

# 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

<b>1. Committee Information</b>	
<b>a. Full Name</b> LINDA S DEVORE FOR COUNCIL	<b>c. ID Number</b> 9FY1D8
<b>b. Mailing Address (include City, State and Zip Code)</b> 2616 DARTMOUTH DRIVE FAYETTEVILLE, NC 28304	<b>d. Date Filed</b> 10-02-07
	<b>c. Phone Number</b> 910 484-8948

<b>2. Report Year</b> 2007	<b>3. Period Start Date (mm/dd/yy)</b> 07/01/07	<b>4. Period End Date (mm/dd/yy)</b> 09/25/07	<b>5. Treasurer Full Name</b> LINDA S. DEVORE
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<b>6. Type of Committee (Check One)</b>		<b>9. Type of Report (check only one type of report from one category)</b>	
<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 checked="" type="checkbox"/> Thirty-five day	<input type="checkbox"/> Quarterly
<b>7. Type of Fund (if applicable, check one)</b>		<input type="checkbox"/> Pre-primary	<input type="checkbox"/> First Plus
<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 Plus
<input type="checkbox"/> NC Political Party Financing Fund		<input type="checkbox"/> Semi-annual	<input type="checkbox"/> Fourth
<input type="checkbox"/> Presidential Election Year Candidates Fund		<input type="checkbox"/> Mid Year	<input type="checkbox"/> Semi-annual
<input type="checkbox"/> NC Public Campaign Financing Fund		<input type="checkbox"/> Year End	<input type="checkbox"/> Mid Year
<input type="checkbox"/> Other:		<input type="checkbox"/> Final	<input type="checkbox"/> Year End
<b>8. Number of Fundraisers this Report</b>		<input type="checkbox"/> Special	<input type="checkbox"/> Final
			<input type="checkbox"/> Special
		<b>10. Special Report Name</b>	

<b>11. Account Information</b>		<b>11. Account Information</b>	
<b>a. Financial Institution Full Name</b> WACHOVIA BANK		<b>a. Financial Institution Full Name</b>	
<b>b. Purpose</b> CAMPAIGN ACT	<b>c. Account Code</b> 1	<b>b. Purpose</b>	<b>c. Account Code</b>
	<b>d. Period Begin Balance</b> \$ 1180.03		<b>d. Period Begin Balance</b> \$

**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 and that I have been trained by the NC State Board of Elections according to Article 163.278.9(k).  
LINDA S DEVORE  
Printed Name of Signer  
*Linda S Devore*  
Signature of Appointed Treasurer  
9-25-07  
Date

**FOR OFFICE USE ONLY**

Date Received: 10-1-07  
Date Postmarked: \_\_\_\_\_  
Date Scanned: \_\_\_\_\_  
Date Data Entered: \_\_\_\_\_

Employee: *These*  
**RECEIVED**  
Employee: \_\_\_\_\_  
Employee: 2007  
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.

# 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	2. ID Number	
LINDA S DEVORE FOR COUNCIL	35-DAY	9FY1D8	
Start of Election Cycle: <b>January 1,</b> <u>2007</u>	Total this Reporting Period	Total this Election Cycle	
4) Cash on Hand at Start		\$ 1180.03	\$ 5.03
5) Aggregated Contributions from Individuals (CRO-1205)	\$ 965.00	\$ 965.00	
6) Contributions from Individuals (CRO-1210)	\$ 1650.00	\$ 2825.00	
7) Contributions from Political Party Committees (CRO-1220)	\$	\$	
8) Contributions from Other Political Committees (CRO-1230)	\$	\$	
9) Loan Proceeds (CRO-1410)	\$	\$	
10) Refunds/Reimbursements To the Committee (CRO-1240)	\$	\$	
11) Other Receipt Sources			
11a) Interest on Bank Accounts (CRO-1250)	\$	\$	
11b) Contributions from Not-for-Profit Organizations (CRO-1250)	\$	\$	
11c) Outside Sources of Income (CRO-1250)	\$	\$	
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, and 11c)	\$ 2615.00	\$ 3790.00	
13) Disbursements			
13a) Operating Expenditures (CRO-1310)	\$ 2428.52	\$ 2428.52	
13b) Contributions to Candidates/Political Committees (CRO-1310)	\$	\$	
13c) Coordinated Party Expenditures (CRO-1310)	\$	\$	
14) Loan Repayments (CRO-1420)	\$	\$	
15) Refunds/Reimbursements From the Committee (CRO-1320)	\$	\$	
16) In-Kind Contributions (CRO-1510)	\$	\$	
17) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, and 16)	\$ 2428.52	\$ 2428.52	
18) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 17)	\$ 1366.51	\$ 1366.51	
19) Non-Monetary Gifts Given to Other Committees (CRO-1330)	\$		
20) Outstanding Loans (incl. ones from other campaigns) (CRO-1430)	\$		
21) Debts and Obligations owed By the Committee (CRO-1610)	\$		
22) Debts and Obligations owed To the Committee (CRO-1620)	\$		
23) Account Transfers Within the Committee (CRO-1720)	\$		
24) Administrative Support (CRO-1710)	\$	\$	
25) Forgiven Loans (CRO-1440)	\$	\$	
26) 48-Hour Notice Reports Sum	\$	\$	

# Aggregated Contributions from Individuals

Page

1 of 1

Amendment

Yes  No

Optional form used to report NC Contributions From Individuals of \$50 or less

1. Committee Full Name (and Fund if applicable)		2. ID Number				
LINDA S DEVORE FOR COUNCIL		9FY1D8				
3. Contributor Information						
a. Amend	b. Account Code	c. Form of Payment	d. In-Kind Description	e. Date (mm/dd/yyyy)	f. Amount	
<input type="checkbox"/> Add	1	CASH		07/06/07	\$ 50.00	
<input type="checkbox"/> Remove						
<input type="checkbox"/> Add	1	CASH		07/06/07	\$ 50.00	
<input type="checkbox"/> Remove						
<input type="checkbox"/> Add	1	CHECK		08/04/07	\$ 50.00	
<input type="checkbox"/> Remove						
<input type="checkbox"/> Add	1	CASH		08/08/07	\$ 50.00	
<input type="checkbox"/> Remove						
<input type="checkbox"/> Add	1	CASH		08/08/07	\$ 50.00	
<input type="checkbox"/> Remove						
<input type="checkbox"/> Add	1	CHECK		08/22/07	\$ 50.00	
<input type="checkbox"/> Remove						
<input type="checkbox"/> Add	1	CHECK		08/22/07	\$ 25.00	
<input type="checkbox"/> Remove						
<input type="checkbox"/> Add	1	CHECK		08/24/07	\$ 50.00	
<input type="checkbox"/> Remove						
<input type="checkbox"/> Add	1	CHECK		08/24/07	\$ 50.00	
<input type="checkbox"/> Remove						
<input type="checkbox"/> Add	1	CHECK		08/25/07	\$ 25.00	
<input type="checkbox"/> Remove						
<input type="checkbox"/> Add	1	CHECK		08/28/07	\$ 50.00	
<input type="checkbox"/> Remove						
<input type="checkbox"/> Add	1	CHECK		08/28/07	\$ 50.00	
<input type="checkbox"/> Remove						
<input type="checkbox"/> Add	1	CHECK		08/31/07	\$ 25.00	
<input type="checkbox"/> Remove						
<input type="checkbox"/> Add	1	CHECK		09/01/07	\$ 50.00	
<input type="checkbox"/> Remove						
<input type="checkbox"/> Add	1	CHECK		09/04/07	\$ 50.00	
<input type="checkbox"/> Remove						
<input type="checkbox"/> Add	1	CHECK		09/05/07	\$ 50.00	
<input type="checkbox"/> Remove						
<input type="checkbox"/> Add	1	CHECK		09/05/07	\$ 50.00	
<input type="checkbox"/> Remove						
<input type="checkbox"/> Add	1	CHECK		09/05/07	\$ 25.00	
<input type="checkbox"/> Remove						
<input type="checkbox"/> Add	1	CASH		09/06/07	\$ 40.00	
<input type="checkbox"/> Remove						
<input type="checkbox"/> Add	1	CHECK		09/15/07	\$ 50.00	
<input type="checkbox"/> Remove						
<input type="checkbox"/> Add	1	CHECK		09/15/07	\$ 25.00	
<input type="checkbox"/> Remove						
<input type="checkbox"/> Add	1	CHECK		09/15/07	\$ 50.00	
<input type="checkbox"/> Remove						
<b>4. Total only this Page</b>					\$ 965.00	
<b>5. Total of ALL CRO-1205 Pages</b>					\$ 965.00	
<i>(This line must be on line 5 of Detailed Summary Page CRO-1100)</i>						

# Contributions from Individuals

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

<b>1. Committee Full Name (and Fund if applicable)</b>					<b>2. ID Number</b>	
LINDA S DEVORE FOR COUNCIL					9FY1D8	
<b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove						
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)			<b>b. Job Title/Profession</b>		<b>d. Comments</b>	
J WAYNE RIGGINS 122 HILLSIDE AVE FAYETTEVILLE, NC 28301			OPHTHALMOLOGIST			
			<b>c. Employer's Name/Specific Field</b>			
			CAPE FEAR EYE ASSOC			
					<b>e. Election Sum to Date</b>	
					\$ 200.00	
<b>f. Prior</b>	<b>g. Account Code</b>	<b>h. Form of Payment</b>	<b>i. In-Kind Description</b>	<b>j. Date (mm/dd/yyyy)</b>		<b>k. Amount</b>
<input type="checkbox"/>	1	CHECK		07/17/2007		\$ 100.00
<input type="checkbox"/>	1	CHECK		07/19/2007		\$ 100.00
<input type="checkbox"/>						\$
<b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove						
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)			<b>b. Job Title/Profession</b>		<b>d. Comments</b>	
JOYCE SORENSEN 2817 BRIARCREEK PLACE FAYETTEVILLE, NC 28304			HOUSEWIFE			
			<b>c. Employer's Name/Specific Field</b>			
					<b>e. Election Sum to Date</b>	
					\$ 200.00	
<b>f. Prior</b>	<b>g. Account Code</b>	<b>h. Form of Payment</b>	<b>i. In-Kind Description</b>	<b>j. Date (mm/dd/yyyy)</b>		<b>k. Amount</b>
<input type="checkbox"/>	1	CHECK		08/02/07		\$ 200.00
<input type="checkbox"/>						\$
<input type="checkbox"/>						\$
<b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove						
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)			<b>b. Job Title/Profession</b>		<b>d. Comments</b>	
FRANK P. STOUT PO BOX 35068 FAYETTEVILLE, NC 28303			ORTHODONTIST			
			<b>c. Employer's Name/Specific Field</b>			
			STOUT & BOOTH			
					<b>e. Election Sum to Date</b>	
					\$ 200.00	
<b>f. Prior</b>	<b>g. Account Code</b>	<b>h. Form of Payment</b>	<b>i. In-Kind Description</b>	<b>j. Date (mm/dd/yyyy)</b>		<b>k. Amount</b>
<input type="checkbox"/>	1	CHECK		08/08/07		\$ 200.00
<input type="checkbox"/>						\$
<input type="checkbox"/>						\$
<b>4. Total only this Page</b>					\$ 600.00	
<b>5. Total of ALL CRO-1210 Pages</b>					\$ 1650.00	
<i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>						

# Contributions from Individuals

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

<b>1. Committee Full Name (and Fund if applicable)</b>					<b>2. ID Number</b>	
LINDA S DEVORE FOR COUNCIL					9FY1D8	
<b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove						
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)			<b>b. Job Title/Profession</b>		<b>d. Comments</b>	
MERRILYN BOWMAN 1622 GREENOCK AVE FAYETTEVILLE, NC 28304			RETIRED			
			<b>c. Employer's Name/Specific Field</b>			
					<b>e. Election Sum to Date</b>	
				\$ 100.00		
<b>f. Prior</b>	<b>g. Account Code</b>	<b>h. Form of Payment</b>	<b>i. In-Kind Description</b>	<b>j. Date (mm/dd/yyyy)</b>	<b>k. Amount</b>	
<input type="checkbox"/>	1	CHECK		08/15/07	\$ 100.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
<b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove						
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)			<b>b. Job Title/Profession</b>		<b>d. Comments</b>	
JACKIE DANKER 700 ARGYLL RD FAYETTEVILLE, NC 28303			HOUSEWIFE			
			<b>c. Employer's Name/Specific Field</b>			
					<b>e. Election Sum to Date</b>	
				\$ 200.00		
<b>f. Prior</b>	<b>g. Account Code</b>	<b>h. Form of Payment</b>	<b>i. In-Kind Description</b>	<b>j. Date (mm/dd/yyyy)</b>	<b>k. Amount</b>	
<input type="checkbox"/>	1	CHECK		08/22/07	\$ 200.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
<b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove						
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)			<b>b. Job Title/Profession</b>		<b>d. Comments</b>	
PAM SENTER 904 CALAMINT LANE FAYETTEVILLE, NC 28305			MUSICIAN SELF-EMPLOYED			
			<b>c. Employer's Name/Specific Field</b>			
					<b>e. Election Sum to Date</b>	
				\$ 75.00		
<b>f. Prior</b>	<b>g. Account Code</b>	<b>h. Form of Payment</b>	<b>i. In-Kind Description</b>	<b>j. Date (mm/dd/yyyy)</b>	<b>k. Amount</b>	
<input type="checkbox"/>	1	CHECK		08/25/07	\$ 75.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
<b>4. Total only this Page</b>					\$ 375.00	
<b>5. Total of ALL CRO-1210 Pages</b>					\$ 1650.00	
<i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>						

# Contributions from Individuals

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

<b>1. Committee Full Name (and Fund if applicable)</b>						<b>2. ID Number</b>	
LINDA DEVORE FOR COUNCIL						9FY1D8	
<b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove							
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)				<b>b. Job Title/Profession</b>		<b>d. Comments</b>	
MARCIA GALLINA 1202 LONGLEAF DR FAYETTEVILLE, NC 28305				HOUSEWIFE			
				<b>c. Employer's Name/Specific Field</b>			
						<b>e. Election Sum to Date</b>	
						\$ 100.00	
<b>f. Prior</b>	<b>g. Account Code</b>	<b>h. Form of Payment</b>	<b>i. In-Kind Description</b>	<b>j. Date (mm/dd/yyyy)</b>		<b>k. Amount</b>	
<input type="checkbox"/>	1	CHECK		08/25/07		\$ 100.00	
<input type="checkbox"/>						\$	
<input type="checkbox"/>						\$	
<b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove							
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)				<b>b. Job Title/Profession</b>		<b>d. Comments</b>	
JUDY RIVENBARK 2648 OLD COLONY PL FAYETTEVILLE, NC 28303				RETIRED TEACHER			
				<b>c. Employer's Name/Specific Field</b>			
						<b>e. Election Sum to Date</b>	
						\$ 100.00	
<b>f. Prior</b>	<b>g. Account Code</b>	<b>h. Form of Payment</b>	<b>i. In-Kind Description</b>	<b>j. Date (mm/dd/yyyy)</b>		<b>k. Amount</b>	
<input type="checkbox"/>	1	CHECK		08/28/07		\$ 100.00	
<input type="checkbox"/>						\$	
<input type="checkbox"/>						\$	
<b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove							
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)				<b>b. Job Title/Profession</b>		<b>d. Comments</b>	
LORENE McBRYDE 219 SPRING CT FAYETTEVILLE, NC 28304				NURSE			
				<b>c. Employer's Name/Specific Field</b>			
				CFVMC			
						<b>e. Election Sum to Date</b>	
						\$ 100.00	
<b>f. Prior</b>	<b>g. Account Code</b>	<b>h. Form of Payment</b>	<b>i. In-Kind Description</b>	<b>j. Date (mm/dd/yyyy)</b>		<b>k. Amount</b>	
<input type="checkbox"/>	1	CHECK		08/29/07		\$ 100.00	
<input type="checkbox"/>						\$	
<input type="checkbox"/>						\$	
<b>4. Total only this Page</b>						\$ 300.00	
<b>5. Total of ALL CRO-1210 Pages</b>						\$ 1650.00	
<i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>							

# Contributions from Individuals

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

<b>1. Committee Full Name (and Fund if applicable)</b>					<b>2. ID Number</b>	
LINDA S DEVORE FOR COUNCIL					9F61D8	
<b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove						
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)			<b>b. Job Title/Profession</b>		<b>d. Comments</b>	
SAMMY SHORT 160 S. CHURCHILL DR FAYETTEVILLE, NC 28303			RETIRED			
			<b>c. Employer's Name/Specific Field</b>			
					<b>e. Election Sum to Date</b>	
					\$ 100.00	
<b>f. Prior</b>	<b>g. Account Code</b>	<b>h. Form of Payment</b>	<b>i. In-Kind Description</b>	<b>j. Date (mm/dd/yyyy)</b>		<b>k. Amount</b>
<input type="checkbox"/>	1	CHECK		09/08/07		\$ 100.00
<input type="checkbox"/>						\$
<input type="checkbox"/>						\$
<b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove						
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)			<b>b. Job Title/Profession</b>		<b>d. Comments</b>	
SUZANNE LILLY 1678 BANBURY DR FAYETTEVILLE, NC 28304			HOUSEWIFE			
			<b>c. Employer's Name/Specific Field</b>			
					<b>e. Election Sum to Date</b>	
					\$ 75.00	
<b>f. Prior</b>	<b>g. Account Code</b>	<b>h. Form of Payment</b>	<b>i. In-Kind Description</b>	<b>j. Date (mm/dd/yyyy)</b>		<b>k. Amount</b>
<input type="checkbox"/>	1	CHECK		09/10/07		\$ 75.00
<input type="checkbox"/>						\$
<input type="checkbox"/>						\$
<b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove						
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)			<b>b. Job Title/Profession</b>		<b>d. Comments</b>	
BOB MEASAMER, JR 511 THORNCLIFF DR FAYETTEVILLE, NC 28303			REALTOR			
			<b>c. Employer's Name/Specific Field</b>			
			McLEAN REAL ESTATE			
					<b>e. Election Sum to Date</b>	
					\$ 100.00	
<b>f. Prior</b>	<b>g. Account Code</b>	<b>h. Form of Payment</b>	<b>i. In-Kind Description</b>	<b>j. Date (mm/dd/yyyy)</b>		<b>k. Amount</b>
<input type="checkbox"/>	1	CHECK		09/15/07		\$ 100.00
<input type="checkbox"/>						\$
<input type="checkbox"/>						\$
<b>4. Total only this Page</b>					\$ 275.00	
<b>5. Total of ALL CRO-1210 Pages</b> <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>					\$ 1650.00	

# Contributions from Individuals

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

<b>1. Committee Full Name (and Fund if applicable)</b>					<b>2. ID Number</b>	
LINDA S DEVORE FOR COUNCIL					9FY1D8	
<b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove						
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)			<b>b. Job Title/Profession</b>		<b>d. Comments</b>	
SHARON VALENTINE 512 DANDRIDGE DR FAYETTEVILLE, NC 28303			BUSINESS OWNER			
			<b>c. Employer's Name/Specific Field</b> AGRI-BUSINESS			
					<b>e. Election Sum to Date</b>	
					\$ 100.00	
<b>f. Prior</b>	<b>g. Account Code</b>	<b>h. Form of Payment</b>	<b>i. In-Kind Description</b>	<b>j. Date (mm/dd/yyyy)</b>		<b>k. Amount</b>
<input type="checkbox"/>	1	CHECK		07/02/07		\$ 100.00
<input type="checkbox"/>						\$
<input type="checkbox"/>						\$
<b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove						
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)			<b>b. Job Title/Profession</b>		<b>d. Comments</b>	
			<b>c. Employer's Name/Specific Field</b>			
					<b>e. Election Sum to Date</b>	
					\$	
<b>f. Prior</b>	<b>g. Account Code</b>	<b>h. Form of Payment</b>	<b>i. In-Kind Description</b>	<b>j. Date (mm/dd/yyyy)</b>		<b>k. Amount</b>
<input type="checkbox"/>						\$
<input type="checkbox"/>						\$
<input type="checkbox"/>						\$
<b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove						
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)			<b>b. Job Title/Profession</b>		<b>d. Comments</b>	
			<b>c. Employer's Name/Specific Field</b>			
					<b>e. Election Sum to Date</b>	
					\$	
<b>f. Prior</b>	<b>g. Account Code</b>	<b>h. Form of Payment</b>	<b>i. In-Kind Description</b>	<b>j. Date (mm/dd/yyyy)</b>		<b>k. Amount</b>
<input type="checkbox"/>						\$
<input type="checkbox"/>						\$
<input type="checkbox"/>						\$
<b>4. Total only this Page</b>					\$ 100.00	
<b>5. Total of ALL CRO-1210 Pages</b> <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>					\$ 1650.00	

# Disbursements

Use this form to report expenditures from the committee for; operating expenses, contributions to candidate/political committees and coordinated party expenditures

<b>1. Committee Full Name (and Fund if applicable)</b> LINDA S DEVORE FOR COUNCIL					<b>2. ID Number</b> 9FY1D8
<b>3. Type of Disbursement</b> <i>(Please use separate CRO-1310 forms for each type of Disbursement.)</i>					
<input checked="" type="checkbox"/> Operating Expenses <input type="checkbox"/> Contributions to Candidates/Political Committees <input type="checkbox"/> Coordinated Party Expenditures					
<b>4. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove					
<b>a. Full Name, Mailing Address &amp; Phone</b> <i>(include city, state, &amp; zip)</i> CUMBERLAND COUNTY BOE 301 E. RUSSEL ST. FAYETTEVILLE, NC 28301			<b>b. Coordinated Committee Name</b>		<b>d. Comments</b>
			<b>c. Level Registered (Specify)</b>		
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		
					<b>e. Election Sum to Date</b> \$ 24.00
<b>f. Account Code</b>	<b>g. Form of Payment</b>	<b>h. Purpose Code</b>	<b>i. Date (mm/dd/yyyy)</b>	<b>j. Amount</b>	<b>k. Required Remarks</b>
1	CHECK	0	07/06/2007	\$24.00	FILING FEE
				\$	
<b>4. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove					
<b>a. Full Name, Mailing Address &amp; Phone</b> <i>(include city, state, &amp; zip)</i> STAPLES 5075 MORGANTON RD FAYETTEVILLE, NC 28314			<b>b. Coordinated Committee Name</b>		<b>d. Comments</b>
			<b>c. Level Registered (Specify)</b>		
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		
					<b>e. Election Sum to Date</b> \$ 176.62
<b>f. Account Code</b>	<b>g. Form of Payment</b>	<b>h. Purpose Code</b>	<b>i. Date (mm/dd/yyyy)</b>	<b>j. Amount</b>	<b>k. Required Remarks</b>
1	CC	K	07/10/2007	\$176.62	PAPER, ENVELOPE STAMPS
				\$	
<b>4. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove					
<b>a. Full Name, Mailing Address &amp; Phone</b> <i>(include city, state, &amp; zip)</i> CUMBERLAND COUNTY BOE 301 E. RUSSEL ST. FAYETTEVILLE, NC 28301			<b>b. Coordinated Committee Name</b>		<b>d. Comments</b>
			<b>c. Level Registered (Specify)</b>		
			<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		
					<b>e. Election Sum to Date</b> \$ 58.70
<b>f. Account Code</b>	<b>g. Form of Payment</b>	<b>h. Purpose Code</b>	<b>i. Date (mm/dd/yyyy)</b>	<b>j. Amount</b>	<b>k. Required Remarks</b>
1	CHECK	O	07/10/2007	\$34.70	VOTER LISTS
				\$	
<b>5. Total only this Page</b>					\$ 235.32
<b>6. Total of ALL CRO-1310 Pages</b> <i>(This line goes in line 14a of Detailed Summary Page CRO-1100 if Operating Expenses)</i> <i>(This line goes in line 14b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)</i> <i>(This line goes in line 14c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)</i>					\$ 2428.52
<b>7. Purpose Codes</b> <i>(List detailed expenditure code in (h.) above)</i>					
A* - Media		B* - Printing		C* - Fundraising	
E - Salaries		F* - Equipment		G - Political Party	
I - Postage		J - Penalties		K* - Office Expenses	
				D - To Another Candidate	
				H* - Holding Public Office Expenses	
				O* - Other	
* Codes require detailed explanation in required remarks field (k)					

# Disbursements

Use this form to report expenditures from the committee for; operating expenses, contributions to candidate/political committees and coordinated party expenditures

<b>1. Committee Full Name (and Fund if applicable)</b> LINDA S DEVORE FOR COUNCIL					<b>2. ID Number</b> 9FY1D8
<b>3. Type of Disbursement</b> <i>(Please use separate CRO-1310 forms for each type of Disbursement.)</i>					
<input checked="" type="checkbox"/> Operating Expenses <input type="checkbox"/> Contributions to Candidates/Political Committees <input type="checkbox"/> Coordinated Party Expenditures					
<b>4. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove					
<b>a. Full Name, Mailing Address &amp; Phone</b> <i>(include city, state, &amp; zip)</i> WILLIAMS PRINTING & OFFICE SUP 1033 BRAGG BLVD FAYETTEVILLE, NC 28301			<b>b. Coordinated Committee Name</b>		<b>d. Comments</b>
			<b>c. Level Registered (Specify)</b> <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		<b>e. Election Sum to Date</b>
					\$ 105.68
<b>f. Account Code</b>	<b>g. Form of Payment</b>	<b>h. Purpose Code</b>	<b>i. Date (mm/dd/yyyy)</b>	<b>j. Amount</b>	<b>k. Required Remarks</b>
1	CHECK	B	07/31/2007	\$105.68	ENVELOPES
				\$	
<b>4. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove					
<b>a. Full Name, Mailing Address &amp; Phone</b> <i>(include city, state, &amp; zip)</i> OFFICE DEPOT 505 CROSS CREEK MALL FAYETTEVILLE, NC 28303			<b>b. Coordinated Committee Name</b>		<b>d. Comments</b>
			<b>c. Level Registered (Specify)</b> <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		<b>e. Election Sum to Date</b>
					\$ 109.92
<b>f. Account Code</b>	<b>g. Form of Payment</b>	<b>h. Purpose Code</b>	<b>i. Date (mm/dd/yyyy)</b>	<b>j. Amount</b>	<b>k. Required Remarks</b>
1	CC	K	08/08/2007	\$62.97	PAPER STOCK
1	CC	K	08/08/2007	\$46.95	CARD STOCK
<b>4. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove					
<b>a. Full Name, Mailing Address &amp; Phone</b> <i>(include city, state, &amp; zip)</i> A C MOORE 5075 MORGANTON RD FAYETTEVILLE, NC 28314			<b>b. Coordinated Committee Name</b>		<b>d. Comments</b>
			<b>c. Level Registered (Specify)</b> <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		<b>e. Election Sum to Date</b>
					\$ 25.57
<b>f. Account Code</b>	<b>g. Form of Payment</b>	<b>h. Purpose Code</b>	<b>i. Date (mm/dd/yyyy)</b>	<b>j. Amount</b>	<b>k. Required Remarks</b>
1	CC	K	08/08/2007	\$25.57	PAPER SUPPLIES
				\$	
<b>5. Total only this Page</b>					\$ 241.17
<b>6. Total of ALL CRO-1310 Pages</b> <i>(This line goes in line 14a of Detailed Summary Page CRO-1100 if Operating Expenses)</i> <i>(This line goes in line 14b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)</i> <i>(This line goes in line 14c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)</i>					\$ 2428.52
<b>7. Purpose Codes</b> <i>(List detailed expenditure code in (h.) above)</i>					
A* - Media		B* - Printing		C* - Fundraising	
E - Salaries		F* - Equipment		G - Political Party	
I - Postage		J - Penalties		K* - Office Expenses	
				D - To Another Candidate	
				H* - Holding Public Office Expenses	
				O* - Other	
* Codes require detailed explanation in required remarks field (k)					

# Disbursements

Use this form to report expenditures from the committee for; operating expenses, contributions to candidate/political committees and coordinated party expenditures

<b>1. Committee Full Name (and Fund if applicable)</b> LINDA S DEVORE FOR COUNCIL					<b>2. ID Number</b> 9FY1D8
<b>3. Type of Disbursement</b> <i>(Please use separate CRO-1310 forms for each type of Disbursement.)</i>					
<input checked="" type="checkbox"/> Operating Expenses <input type="checkbox"/> Contributions to Candidates/Political Committees <input type="checkbox"/> Coordinated Party Expenditures					
<b>4. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove					
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip) FATCOW.COM 70 BLANCHARD RD BURLINGTON, MA 01803		<b>b. Coordinated Committee Name</b>		<b>d. Comments</b>	
		<b>c. Level Registered (Specify)</b> <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		<b>e. Election Sum to Date</b> \$ 127.99	
<b>f. Account Code</b>	<b>g. Form of Payment</b>	<b>h. Purpose Code</b>	<b>i. Date (mm/dd/yyyy)</b>	<b>j. Amount</b>	<b>k. Required Remarks</b>
1	CC	A	08/11/07	\$127.99	WEBSITE
				\$	
<b>4. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove					
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip) WILLIAMS PRINTING & OFFICE SUP 1033 BRAGG BVD. FAYETTEVILLE, NC 28301		<b>b. Coordinated Committee Name</b>		<b>d. Comments</b>	
		<b>c. Level Registered (Specify)</b> <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		<b>e. Election Sum to Date</b> \$ 573.25	
<b>f. Account Code</b>	<b>g. Form of Payment</b>	<b>h. Purpose Code</b>	<b>i. Date (mm/dd/yyyy)</b>	<b>j. Amount</b>	<b>k. Required Remarks</b>
1	CHECK	B	08/17/2007	\$467.57	PALM CARDS
				\$	
<b>4. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove					
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip) BENTON CARD CO 105 S. WALL ST. BENSON, NC 27504		<b>b. Coordinated Committee Name</b>		<b>d. Comments</b>	
		<b>c. Level Registered (Specify)</b> <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		<b>e. Election Sum to Date</b> \$ 1216.95	
<b>f. Account Code</b>	<b>g. Form of Payment</b>	<b>h. Purpose Code</b>	<b>i. Date (mm/dd/yyyy)</b>	<b>j. Amount</b>	<b>k. Required Remarks</b>
1	CHECK	B	08/31/2007	\$1216.95	YARD SIGNS
				\$	
<b>5. Total only this Page</b>					\$ 1812.51
<b>6. Total of ALL CRO-1310 Pages</b> <i>(This line goes in line 14a of Detailed Summary Page CRO-1100 if Operating Expenses)</i> <i>(This line goes in line 14b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)</i> <i>(This line goes in line 14c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)</i>					\$ 2428.52
<b>7. Purpose Codes</b> <i>(List detailed expenditure code in (h.) above)</i>					
A* - Media		B* - Printing		C* - Fundraising	
E - Salaries		F* - Equipment		G - Political Party	
I - Postage		J - Penalties		K* - Office Expenses	
				D - To Another Candidate	
				H* - Holding Public Office Expenses	
				O* - Other	
* Codes require detailed explanation in required remarks field (k)					

# Disbursements

Use this form to report expenditures from the committee for; operating expenses, contributions to candidate/political committees and coordinated party expenditures

<b>1. Committee Full Name (and Fund if applicable)</b> LINDA S DEVORE FOR COUNCIL					<b>2. ID Number</b> 9FY1D8
<b>3. Type of Disbursement</b> <i>(Please use separate CRO-1310 forms for each type of Disbursement.)</i>					
<input checked="" type="checkbox"/> Operating Expenses <input type="checkbox"/> Contributions to Candidates/Political Committees <input type="checkbox"/> Coordinated Party Expenditures					
<b>4. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove					
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip) POLITICAL SERVICE CO 4719 REED RD COLUMBUS, OH 43220			<b>b. Coordinated Committee Name</b>		<b>d. Comments</b>
			<b>c. Level Registered (Specify)</b> <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		
					<b>e. Election Sum to Date</b> \$ 139.52
<b>f. Account Code</b>	<b>g. Form of Payment</b>	<b>h. Purpose Code</b>	<b>i. Date (mm/dd/yyyy)</b>	<b>j. Amount</b>	<b>k. Required Remarks</b>
1	CC	B	09/15/2007	\$139.52	STICKERS
				\$	
<b>4. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove					
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)			<b>b. Coordinated Committee Name</b>		<b>d. Comments</b>
			<b>c. Level Registered (Specify)</b> <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		
					<b>e. Election Sum to Date</b> \$
<b>f. Account Code</b>	<b>g. Form of Payment</b>	<b>h. Purpose Code</b>	<b>i. Date (mm/dd/yyyy)</b>	<b>j. Amount</b>	<b>k. Required Remarks</b>
				\$	
				\$	
<b>4. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove					
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)			<b>b. Coordinated Committee Name</b>		<b>d. Comments</b>
			<b>c. Level Registered (Specify)</b> <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		
					<b>e. Election Sum to Date</b> \$
<b>f. Account Code</b>	<b>g. Form of Payment</b>	<b>h. Purpose Code</b>	<b>i. Date (mm/dd/yyyy)</b>	<b>j. Amount</b>	<b>k. Required Remarks</b>
				\$	
				\$	
<b>5. Total only this Page</b>					\$ 139.52
<b>6. Total of ALL CRO-1310 Pages</b> <i>(This line goes in line 14a of Detailed Summary Page CRO-1100 if Operating Expenses)</i> <i>(This line goes in line 14b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)</i> <i>(This line goes in line 14c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)</i>					\$ 139.52
<b>7. Purpose Codes</b> (List detailed expenditure code in (h.) above)					
A* - Media		B* - Printing		C* - Fundraising	
E - Salaries		F* - Equipment		G - Political Party	
I - Postage		J - Penalties		K* - Office Expenses	
				D - To Another Candidate	
				H* - Holding Public Office Expenses	
				O* - Other	

\* Codes require detailed explanation in required remarks field (k)