

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. Pikul, MBA, CPA, CEP

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 <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: 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 \$ 2,000.00	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 <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: 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 <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: 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

12. Total Contributions ALL Pages (if multi-page, only list on page 1)	\$ 2,000.00	13. Total Contributions THIS Page (sum all the 111 entries on this page)	\$ 2,000.00
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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.

Walter J. Pikul _____ **4/29/08**
 Signature of Appointed Treasurer or Candidate Date
 (if multi-page, only sign on page 1)