7543, OCEAN ISLE BEACH, NC 28469, (910) 476-2976

b. Job Title/Profession: PRESIDENT

c. Employer's Name/Specific Field: MCCUNE TECHNOLOGY/ FAYETTEVILLE STEEL

d. Comments:

e. Election Sum to Date: $ 100.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐		CHECK		09/28/2010	$ 100.00
☐					$
☐					$

7. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (Include city, state, & zip): S.T. HORNE, JR., 801 FAIRFIELD RD., FAYETTEVILLE, NC 28303, (910) 484-0487.

b. Job Title/Profession: RETIRED

c. Employer's Name/Specific Field: CUMBERLAND COUNTY.

d. Comments:

e. Election Sum to Date: $ 100.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐		CHECK		09/28/2010	$ 100.00
☐					$
☐					$

4. Total only this Page: $ 300.00

5. Total of ALL CRO-1210 Pages: $ 7,907.97

(This line must be on line 6 of Detailed Summary Page CRO-1100)

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): CAMPAIGN TO ELECT DIANE WHEATLEY

2. ID Number: 20-3055916

3. Contributor Information ☐ Add ☒ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip): J. DUANE GILLIAM, JR. P.O. BOX 53555 FAYETTEVILLE, NC 28305 (910) 485-8899

b. Job Title/Profession: SELF-EMPLOYED ATTORNEY

c. Employer's Name/Specific Field: GILLIAM LAW FIRM

d. Comments:

e. Election Sum to Date: $ 250.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐		CHECK.		09/16/2010	$ 250.00
☐					$
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip): HANK DEBNAM 705 WOODSTONE COURT FAYETTEVILLE, NC 28311 (910) 488-0522.

b. Job Title/Profession: HEALTH ADMINISTRATOR

c. Employer's Name/Specific Field: CUMBERLAND COUNTY MENTAL HEALTH.

d. Comments:

e. Election Sum to Date: $ 100.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐		CHECK		09/23/2010	$ 100.00
☐					$
☐					$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip): GARRIS NEIL YARBOROUGH P.O. BOX 705 FAYETTEVILLE, NC 28302. (910) 433-4433

b. Job Title/Profession: SELF-EMPLOYED ATTORNEY

c. Employer's Name/Specific Field: THE YARBOROUGH LAW FIRM.

d. Comments:

e. Election Sum to Date: $ 250.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐		CHECK		09/21/2010	$ 250.00
☐					$
☐					$

4. Total only this Page: $ 600.00

5. Total of ALL CRO 1210 Pages: $ 7,907.97

This line must be on line 6 of Detailed Summary Page (CRO-1100)

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
JOHN KOENIG 1763 WILMINGTON HWY. FAYETTEVILLE, NC 28306. (910) 391-2977.	PRESIDENT	JOHN KOENIG REALTORS.		$ 500.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐		CHECK		10/12/2010	$ 500.00
☐					$
☐					$

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	GREENBIX NURSERY AND LANDSCAPING, INC.		$ 200.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐		CHECK		10/13/2010	$ 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
TODD C. CONORMON 603 ARGYLL ROAD FAYETTEVILLE, NC 28303 (910)486-5243.	SELF-EMPLOYED ATTORNEY	TODD C. CONORMON, P.A.		$ 100.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐		CHECK		10/14/2010	$ 100.00
☐					$
☐					$

4. Total only this Page	$ 800.00
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)	$ 7,907.97

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
DIANE D. WHEATLEY 9774 RAMSEY STREET LINDEN, NC 28356 (910) 980-0161.	CANDIDATE	N/A.		$ 1,510.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐		PERSONAL CREDIT CARD	BALLOONS, EMERY BOARDS, NOTE PADS.	08/25/2010	$ 1,510.00
☐					$
☐					$

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
DONOVAN MCLAURIN P.O. BOX 97 WADE, NC 28395-0097. (910) 484-0116.	PRESIDENT	MCLAURIN COMPANY, INC.		$ 2,000.00

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐		CHECK		09/27/2010	$ 1,000.00
☐					$
☐					$

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
DIANE D. WHEATLEY 9774 RAMSEY STREET LINDEN, NC 28356 (910) 980-0161	CANDIDATE	N/A.		$ 3,257.97

f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount
☐		PERSONAL CREDIT CARD	E-MAIL BLAST	09/29/2010	$ 1,747.97
☐					$
☐					$

4. Total only this Page	$ 4,257.97
5. Total of ALL CRO-1210 Pages *(This line must be on line 6 of Detailed Summary Page CRO-1100)*	$ 7,907.97.

Contributions from Other Political Committees

Pg 11 of 26 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 COUNTY MEDICAL SOCIETY POLITICAL ACTION COMM.
P.O. BOX 87432
FAYETTEVILLE, NC 28304-7432.
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: $ 1,000.00

f. Account Code	g. Form of Payment	h. In-Kind Description	i. Date (mm/dd/yyyy)	j. Amount
	CHECK.		07/15/2010	$ 1,000.00
				$
				$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip):
N.C. REALTORS P.A.C.
4511 WEYBRIDGE LANE
GREENSBORO, NC 27407
1-800-443-9956.

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

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

d. Comments:

e. Election Sum to Date: $ 500.00.

f. Account Code	g. Form of Payment	h. In-Kind Description	i. Date (mm/dd/yyyy)	j. Amount
	CHECK		09/13/2010	$ 500.00
				$
				$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip):
N.C. HOMEBUILDERS ASSN.
BUILD P.A.C.
P.O. BOX 99090
RALEIGH, NC 27624
1-800-662-7129

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

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

d. Comments:

e. Election Sum to Date: $ 500.00

f. Account Code	g. Form of Payment	h. In-Kind Description	i. Date (mm/dd/yyyy)	j. Amount
	CHECK		09/27/2010	$ 500.00
				$
				$

4. Total only this Page	$ 2,000.00
5. Total of ALL CRO-1230 Pages *(This line must be on line 8 of Detailed Summary Page CRO-1100)*	$ 2,000.00.

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	

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 1-800-347-7367		☐ Federal ☐ County: ☐ State ☐ Municipality:		$1,065.10

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
	CHECK	B	07/12/2010	$533.30	JOTTER BOARDS
				$	

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
FAYETTEVILLE SWAMPDOGS P.O. BOX 64691 FAYETTEVILLE, NC 28306 (910) 426-5900.		☐ Federal ☐ County: ☐ State ☐ Municipality:		$1,318.00

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
	CHECK	B	07/15/2010	$1,318.00	3-D SUNGLASSES
				$	

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 (919) 894-3661		☐ Federal ☐ County: ☐ State ☐ Municipality:		$5,602.56

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
	CHECK	B	08/13/2010	$369.26	PALM CARDS, DOOR HANGERS
				$	

5. Total only this Page	$ 2,220.56
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)	$ 7,431.47

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	c. Level Registered (Specify)	d. Comments	e. Election Sum to Date
THE FAYETTEVILLE PRESS P.O. BOX 9166 FAYETTEVILLE, NC 28311 (910) 323-3120		☐ Federal ☐ County: ☐ State ☐ Municipality:		$ 1,100.00

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
	CHECK	A	08/16/2010	$ 1,100.00	FLYER INSERTS AND 1/4 PAGE AD.
				$	

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, MAIN OFFICE (910) 486- 301 GREEN STREET FAYETTEVILLE, NC 28302-2464		☐ Federal ☐ County: ☐ State ☐ Municipality:		$ 616.00

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
	CHECK	I	09/02/2010	$ 176.00	
				$	

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 Sum to Date
BENTON CARD COMPANY, INC P.O. BOX 369 BENSON, NC 27504 (919) 894-3661.		☐ Federal ☐ County: ☐ State ☐ Municipality:		$ 6,247.56

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
	CHECK.	B	09/14/2010	$645.00	NEWSPAPER INSERTS, REVISED FUNDRAISER MATERIAL.
				$	

5. Total only this Page $ 1,921.00

6. Total of ALL CRO-1310 Pages $ 7,341.47

(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	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:		$ 1,397.46

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
	CHECK	B	09/23/2010	$ 332.36	GUSSET TOTE BAGS.
				$	

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
RISE NEWSPAPER P.O. BOX 1311 FAYETTEVILLE, NC 28302. (910) 322-7268		☐ Federal ☐ County: ☐ State ☐ Municipality:		$ 350.00

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
	CHECK	A	09/27/2010	$350.00	NEWSPAPER ADVERTISEMENT
				$	

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
WIDU BROADCASTING, INC. P.O. BOX 2247 FAYETTEVILLE, NC 28302 (910) 486-9438.		☐ Federal ☐ County: ☐ State ☐ Municipality:		$ 300.00

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
	CHECK	A	09/28/2010	$ 300.00	AD IN PROGRAM BOOK.
				$	

5. Total only this Page $ 982.36

6. Total of ALL CRO-1310 Pages $ 7,341.47

(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	c. Level Registered (Specify)	d. Comments	e. Election Sum to Date
THE FAYETTEVILLE OBSERVER 458 WHITFIELD STREET FAYETTEVILLE, NC 28306 (910) 323-4848		☐ Federal ☐ County: ☐ State ☐ Municipality:		$ 539.50

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
	CHECK	A	10/06/2010	$539.50	NEWSPAPER ADVERTISEMENT
				$	

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
HOPE MILLS CHAMBER OF COMMERCE P.O. BOX 451 (910) 423-4314 HOPE MILLS, NC 28348		☐ Federal ☐ County: ☐ State ☒ Municipality:		$ 125.00

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
	CHECK	A	10/12/2010	$125.00	BOOTH RENTAL.
				$	

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:		$ 7,293.81.

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
	CHECK	B	10/12/2010	$1,046.25	NEWSPAPER INSERTS
				$	

5. Total only this Page $ 1,710.75

6. Total of ALL CRO-1310 Pages $ 7,431.47

(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	c. Level Registered (Specify)	d. Comments	e. Election Sum to Date
JEB DESIGNS 3452 BLACK & DECKER RD. HOPE MILLS, NC 28348 (910) 423-7676.		☐ Federal ☐ County: ☐ State ☐ Municipality:		$496.80

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
	CHECK	B	09/22/2010	$496.80	100 T-SHIRTS.
				$	

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
NBC ENTERPRISES P.O. BOX 1136 FAYETTEVILLE, NC 28302 (910) 574-3577		☐ Federal ☐ County: ☐ State ☐ Municipality:		$ 100.00

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
	CHECK.	A	7/11/10	$100.00	"ROCK THE VOTE" EVENT. VOTER
				$	REGISTRATION SPONSORSHIP.

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
		☐ Federal ☐ County: ☐ State ☐ Municipality:		$

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

5. Total only this Page $ 596.80

6. Total of ALL CRO-1310 Pages $ 7,431.47

(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

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	

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. 977H RAMSEY STREET LINDEN, NC 28356 (910) 980-0161.	MANAGER	BRAGG LINES, INC.			

g. Rate	h. Security Pledged	i. Account Code	j. Form of Payment	k. Amount
N/A %	N/A		PERSONAL CHECKS	$5,596.80

l. Full Name of Lending Institution	m. Loan Number
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
N/A	N/A	N/A	N/A %	$ N/A
N/A	N/A	N/A.	N/A %	$ N/A
N/A	N/A	N/A	N/A %	$ N/A
N/A.	N/A	N/A	N/A %	$ N/A.

5. Total of ALL CRO-1410 Pages *(This line must be on line 9 of Detailed Summary Page CRO-1100)*	b. Job Title/Profession	c. Employer's Name/Specific Field	$ 5,596.80

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	

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.	MANAGER, BRAGGLINES.	
	c. Employer's Name/Specific Field: BRAGGLINES, INC.	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
N/A %	N/A	$7,865.50	$13,462.30

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)* — i. Original Loan Amount	$13,462.30

In-Kind Contributions

Amendment ☐ Yes ☒ No

Use this form to report non-monetary contributions, donations, goods or services provided to the committee or fund.
Use CRO-1215 if In-Kind Contributions were or will be refunded within 7 days.

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. Type of Contributor	c. Comments
DIANE D. WHEATLEY 9774 RAMSEY STREET LINDEN, NC 28356. (910) 980-0161.	☐ Individual ☒ Candidate ☐ Party ☐ PAC ☐ Referendum ☐ Other Receipt Source	PAID BY PERSONAL CREDIT CARD. d. Election Sum to Date: $ 1,510.00

e. Description	f. Date (mm/dd/yyyy)	g. Fair Market Amount
BALLOONS, EMERY BOARDS, NOTE PADS	08/25/2010	$ 1,510.00
		$
		$

3. Contributor Information ☐ Add ☐ Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Type of Contributor	c. Comments
DIANE D. WHEATLEY 9774 RAMSEY STREET LINDEN, NC 28356. (910) 980-0161.	☐ Individual ☒ Candidate ☐ Party ☐ PAC ☐ Referendum ☐ Other Receipt Source	PAID BY PERSONAL CREDIT CARD. d. Election Sum to Date: $ 3,257.97

e. Description	f. Date (mm/dd/yyyy)	g. Fair Market Amount
E-MAIL BLAST.	09/29/2010	$ 1,747.97
		$
		$

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 Sum to Date: $

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

4. Total only this Page	$ 3,257.97
5. Total of ALL CRO-1510 Pages *(This line must be on line 17 of Detailed Summary Page CRO-1100)*	$ 3,257.97

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	20-3055916
b. Mailing Address (include City, State and Zip Code)	**d. Report Date**
977H RAMSEY STREET LINDEN, NC 28356.	9/28/10
	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**
09/27/2010	$1,000.00
e. Account Code	**g. Election Sum to Date**
N/A	$2,000.00

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 'f' entries on this page)* $

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

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]	9/28/10.
Printed Name of Signer	Signature of Appointed Treasurer	Date