

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 LINDA S DEVORE FOR COUNCIL | c. ID Number 9FY1D8 |
| b. Mailing Address (include City, State and Zip Code) 2616 DARTMOUTH DRIVE FAYETTEVILLE, NC 28304 | d. Date Filed 01292009 |
| | e. Phone Number 910 484-8948 |

| | | | |
|-------------------------------|--|--|---|
| 2. Report Year 2008 | 3. Period Start Date (mm/dd/yy) 01012008 | 4. Period End Date (mm/dd/yy) 06302008 | 5. Treasurer Full Name LINDA S DEVORE |
|-------------------------------|--|--|---|

| | | | | |
|--|---|--|---|---|
| 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 | Municipal | State/County | Referendum |
| <input type="checkbox"/> PAC | <input type="checkbox"/> Referendum | <input type="checkbox"/> Organizational | <input type="checkbox"/> Organizational | <input type="checkbox"/> Organizational |
| <input type="checkbox"/> Independent Expenditure | <input type="checkbox"/> Joint Fundraiser | <input type="checkbox"/> Thirty-five day | <input type="checkbox"/> Quarterly | <input type="checkbox"/> Pre-referendum |
| <input type="checkbox"/> Legal Expense Fund | | <input type="checkbox"/> Pre-primary | <input type="checkbox"/> First | <input type="checkbox"/> Final |
| 7. Type of Fund (if applicable, check one) | | <input type="checkbox"/> Pre-election | <input type="checkbox"/> Second | <input type="checkbox"/> Supplemental Final |
| <input type="checkbox"/> "Booster Fund" | | <input type="checkbox"/> Pre-runoff | <input type="checkbox"/> Third | <input type="checkbox"/> Annual |
| <input type="checkbox"/> Building Fund | | <input type="checkbox"/> Semi-annual | <input type="checkbox"/> Fourth | <input type="checkbox"/> Special |
| <input type="checkbox"/> Other: | | <input checked="" type="checkbox"/> Mid Year | <input type="checkbox"/> Semi-annual | |
| | | <input type="checkbox"/> Year End | <input type="checkbox"/> Mid Year | |
| | | <input type="checkbox"/> Final | <input type="checkbox"/> Year End | |
| | | <input type="checkbox"/> Special | <input type="checkbox"/> Final | |
| | | | <input type="checkbox"/> Special | |
| 8. Number of Fundraisers this Report | | 10. Special Report Name | | |

| | | | |
|--|--|---|--------------------------------------|
| 11. Account Information | | 11. Account Information | |
| a. Financial Institution Full Name WACHOVIA BANK | | a. Financial Institution Full Name | |
| b. Purpose CAMPAIGN ACC | c. Account Code | b. Purpose | c. Account Code |
| | d. Period Begin Balance \$ 67.49 | | 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.

LINDA S DEVORE
Printed Name of Signer

[Signature]
Signature of Appointed Treasurer

01292009
Date

FOR OFFICE USE ONLY

Date Received: 1/29/09

Date Postmarked: _____

Date Scanned: _____

Date Data Entered: _____

Employee: [Signature]

Employee: _____

Employee: _____

Employee: _____

Delivery Method

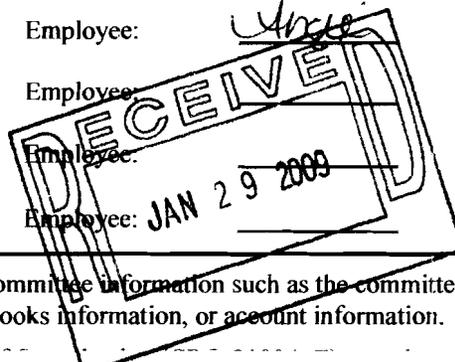
Normal Mail

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 | 3. ID Number | |
|--|-------------------|------------------------------------|----------------------------------|
| LINDA S DEVORE FOR COUNCIL | SEMI-ANNUAL | 9FY1D8 | |
| Start of Election Cycle: January 1, 2008 | | Total this Reporting Period | Total this Election Cycle |
| 4) Cash on Hand at Start | | \$ 67.49 | \$ 67.49 |
| RECEIPTS | | | |
| 5) Aggregated Contributions from Individuals | (CRO-1205) | \$ | \$ |
| 6) Contributions from Individuals | (CRO-1210) | \$ | \$ |
| 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) | \$ | \$ |
| 11d) Legal Expense Fund – Other Sources | (CRO-1270) | \$ | \$ |
| 11 e) Exempt Purchase Price Sales | (CRO-1265) | \$ | \$ |
| 12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d and 11e) | | \$ | \$ |
| EXPENDITURES | | | |
| 13) Disbursements | | | |
| 13a) Operating Expenditures | (CRO-1310) | \$ | \$ |
| 13b) Contributions to Candidates/Political Committees | (CRO-1310) | \$ | \$ |
| 13c) Coordinated Party Expenditures | (CRO-1310) | \$ | \$ |
| 14) Aggregated Non-Media Expenditures | (CRO-1315) | \$ | \$ |
| 15) Loan Repayments | (CRO-1420) | \$ | \$ |
| 16) Refunds/Reimbursements From the Committee | (CRO-1320) | \$ | \$ |
| 17) In-Kind Contributions | (CRO-1510) | \$ | \$ |
| 18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17) | | \$ | \$ |
| 19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18) | | \$ 67.49 | \$ 67.49 |
| ADDITIONAL INFORMATION | | | |
| 20) Non-Monetary Gifts Given to Other Committees | (CRO-1330) | \$ | |
| 21) Outstanding Loans (incl. ones from other campaigns) | (CRO-1430) | \$ 1703.03 | |
| 22) Debts and Obligations owed By the Committee | (CRO-1610) | \$ | |
| 23) Debts and Obligations owed To the Committee | (CRO-1620) | \$ | |
| 24) Account Transfers Within the Committee | (CRO-1720) | \$ | |
| 25) Administrative Support | (CRO-1710) | \$ | \$ |
| 26) Forgiven Loans | (CRO-1440) | \$ | \$ |
| 27) 48-Hour Notice Reports Sum | (CRO-2200) | \$ | \$ |
| 28) Contributions to be Refunded | (CRO-1215) | \$ | \$ |

Outstanding Loans

Amendment

Pg ____ of ____ 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 |
| LINDA S DEVORE FOR COUNCIL | | | 9FY1D8 |
| 3. Lender Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | b. Job Title/Profession | d. Comments |
| LINDA S DEVORE 2616 DARTMOUTH DRIVE FAYETTEVILLE, NC 28304 | | TAX CONSULTANT | e. Start Date (mm/dd/yyyy) |
| | | c. Employer's Name/Specific Field | 11/17/2007 |
| | | | f. End Date (mm/dd/yyyy) |
| g. Rate | h. Security Pledged | i. Original Loan Amount | j. Remaining Loan Balance |
| % | | \$ 1703.03 | \$ 1703.03 |
| k. Full Name of Lending Institution | | | l. Loan Number |
| | | | |
| 3. Lender Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | b. Job Title/Profession | d. Comments |
| | | | e. Start Date (mm/dd/yyyy) |
| | | c. Employer's Name/Specific Field | |
| | | | 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 <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | b. Job Title/Profession | d. Comments |
| | | | e. Start Date (mm/dd/yyyy) |
| | | c. Employer's Name/Specific Field | |
| | | | 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 | | | \$ 1703.03 |
| 5. Total of ALL CRO-1430 Pages | | | \$ 1703.03 |
| <i>(This line must be on line 21 of Detailed Summary Page CRO-1100)</i> | | | |