

# 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> 01/25/2008																																					
		<b>c. Phone Number</b> 910 484-8948																																					
<b>2. Report Year</b> 2007	<b>3. Period Start Date (mm/dd/yy)</b> 10/23/2007	<b>4. Period End Date (mm/dd/yy)</b> 12/31/2007	<b>5. Treasurer Full Name</b> LINDA S DEVORE																																				
<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"/> Joint Fundraiser <input type="checkbox"/> Referendum <input type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Legal Expense Fund		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th>Municipal</th> <th>State/County</th> <th>Referendum</th> </tr> <tr> <td><input type="checkbox"/> Organizational</td> <td><input type="checkbox"/> Organizational</td> <td><input type="checkbox"/> Organizational</td> </tr> <tr> <td><input type="checkbox"/> Thirty-five day</td> <td><input type="checkbox"/> Quarterly</td> <td><input type="checkbox"/> Pre-referendum</td> </tr> <tr> <td><input type="checkbox"/> Pre-primary</td> <td><input type="checkbox"/> First</td> <td><input type="checkbox"/> Final</td> </tr> <tr> <td><input type="checkbox"/> Pre-election</td> <td><input type="checkbox"/> Second</td> <td><input type="checkbox"/> Supplemental Final</td> </tr> <tr> <td><input type="checkbox"/> Pre-runoff</td> <td><input type="checkbox"/> Third</td> <td><input type="checkbox"/> Annual</td> </tr> <tr> <td><input type="checkbox"/> Semi-annual</td> <td><input type="checkbox"/> Fourth</td> <td><input type="checkbox"/> Special</td> </tr> <tr> <td><input type="checkbox"/> Mid Year</td> <td><input type="checkbox"/> Semi-annual</td> <td></td> </tr> <tr> <td><input checked="" type="checkbox"/> Year End</td> <td><input type="checkbox"/> Mid Year</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Final</td> <td><input type="checkbox"/> Year End</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Special</td> <td><input type="checkbox"/> Final</td> <td></td> </tr> <tr> <td></td> <td><input type="checkbox"/> Special</td> <td></td> </tr> </table>		Municipal	State/County	Referendum	<input type="checkbox"/> Organizational	<input type="checkbox"/> Organizational	<input type="checkbox"/> Organizational	<input type="checkbox"/> Thirty-five day	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Pre-referendum	<input type="checkbox"/> Pre-primary	<input type="checkbox"/> First	<input type="checkbox"/> Final	<input type="checkbox"/> Pre-election	<input type="checkbox"/> Second	<input type="checkbox"/> Supplemental Final	<input type="checkbox"/> Pre-runoff	<input type="checkbox"/> Third	<input type="checkbox"/> Annual	<input type="checkbox"/> Semi-annual	<input type="checkbox"/> Fourth	<input type="checkbox"/> Special	<input type="checkbox"/> Mid Year	<input type="checkbox"/> Semi-annual		<input checked="" 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	
Municipal	State/County	Referendum																																					
<input type="checkbox"/> Organizational	<input type="checkbox"/> Organizational	<input type="checkbox"/> Organizational																																					
<input type="checkbox"/> Thirty-five day	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Pre-referendum																																					
<input type="checkbox"/> Pre-primary	<input type="checkbox"/> First	<input type="checkbox"/> Final																																					
<input type="checkbox"/> Pre-election	<input type="checkbox"/> Second	<input type="checkbox"/> Supplemental Final																																					
<input type="checkbox"/> Pre-runoff	<input type="checkbox"/> Third	<input type="checkbox"/> Annual																																					
<input type="checkbox"/> Semi-annual	<input type="checkbox"/> Fourth	<input type="checkbox"/> Special																																					
<input type="checkbox"/> Mid Year	<input type="checkbox"/> Semi-annual																																						
<input checked="" 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																																						
<b>7. Type of Fund (if applicable, check one)</b>		<b>10. Special Report Name</b>																																					
<input type="checkbox"/> "Booster Fund" <input type="checkbox"/> Building Fund <input type="checkbox"/> Presidential Election Year Candidates Fund <input type="checkbox"/> NC Public Campaign Financing Fund <input type="checkbox"/> Other:																																							
<b>8. Number of Fundraisers this Report</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 ACC	<b>c. Account Code</b> 1	<b>b. Purpose</b>	<b>c. Account Code</b>																																				
	<b>d. Period Begin Balance</b> \$ 6.22		<b>d. Period Begin Balance</b> \$																																				
<b>CERTIFICATION</b>																																							
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).																																							
LINDA S DEVORE Printed Name of Signer		[Signature] Signature of Appointed Treasurer	1-23-08 Date																																				
<b>FOR OFFICE USE ONLY</b>																																							
Date Received:	1/25/08																																						
Date Postmarked:																																							
Date Scanned:																																							
Date Data Entered:																																							
		<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.																																							

# 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		9F61D8	
Start of Election Cycle: <b>January 1,</b>		<b>2007</b>		Total this Reporting Period	
4) Cash on Hand at Start		\$ 6.22		\$ 5.03	
5) Aggregated Contributions from Individuals		(CRO-1205) \$ 140.00		\$ 1230.00	
6) Contributions from Individuals		(CRO-1210) \$ 1161.00		\$ 4361.00	
7) Contributions from Political Party Committees		(CRO-1220) \$		\$	
8) Contributions from Other Political Committees		(CRO-1230) \$		\$	
9) Loan Proceeds		(CRO-1410) \$ 1703.03		\$ 1703.03	
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) \$		\$	
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c and 11d)		\$ 3004.03		\$ 7294.03	
13) Disbursements					
13a) Operating Expenditures		(CRO-1310) \$ 2731.76		\$ 7020.57	
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) \$ 211.00		\$ 211.00	
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)		\$ 2942.76		\$ 7231.57	
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)		\$ 67.49		\$ 67.49	
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) \$		\$	
27) Contributions to be refunded		(CRO-1215) \$		\$	



# 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			OPHALMOLOGIST			
			<b>c. Employer's Name/Specific Field</b>			
			CAP FEAR EYE ASSOC			
					<b>e. Election Sum to Date</b>	
					\$ 400.00	
<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 checked="" type="checkbox"/>	1	CHECK		07/17/2007		\$ 100.00
<input checked="" type="checkbox"/>	1	CHECK		07/19/2007		\$ 100.00
<input type="checkbox"/>	1	CHECK		10/25/2007		\$ 200.00
<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>	
PAMELA J BIERMANN 6120 LOCHVIEW DRI FAYETTEVILLE, NC 28311			HOUSEWIFE			
			<b>c. Employer's Name/Specific Field</b>			
					<b>e. Election Sum to Date</b>	
					\$ 250.00	
<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		10/26/2007		\$ 250.00
<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>	
LINDA HUFF 1127 OFFSHORE DRIVE FAYETTEVILLE, NC 28305			REAL ESTATE			
			<b>c. Employer's Name/Specific Field</b>			
			H&H CONSTRUCTORS			
					<b>e. Election Sum to Date</b>	
					\$ 250.00	
<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		10/26/2007		\$ 250.00
<input type="checkbox"/>						\$
<input type="checkbox"/>						\$
<b>4. Total only this Page</b>					\$ 700.00	
<b>5. Total of ALL CRO-1210 Pages</b>					\$ 1101.00	
<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>	
WILLIAM ELMORE 488 DERBY LANE HOPE MILLS, NC 28348			OPTOMETRIST			
			<b>c. Employer's Name/Specific Field</b>			
			AMERICAN EYE CARE			
					<b>e. Election Sum to Date</b>	
					\$ 250.00	
<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		11/05/2007		\$ 250.00
<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>	
DIANE WHEATLEY 9774 RAMSEY STREET LINDEN, NC 28356			COUNTY COMMISSIONER			
			<b>c. Employer's Name/Specific Field</b>			
			CUMBERLAND COUNTY			
					<b>e. Election Sum to Date</b>	
					\$ 233.00	
<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 checked="" type="checkbox"/>	1	CASH		07/06/2007		\$ 50.00
<input checked="" type="checkbox"/>	1	CHECK		10/11/2007		\$ 100.00
<input type="checkbox"/>	1	IN-KIND	STAMPS	10/24/2007		\$ 88.00
<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>	
LINDA DEVORE 2616 DARTMOUTH DRIVE FAYETTEVILLE, NC 28304			TAX CONSULTANT			
			<b>c. Employer's Name/Specific Field</b>			
			TRPCPA			
					<b>e. Election Sum to Date</b>	
					\$ 123.00	
<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	IN=KIND	STAMPS	11/01/2007		\$ 123.00
<input type="checkbox"/>						\$
<input type="checkbox"/>						\$
<b>4. Total only this Page</b>					\$ 461.00	
<b>5. Total of ALL CRO-1210 Pages</b>					\$ 1161.00	
<i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>						

# 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> CUMULUS RADIO GROUP 1009 DRAYTON RD 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 checked="" type="checkbox"/> Municipality:			
				<b>e. Election Sum to Date</b> \$ 1414.00	
<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	A	10/29/2007	\$420.00	RADIO AD
				\$	
<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> JEB DESIGNS, INC 3452 BLACK & DECKER RD HOPE MILLS, NC 28348		<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 checked="" type="checkbox"/> Municipality:			
				<b>e. Election Sum to Date</b> \$ 201.76	
<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	11/02/2007	\$201.76	T-SHIRTS
				\$	
<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 28304		<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 checked="" type="checkbox"/> Municipality:			
				<b>e. Election Sum to Date</b> \$ 998.12	
<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	11/01/2007	\$424.87	PALM CARDS
				\$	
<b>5. Total only this Page</b>					\$ 1046.63
<b>6. Total of ALL CRO-1310 Pages</b> <i>(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)</i> <i>(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)</i> <i>(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)</i>					\$ 2731.76
<b>7. Purpose Codes</b> <i>(List detailed expenditure code in (h.) above)</i>					
A* - Media	B* - Printing	C* - Fundraising	D - To Another Candidate		
E - Salaries	F* - Equipment	G - Political Party	H* - Holding Public Office Expenses		
I - Postage	J - Donations	K* - Office Expenses	O* - Other		

# 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>					<b>2. ID Number</b>
LINDA S DEVORE FOR COUNCIL					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>		<b>b. Coordinated Committee Name</b>		<b>d. Comments</b>	
PURE POSTCARDS, INC 1227 S. LINCOLN AVE CLEARWATER, FL 33756					
		<b>c. Level Registered (Specify)</b>		<b>e. Election Sum to Date</b>	
		<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input checked="" type="checkbox"/> Municipality:			
				\$ 1278.16	
<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	10/23/2007	\$1278.16	POSTCARDS AND MAILING
				\$	
<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>		<b>b. Coordinated Committee Name</b>		<b>d. Comments</b>	
OFFICE DEPOT 505 CROSS CREEK MALL FAYETTEVILLE, NC 28303					
		<b>c. Level Registered (Specify)</b>		<b>e. Election Sum to Date</b>	
		<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input checked="" type="checkbox"/> Municipality:			
				\$ 397.05	
<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	I,K	10/29/07	\$287.13	STAMPS INK
				\$	
<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>		<b>b. Coordinated Committee Name</b>		<b>d. Comments</b>	
US POST OFFICE HIGHLAND STATION FAYETTEVILLE, NC 28303					
		<b>c. Level Registered (Specify)</b>		<b>e. Election Sum to Date</b>	
		<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input checked="" type="checkbox"/> Municipality:			
				\$ 82.00	
<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	CC	I	10/30/2007	\$82.00	STAMPS
				\$	
<b>5. Total only this Page</b>					\$ 1647.29
<b>6. Total of ALL CRO-1310 Pages</b>					\$ 2731.76
<i>(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)</i>					
<i>(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)</i>					
<i>(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)</i>					
<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 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> PARTY CITY OF FAYETTEVILLE 2065-R SKIBO 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 checked="" type="checkbox"/> Municipality:		
			<b>e. Election Sum to Date</b> \$ 12.75		
<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	O	10/29/2007	\$12.75	HATS
				\$	
<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> PARTY ZONE 2800 RAEFORD RD 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 checked="" type="checkbox"/> Municipality:		
			<b>e. Election Sum to Date</b> \$ 25.09		
<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	O	10/29/2007	\$25.09	HATS
				\$	
<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>			<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>					\$ 37.84
<b>6. Total of ALL CRO-1310 Pages</b> <i>(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)</i> <i>(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)</i> <i>(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)</i>					\$ 2731.76
<b>7. Purpose Codes</b> <i>(List detailed expenditure code in (h.) above)</i>					
A* - Media	B* - Printing	C* - Fundraising	D - To Another Candidate		
E - Salaries	F* - Equipment	G - Political Party	H* - Holding Public Office Expenses		
I - Postage	J - Penalties	K* - Office Expenses	O* - Other		
* Codes require detailed explanation in required remarks field (k)					

# In-Kind Contributions

Amendment

Pg 1 of 1  Yes  No

Use this form to report non-monetary contributions, donations, goods or services provided to the committee or fund.

Use CRO-1215 if In-Kind Contributions were or will be refunded within 7 days.

<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)  DIANE WHEATLEY 9774 RAMSEY STREET LINDEN, NC 28356	<b>b. Type of Contributor</b> <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Candidate <input type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Other Receipt Source	<b>c. Comments</b>
		<b>d. Election Sum to Date</b> \$ 233.00
<b>e. Description</b>	<b>f. Date (mm/dd/yyyy)</b>	<b>g. Fair Market Amount</b>
STAMPS	10/24/2007	\$ 88.00
		\$
		\$
<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)  LINDA DEVORE 2616 DARTMOUTH DRIVE FAYETTEVILLE, NC 28304	<b>b. Type of Contributor</b> <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Candidate <input type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Other Receipt Source	<b>c. Comments</b>
		<b>d. Election Sum to Date</b> \$ 123.00
<b>e. Description</b>	<b>f. Date (mm/dd/yyyy)</b>	<b>g. Fair Market Amount</b>
STAMPS	11/01/2007	\$ 123.00
		\$
		\$
<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. Type of Contributor</b> <input type="checkbox"/> Individual <input type="checkbox"/> Candidate <input type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Other Receipt Source	<b>c. Comments</b>
		<b>d. Election Sum to Date</b> \$
<b>e. Description</b>	<b>f. Date (mm/dd/yyyy)</b>	<b>g. Fair Market Amount</b>
		\$
		\$
		\$
<b>4. Total only this Page</b>		\$ 211.00
<b>5. Total of ALL CRO-1510 Pages</b> <i>(This line must be on line 17 of Detailed Summary Page CRO-1100)</i>		\$ 211.00

# Loan Proceeds

Use this form to report proceeds from a loan and loan endorser's information  
 A loan proceeds statement must accompany each loan that is from an individual

<b>1. Committee Full Name (and Fund if applicable)</b>				<b>2. ID Number</b>	
LINDA S DEVORE FOR COUNCIL				9FY1D8	
<b>3. Lender Information</b> <input checked="" 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>	
LINDA DEVORE 2616 DARTMOUTH DRIVE FAYETTEVILLE, NC 28304		TAX CONSULTANT		<b>e. Start Date (mm/dd/yyyy)</b>	
		<b>c. Employer's Name/Specific Field</b>		11/17/2007	
		TRPCPA TAX CONSULTIN			
<b>f. End Date (mm/dd/yyyy)</b>					
<b>g. Rate</b>	<b>h. Security Pledged</b>	<b>i. Account Code</b>	<b>j. Form of Payment</b>	<b>k. Amount</b>	
%		1	CHECK	\$ 1703.03	
<b>l. Full Name of Lending Institution</b>				<b>m. Loan Number</b>	
<b>4. Endorsers/Makers</b> <i>(The people who guarantee the loan.)</i>					
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)		<b>b. Job Title/Profession</b>		<b>c. Employer's Name/Specific Field</b>	
				<b>d. Percentage</b>	
				%	
				\$	
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)		<b>b. Job Title/Profession</b>		<b>c. Employer's Name/Specific Field</b>	
				<b>d. Percentage</b>	
				%	
				\$	
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)		<b>b. Job Title/Profession</b>		<b>c. Employer's Name/Specific Field</b>	
				<b>d. Percentage</b>	
				%	
				\$	
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)		<b>b. Job Title/Profession</b>		<b>c. Employer's Name/Specific Field</b>	
				<b>d. Percentage</b>	
				%	
				\$	
<b>5. Total of ALL CRO-1410 Pages</b>				<b>\$ 1703.03</b>	

## Loan Proceeds Statement

The individual making a loan to the committee must provide the following information. Failure to provide all of the information requested could be a violation of campaign reporting disclosure laws.

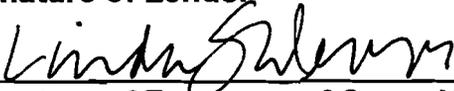
<b>Name of committee to receive loan:</b>	LINDA S DEVORE FOR COUNCI
<b>Person lending money to committee (Lender):</b>	LINDA DEVORE
<b>Date of loan to committee:</b>	11/17/2007
<b>Name of lending institution and account number (source):</b>	
<b>Amount of loan:</b>	1703.03
<b>Names of all parties responsible for payment of loan (guarantor):</b>	
<b>Period of loan:</b>	
<b>Rate of interest of loan:</b>	
<b>Security pledged for loan:</b>	

I, LINDA DEVORE acknowledge that all of the  
(Person lending money to committee)

Information provided is complete, true, and accurate. I further understand I may not forgive a loan that has an outstanding balance to any source.



\_\_\_\_\_  
**Signature of Lender**



\_\_\_\_\_  
**Signature of Treasurer of Committee**

This form must be submitted with the disclosure report for which the loan is initially disclosed.



North Carolina  
State Board of Elections

506 N Harrington Street  
Raleigh, NC 27603

Kimberly Westbrook-Strach  
Deputy Director – Campaign Reporting

Mailing Address  
PO Box 27255  
Raleigh, NC 27611-7255  
(919) 733-7173  
Fax: (919) 715-8047

**Confidential**

**Certification of Financial Account Information**

This Certification is used to report confidential bank account information for all financial accounts established by the committee and must accompany the Statement of Organization Form

**FILED BY:**

Committee Name: LINDA S DEVORE FOR COUNCIL  
 Treasurer Name: LINDA S DEVORE  
 Treasurer Address: 2616 DARTMOUTH DRIVE  
 (include city, state, & zip) FAYETTEVILLE, NC 28304  
 Treasurer Phone: 910 484-8948

I certify that the information provided below is true and accurate. I am providing all account information for the above named Committee. These account numbers include all bank accounts utilized, credit card accounts, money market or savings accounts, or any other financial account used for any purpose by the Committee.

The information provided on this form is considered confidential and is not subject to public disclosure. The information provided would only be used for the purposes of an audit or investigation or as required by a court of competent jurisdiction. It will be necessary to assign each account number a "account code" in order to provide account information on required disclosure reports. If an account number is used as the "account code", confidentiality of the account number is presumed to have been waived.

Type of account	Financial Institution	Address	Account Number	Account Code
CREDIT CARD	BANK OF AMERICA	PO BOX 37291 BALTIMORE, MD 21297		
CREDIT CARD	USAA	10750 MCDERMOTT PWY SAN ANTONIO TX 78288		

By signing this statement, I authorize agents of the State Board of Elections to inspect all accounts provided.

1/25/09  
Date Signed

[Handwritten Signature]  
Signature of Candidate or Treasurer

In lieu of providing account information, I certify that this committee will not raise or spend any money except for the filing fee. (Only candidates may choose this option.)

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Signature of Candidate or Treasurer