

# COPY

Amendment

 Yes No

## Disclosure Report Cover

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	
Re-Elect Gloria D. Whisenhunt		3CQCJ9	
b. Mailing Address (include City, State and Zip Code)		d. Date Filed	
456 N. Hawthorne Road Winston-Salem, N.C. 27104		2/11/2008	
		e. Phone Number	
		336-725-1072	
2. Report Year	3. Period Start Date (mm/dd/yy)	4. Period End Date (mm/dd/yy)	5. Treasurer Full Name
2008	4/19/2008	5/5/2008	Gloria D. Whisenhunt
6. Type of Committee (Check One)		9. Type of Report (check only one type of report from one category)	
<input checked="" type="checkbox"/> Candidate Campaign	<input type="checkbox"/> Party	<b>Municipal</b>	<b>State/County</b>
<input type="checkbox"/> Joint Fundraiser	<input type="checkbox"/> PAC	<input type="checkbox"/> Organizational	<input type="checkbox"/> Organizational
<input type="checkbox"/> Referendum	<input type="checkbox"/> Legal Expense Fund	<input type="checkbox"/> Thirty-five day	<input type="checkbox"/> Quarterly
7. Type of Fund (if applicable, check one)		<input type="checkbox"/> Pre-primary	<input type="checkbox"/> First
<input type="checkbox"/> "Booster Fund"		<input type="checkbox"/> Pre-election	<input type="checkbox"/> Second
<input type="checkbox"/> Building Fund		<input type="checkbox"/> Pre-runoff	<input type="checkbox"/> Third
<input type="checkbox"/> Presidential Election Year Candidates Fund		<input type="checkbox"/> Semi-annual	<input type="checkbox"/> Fourth
<input type="checkbox"/> NC Public Campaign Financing Fund		<input type="checkbox"/> Mid Year	<input type="checkbox"/> Semi-annual
<input type="checkbox"/> Other:		<input type="checkbox"/> Year End	<input type="checkbox"/> Mid Year
		<input type="checkbox"/> Final	<input type="checkbox"/> Year End
		<input type="checkbox"/> Special	<input checked="" type="checkbox"/> Special
8. Number of Fundraisers this Report		10. Special Report Name	
0		48 Hour Notice Report	
11. Account Information		11. Account Information	
a. Financial Institution Full Name		a. Financial Institution Full Name	
First Citizen Bank			
b. Purpose	c. Account Code	b. Purpose	c. Account Code
Campaign Expenses Checking	1		
	d. Period Begin Balance		d. Period Begin Balance
	\$ 1,533.71		\$ 26
CERTIFICATION			
I certify that the Committee or Fund is in compliance with all applicable provisions of Article 22A, 22B, & 22D-22M of Chapter 163 if 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 according to N.C.G.S. 163-278.7(f).			
Gloria D. Whisenhunt		<i>Gloria D. Whisenhunt</i> 5/5/2008	
Printed Name of Signer		Signature of Appointed Treasurer	
		Date	
FOR OFFICE USE ONLY			
Date Received:	<u>5-5-2008</u>	Employee:	<u>Judy Spears</u>
Date Postmarked:	_____	Employee:	_____
Date Scanned:	_____	Employee:	_____
Date Data Entered:	_____	Employee:	_____
			<b>Delivery Method</b>
			<input type="checkbox"/> Normal Mail
			<input type="checkbox"/> Registered Mail
			<input checked="" type="checkbox"/> Hand Delivered
			<input type="checkbox"/> Electronically Filed
			<input type="checkbox"/> Signer has not received mandatory training
<b>Please Note:</b> 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.			

## 48-Hour Notice

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 1<sup>st</sup> Quarter-Plus report period and ends the day of the Primary Election and begins the day after the last day of the 3<sup>rd</sup> Quarter-Plus report period and ends the day of the General Election.

This notice may be faxed in order to meet the 48 hour deadline.

1. Committee Information	
<b>a. Full Name</b> Re-Elect Gloria D. Whisenhunt	<b>c. ID Number</b> 3CQCJ9
<b>b. Mailing Address (include City, State and Zip Code)</b> 456 N. Hawthorne Road Winston-Salem, N.C. 27104	<b>d. Report Date</b> 5/5/2008
	<b>e. Phone Number</b> 336-725-1072

2. Contribution Information		2. Contribution Information	
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, and zip) NC Realtor PAC 4511 Weybridge Lane Greensboro, N.C. 27407  336-294-1415	<input type="checkbox"/> Add <input type="checkbox"/> Remove	<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, and zip)	<input type="checkbox"/> Add <input type="checkbox"/> Remove
<b>b. Type of Contributor</b>		<b>b. Type of Contributor</b>	
<input type="checkbox"/> Individual (if checked, must specify b2 and b3)		<input type="checkbox"/> Individual (if checked, must specify b2 and b3)	
<input type="checkbox"/> Political Party		<input type="checkbox"/> Political Party	
<input checked="" type="checkbox"/> Other Political Committee (if checked, must specify b1)		<input type="checkbox"/> Other Political Committee (if checked, must specify b1)	
<input type="checkbox"/> Not-for-Profit (if checked, must specify b4)		<input type="checkbox"/> Not-for-Profit (if checked, must specify b4)	
<input type="checkbox"/> Other Source: _____		<input type="checkbox"/> Other Source: _____	
<b>b1. Type of Committee</b>		<b>b1. Type of Committee</b>	
<input type="checkbox"/> Federal <input type="checkbox"/> County: _____		<input type="checkbox"/> Federal <input type="checkbox"/> County: _____	
<input checked="" type="checkbox"/> State <input type="checkbox"/> Municipality: _____		<input type="checkbox"/> State <input type="checkbox"/> Municipality: _____	
<b>b2. Job Title/Profession</b>	<b>b4. Federal ID Number</b>	<b>b2. Job Title/Profession</b>	<b>b4. Federal ID Number</b>
<b>b3. Employer's Name/Specific Field</b>	<b>c. Form of Payment</b>	<b>b3. Employer's Name/Specific Field</b>	<b>c. Form of Payment</b>
<b>d. Date (mm/dd/yyyy)</b>	<b>f. Amount</b>	<b>d. Date (mm/dd/yyyy)</b>	<b>f. Amount</b>
5/3/2008	\$ 1,000.00		\$
<b>e. Account Code</b>	<b>g. Election Sum to Date</b>	<b>e. Account Code</b>	<b>g. Election Sum to Date</b>
1	\$ 1,000.00		\$
<b>3. Total Contributions THIS Page</b>			\$ 1,000.00
<b>4. Total Contributions ALL Pages</b>			\$ 1,000.00

### 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, 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.

Gloria D. Whisenhunt  
Printed Name of Signer

  
Signature of Appointed Treasurer

5/5/2008  
Date