

To be Used by Committees to Report Contributions of \$1,000 or more

1. Committee Name Campaign to Elect Diane Wheatley						7. Date 4/9/08
2. Committee Address PO Box 41035						8. ID Number NA
3. City Fayetteville	4. State NC	5. Zip 28309	6. Phone 910-424-1981		9. Amendment <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
10. Treasurer Name Walter J. Pikul, MBA, CPA, CFP						

11. Contributions Received (Submit multiple forms if additional space is required.)

a. Full Name, Mailing Address & Phone (include city, state, and zip) Cumberland North Carolina Political Action Committee PO Box 87185 Fayetteville, NC 28304		b. Specify Type of Contributor: <input type="checkbox"/> Individual <input type="checkbox"/> Political Party <input checked="" type="checkbox"/> Other Political Committee <input type="checkbox"/> Not-for-Profit <input type="checkbox"/> Other Source: _____			c. If Not-for-Profit, list Fed ID #:	
		d. If Other Committee, specify Type of Committee: <input type="checkbox"/> Federal <input type="checkbox"/> State <input checked="" type="checkbox"/> County: Cumberland				
		e. If Ind, list Job Title/Profession:			f. If Ind, list Employer's Name/Specific Field:	
g. Election Cycle Sum to Date \$ 1000.00	h. In-Kind	i. Account Number/Code	j. Form of Payment Check	k. Date (mm/dd/yyyy) 04/09/2008	l. Amount \$ 1000.00	

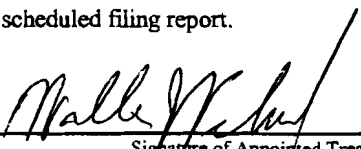
a. Full Name, Mailing Address & Phone (include city, state, and zip)		b. Specify Type of Contributor: <input type="checkbox"/> Individual <input type="checkbox"/> Political Party <input type="checkbox"/> Other Political Committee <input type="checkbox"/> Not-for-Profit <input type="checkbox"/> Other Source: _____			c. If Not-for-Profit, list Fed ID #:	
		d. If Other Committee, specify Type of Committee: <input type="checkbox"/> Federal <input type="checkbox"/> State <input type="checkbox"/> County: _____				
		e. If Ind, list Job Title/Profession:			f. If Ind, list Employer's Name/Specific Field:	
g. Election Cycle Sum to Date \$	h. In-Kind	i. Account Number/Code	j. Form of Payment	k. Date (mm/dd/yyyy)	l. Amount \$	

a. Full Name, Mailing Address & Phone (include city, state, and zip)		b. Specify Type of Contributor: <input type="checkbox"/> Individual <input type="checkbox"/> Political Party <input type="checkbox"/> Other Political Committee <input type="checkbox"/> Not-for-Profit <input type="checkbox"/> Other Source: _____			c. If Not-for-Profit, list Fed ID #:	
		d. If Other Committee, specify Type of Committee: <input type="checkbox"/> Federal <input type="checkbox"/> State <input type="checkbox"/> County: _____				
		e. If Ind, list Job Title/Profession:			f. If Ind, list Employer's Name/Specific Field:	
g. Election Cycle Sum to Date \$	h. In-Kind	i. Account Number/Code	j. Form of Payment	k. Date (mm/dd/yyyy)	l. Amount \$	

12. Total Contributions ALL Pages (if multi-page, only list on page 1)	\$ 1000.00	13. Total Contributions THIS Page (sum all the 111 entries on this page)	\$ 1000.00
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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, correct, and the contributions were received no more than 48 hours prior to this notice being filed. All contributions received, not over \$1,000, will be reported on the next scheduled filing report.



Signature of Appointed Treasurer or Candidate
(if multi-page, only sign on page 1)

4/9/08
Date

To be Used by Committees to Report Contributions of \$1,000 or more

1. Committee Name Campaign to Elect Diane Wheatley						7. Date 4/29/08
2. Committee Address PO Box 41035						8. ID Number NA
3. City Fayetteville	4. State NC	5. Zip 28309	6. Phone 910-424-1981	9. Amendment <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

10. Treasurer Name
Walter J. Pikel, MBA, CPA, CFP

11. Contributions Received (Submit multiple forms if additional space is required.)

a. Full Name, Mailing Address & Phone (include city, state, and zip) Donovan McLaurin PO Box 97 Wade, NC 28395 910-484-0116	b. Specify Type of Contributor: <input checked="" type="checkbox"/> Individual Political Party Other Political Committee <input type="checkbox"/> Not-for-Profit Other Source: _____			c. If Not-for-Profit, list Fed ID #: _____	
	d. If Other Committee, specify Type of Committee: Federal State County: _____				
	e. If Ind, list Job Title/Profession: Box + Shook mfg		f. If Ind, list Employer's Name/Specific Field: Self-Employed		
	g. Election Cycle Sum to Date \$ 2000.00	h. In-Kind _____	i. Account Number/Code _____		j. Form of Payment Check

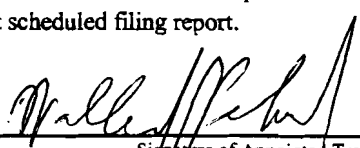
a. Full Name, Mailing Address & Phone (include city, state, and zip)	b. Specify Type of Contributor: <input type="checkbox"/> Individual Political Party Other Political Committee <input type="checkbox"/> Not-for-Profit Other Source: _____			c. If Not-for-Profit, list Fed ID #: _____	
	d. If Other Committee, specify Type of Committee: Federal State County: _____				
	e. If Ind, list Job Title/Profession:		f. If Ind, list Employer's Name/Specific Field:		
	g. Election Cycle Sum to Date \$	h. In-Kind _____	i. Account Number/Code _____		j. Form of Payment _____

a. Full Name, Mailing Address & Phone (include city, state, and zip)	b. Specify Type of Contributor: <input type="checkbox"/> Individual Political Party Other Political Committee <input type="checkbox"/> Not-for-Profit Other Source: _____			c. If Not-for-Profit, list Fed ID #: _____	
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	e. If Ind, list Job Title/Profession:		f. If Ind, list Employer's Name/Specific Field:		
	g. Election Cycle Sum to Date \$	h. In-Kind _____	i. Account Number/Code _____		j. Form of Payment _____

12. Total Contributions ALL Pages <i>(if multi-page, only list on page 1)</i>	\$ 2000.00	13. Total Contributions THIS Page <i>(sum all the 111 entries on this page)</i>	\$ 2000.00
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 Signature of Appointed Treasurer or Candidate
(if multi-page, only sign on page 1)

4/29/08

 Date