

RECEIVED

AUG 05 2025

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.

<b>1. Committee Information</b>				
a. Full Name RANDY FOR PENDER COMMITTEE			c. ID Number	
b. Mailing Address (include City, State and Zip Code) 3995 SCOTTS HILL LOOP RD WILMINGTON, NC 28411			d. Date Filed 02/25/2025	
			e. Phone Number	
2. Report Year 2025	3. Period Start Date (mm/dd/yy) 01/01/2025	4. Period End Date (mm/dd/yy) 06/30/2025	5. Treasurer Full Name PHILLIP CORDEIRO	
<b>6. Type of Committee (Check One)</b> <input checked="" type="checkbox"/> Candidate Campaign <input type="checkbox"/> Party <input type="checkbox"/> Joint Fundraiser <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Legal Expense Fund		<b>9. Type of Report (check only one type of report from one category)</b> <b>Municipal</b> <input type="checkbox"/> Organizational <input type="checkbox"/> Thirty-five day <input type="checkbox"/> Pre-primary <input type="checkbox"/> Pre-election <input type="checkbox"/> Pre-runoff <input type="checkbox"/> Semi-annual <input type="checkbox"/> Mid Year <input type="checkbox"/> Year End <input type="checkbox"/> Final <input type="checkbox"/> Special		
<b>7. Type of Fund (if applicable, check one)</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>State/County</b> <input type="checkbox"/> Organizational <input type="checkbox"/> Quarterly <input type="checkbox"/> First <input type="checkbox"/> Second <input type="checkbox"/> Third <input type="checkbox"/> Fourth <input type="checkbox"/> Semi-annual <input checked="" type="checkbox"/> Mid Year <input type="checkbox"/> Year End <input type="checkbox"/> Final <input type="checkbox"/> Special		
<b>8. Number of Fundraisers this Report</b> 0		<b>10. Special Report Name</b>		
<b>3. Account Information</b>			<b>3. Account Information</b>	
a. Financial Institution Full Name FIRST CITIZENS BANK			a. Financial Institution Full Name	
b. Purpose GENERAL OPERATING ACCOUNT	c. Account Code 1	b. Purpose	c. Account Code	
	d. Period Begin Balance \$		d. Period Begin Balance \$	
<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 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				
 Printed Name of Signer		 Signature of Appointed Treasurer		07/15/2025 Date
<b>FOR OFFICE USE ONLY</b>				
Date Received: _____	Employee: _____	<b>Delivery Method</b>		
Date Postmarked: _____	Employee: _____	<input type="checkbox"/> Normal Mail		
Date Scanned: _____	Employee: _____	<input type="checkbox"/> Registered Mail		
Date Data Entered: _____	Employee: _____	<input 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.				

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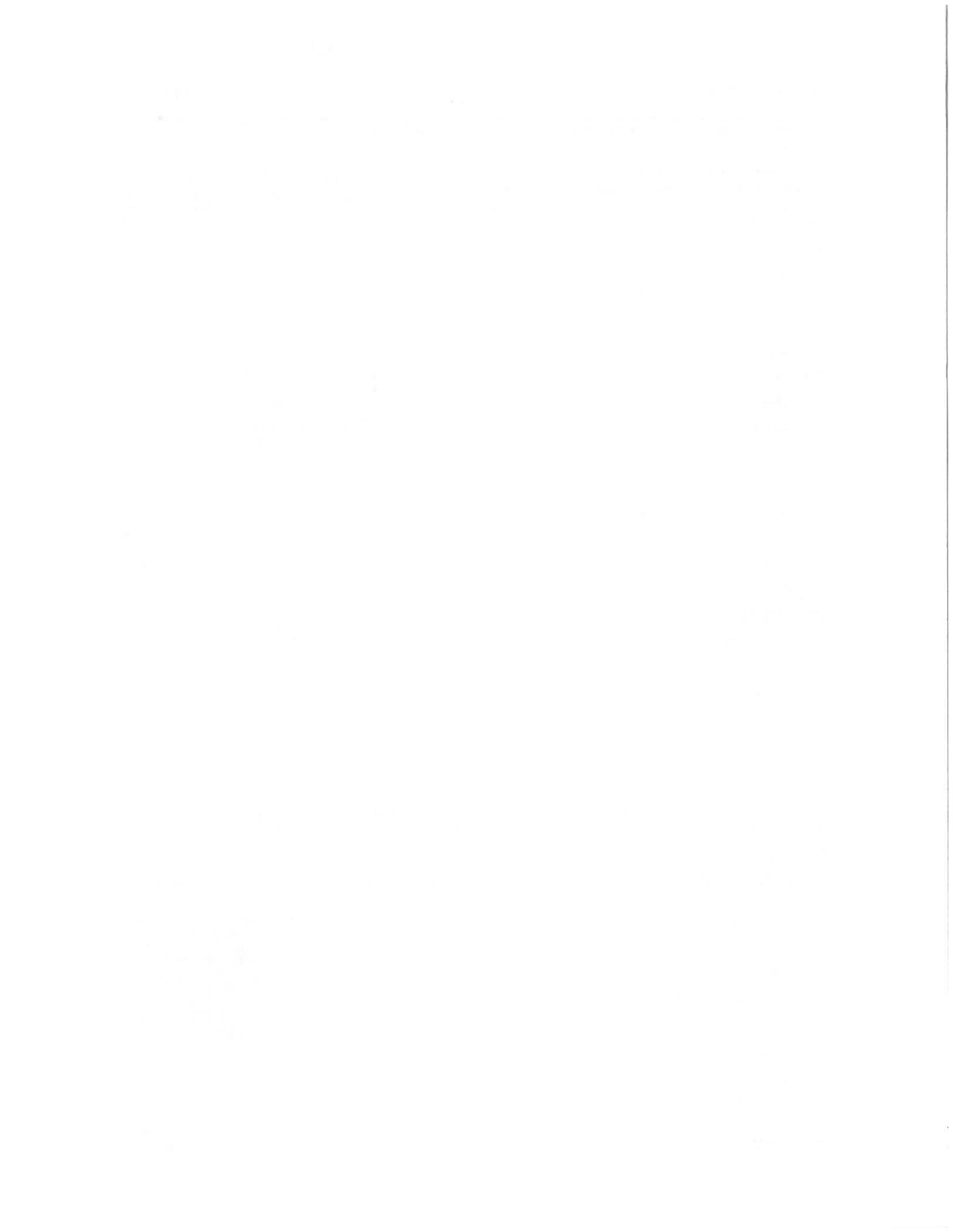
**Detailed Summary**

**AUG 05 2025**

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	
RANDY FOR PENDER COMMITTEE		2025 Mid Year Semi-Annual			
Start of Election Cycle: January 1, <u>2024</u>			Total this Reporting Period	Total this Election Cycle	
4) Cash on Hand at Start			\$ 7,698.56	\$ 0.00	
<b>RECEIPTS</b>					
5) Aggregated Contributions from Individuals (CRO-1205)		\$ 0.00	\$ 60.00		
6) Contributions from Individuals (CRO-1210)		\$ 0.00	\$ 10,000.00		
7) Contributions from Political Party Committees (CRO-1220)		\$ 0.00	\$ 0.00		
8) Contributions from Other Political Committees (CRO-1230)		\$ 0.00	\$ 300.00		
9) Loan Proceeds (CRO-1410)		\$ 0.00	\$ 0.00		
10) Refunds/Reimbursements to the Committee (CRO-1240)		\$ 0.00	\$ 0.00		
11) Other Receipt Sources					
11a) Interest on Bank Accounts (CRO-1250)		\$ 0.00	\$ 0.00		
11b) Contributions from Not-For-Profit Organizations (CRO-1250)		\$ 0.00	\$ 0.00		
11c) Outside Sources of Income (CRO-1250)		\$ 0.00	\$ 0.00		
11d) Legal Expense Fund- Other Sources (CRO-1270)		\$ 0.00	\$ 0.00		
11e) Exempt Purchase Price Sales (CRO-1265)		\$ 0.00	\$ 0.00		
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9,10,11a,11b,11c,11d and 11e)		\$ 0.00	\$ 10,360.00		
<b>EXPENDITURES</b>					
13) Disbursements					
13a) Operating Expenditures (CRO-1310)		\$ 0.00	\$ 2,464.51		
13b) Contributions to Candidates/Political Committees (CRO-1310)		\$ 0.00	\$ 0.00		
13c) Coordinated Party Expenditures (CRO-1310)		\$ 0.00	\$ 0.00		
14) Aggregated Non-Media Expenditures (CRO-1315)		\$ 21.46	\$ 218.39		
15) Loan Repayments (CRO-1420)		\$ 0.00	\$ 0.00		
16) Refunds/Reimbursements from the Committee (CRO-1320)		\$ 0.00	\$ 0.00		
17) In-Kind Contributions (CRO-1510)		\$ 0.00	\$ 0.00		
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)		\$ 21.46	\$ 2,682.90		
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)		\$ 7,677.10	\$ 7,677.10		
<b>ADDITIONAL INFORMATION</b>					
20) Non-Monetary Gifts Given to Other Committees (CRO-1330)		\$ 0.00			
21) Outstanding Loans (incl. ones from other campaigns) (CRO-1430)		\$ 0.00			
22) Debts and Obligations owed by the Committee (CRO-1610)		\$ 0.00			
23) Debts and Obligations owed to the Committee (CRO-1620)		\$ 0.00			
24) Account Transfers Within the Committee (CRO-1720)		\$ 0.00			
25) Administrative Support (CRO-1710)		\$ 0.00	\$ 0.00		
26) Forgiven Loans (CRO-1440)		\$ 0.00	\$ 0.00		
27) 48-Hour Notice Reports Sum (CRO-2220)		\$ 0.00	\$ 0.00		
28) Contributions to be Refunded (CRO-1215)		\$ 0.00	\$ 0.00		



RECEIVED

Aggregated Non-Media Expenditures **AUG 05 2025**

Page 1 of 1

Amendment  
 Yes  No

Optional form used to report NC Non-Media Expenditures of \$50 or less.

<b>1. Committee Full Name (and Fund if applicable)</b>				<b>2. ID Number</b>		
RANDY FOR PENDER COMMITTEE						
<b>3. Payee Information</b>						
a. Amend	b. Account Code	c. Form of Payment	d. Purpose Code	e. Date (mm/dd/yyyy)	f. Amount	g. Required Remarks
<input type="checkbox"/> Add	1	Debit Card	K	02/20/2025	\$ 10.73	2025 CONVENTION FEE
<input type="checkbox"/> Remove						
<input type="checkbox"/> Add	1	Debit Card	K	02/20/2025	\$ 10.73	2025 CONVENTION FEE
<input type="checkbox"/> Remove						
<b>4. Total only this Page</b>					\$	21.46
<b>5. Total of ALL CRO-1315 Pages</b>					\$	21.46
<i>(This line must be on line 14 of Detailed Summary Page CRO-1100)</i>						
<b>6. Purpose Codes (List detailed expenditure code in (d) above)</b>						
B* - Printing		C* - Fundraising		D - To Another Candidate		
E - Salaries		F* - Equipment		G - Political Party		
I - Postage		J - Penalties		H* - Holding Public Office Expenses		
O* - Other				K* - Office Expenses		
Q* - Donations to Legal Expense Fund						
* Codes require detailed explanation in required remarks field (g)						





# NORTH CAROLINA

## STATE BOARD OF ELECTIONS

### Certification to Close Committee

This Certification is used to express the intent to close the committee after all funds have been properly disbursed.

This Certification is filed at the Board of Elections office where the committee's campaign reports are filed.

#### FILED BY:

Committee Name: Randy Burton For Sitewf  
Treasurer Name: William Randy Burton  
Treasurer Address: 3995 Scotts Hill Loop Rd  
(include city, state, & zip) Wilmington NC 28411  
  
Treasurer Phone: 910-470-5337

I certify that the above mentioned Committee intends to close and cease existence. Upon signing this certification, I declare that all funds have been distributed and reported (if required). In addition, no contributions will be accepted or disbursements made after the "Final Report" is filed or this form is signed. If the Committee at any future time intends to accept or spend funds in support or opposition of any candidate or ballot issue, a new political committee must be formed and registered with the Board of Elections before such activities may commence.

Committees that have filed under the \$1,000 threshold will only be required to sign this Certification. No "Final Report" will be required for committees meeting this criterion. Any Committee that did not file under the \$1,000 threshold must submit a "Final Report" with this Certification. This report must have a zero balance with no outstanding loans or debts.

4/11/2025  
Date Signed

[Signature]  
Signature



# 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>				
a. Full Name RANDY FOR PENDER COMMITTEE			c. ID Number	
b. Mailing Address (include City, State and Zip Code) 3995 SCOTTS HILL LOOP RD WILMINGTON, NC 28411			d. Date Filed 01/03/2025	
			e. Phone Number	
2. Report Year 2024	3. Period Start Date (mm/dd/yy) 10/20/2024	4. Period End Date (mm/dd/yy) 12/31/2024	5. Treasurer Full Name PHILLIP CORDEIRO	
<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 <input type="checkbox"/> Joint Fundraiser <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Legal Expense Fund		<b>Municipal</b> <input type="checkbox"/> Organizational <input type="checkbox"/> Thirty-five day <input type="checkbox"/> Pre-primary <input type="checkbox"/> Pre-election <input type="checkbox"/> Pre-runoff <input type="checkbox"/> Semi-annual <input type="checkbox"/> Mid Year <input type="checkbox"/> Year End <input type="checkbox"/> Final <input type="checkbox"/> Special		
<b>7. Type of Fund (if applicable, check one)</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>State/County</b> <input type="checkbox"/> Organizational Quarterly <input type="checkbox"/> First <input type="checkbox"/> Second <input type="checkbox"/> Third <input type="checkbox"/> Fourth Semi-annual <input type="checkbox"/> Mid Year <input type="checkbox"/> Year End <input type="checkbox"/> Final <input type="checkbox"/> Special		
<b>8. Number of Fundraisers this Report</b> 0		<b>10. Special Report Name</b>		
<b>3. Account Information</b>		<b>3. Account Information</b>		
a. Financial Institution Full Name FIRST CITIZENS BANK		a. Financial Institution Full Name		
b. Purpose GENERAL OPERATING ACCOUNT	c. Account Code 1	b. Purpose	c. Account Code	
	d. Period Begin Balance \$		d. Period Begin Balance \$	
<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 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				
<u>PHILLIP CORDEIRO</u> Printed Name of Signer		<u>[Signature]</u> Signature of Appointed Treasurer		<u>01/03/2025</u> Date
<b>FOR OFFICE USE ONLY</b>				
Date Received:	<u>1/7/2025</u>	Employee:	<u>[Signature]</u>	<b>Delivery Method</b>
Date Postmarked:	_____	Employee:	_____	<input checked="" type="checkbox"/> Normal Mail
Date Scanned:	_____	Employee:	_____	<input type="checkbox"/> Registered Mail
Date Data Entered:	_____	Employee:	_____	<input 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.				

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# 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	
RANDY FOR PENDER COMMITTEE		2024 Fourth Quarter			
Start of Election Cycle: January 1, <u>2024</u>			Total this Reporting Period		Total this Election Cycle
4) Cash on Hand at Start			\$ 5,350.66		\$ 0.00
<b>RECEIPTS</b>					
5) Aggregated Contributions from Individuals (CRO-1205)		\$ 0.00		\$ 60.00	
6) Contributions from Individuals (CRO-1210)		\$ 2,500.00		\$ 10,000.00	
7) Contributions from Political Party Committees (CRO-1220)		\$ 0.00		\$ 0.00	
8) Contributions from Other Political Committees (CRO-1230)		\$ 0.00		\$ 300.00	
9) Loan Proceeds (CRO-1410)		\$ 0.00		\$ 0.00	
10) Refunds/Reimbursements to the Committee (CRO-1240)		\$ 0.00		\$ 0.00	
11) Other Receipt Sources					
11a) Interest on Bank Accounts (CRO-1250)		\$ 0.00		\$ 0.00	
11b) Contributions from Not-For-Profit Organizations (CRO-1250)		\$ 0.00		\$ 0.00	
11c) Outside Sources of Income (CRO-1250)		\$ 0.00		\$ 0.00	
11d) Legal Expense Fund - Other Sources (CRO-1270)		\$ 0.00		\$ 0.00	
11e) Exempt Purchase Price Sales (CRO-1265)		\$ 0.00		\$ 0.00	
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d and 11e)		\$ 2,500.00		\$ 10,360.00	
<b>EXPENDITURES</b>					
13) Disbursements					
13a) Operating Expenditures (CRO-1310)		\$ 81.90		\$ 2,464.51	
13b) Contributions to Candidates/Political Committees (CRO-1310)		\$ 0.00		\$ 0.00	
13c) Coordinated Party Expenditures (CRO-1310)		\$ 0.00		\$ 0.00	
14) Aggregated Non-Media Expenditures (CRO-1315)		\$ 70.20		\$ 196.93	
15) Loan Repayments (CRO-1420)		\$ 0.00		\$ 0.00	
16) Refunds/Reimbursements from the Committee (CRO-1320)		\$ 0.00		\$ 0.00	
17) In-Kind Contributions (CRO-1510)		\$ 0.00		\$ 0.00	
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)		\$ 152.10		\$ 2,661.44	
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)		\$ 7,698.56		\$ 7,698.56	
<b>ADDITIONAL INFORMATION</b>					
20) Non-Monetary Gifts Given to Other Committees (CRO-1330)		\$ 0.00			
21) Outstanding Loans (incl. ones from other campaigns) (CRO-1430)		\$ 0.00			
22) Debts and Obligations owed by the Committee (CRO-1610)		\$ 0.00			
23) Debts and Obligations owed to the Committee (CRO-1620)		\$ 0.00			
24) Account Transfers Within the Committee (CRO-1720)		\$ 0.00			
25) Administrative Support (CRO-1710)		\$ 0.00		\$ 0.00	
26) Forgiven Loans (CRO-1440)		\$ 0.00		\$ 0.00	
27) 48-Hour Notice Reports Sum (CRO-2220)		\$ 0.00		\$ 0.00	
28) Contributions to be Refunded (CRO-1215)		\$ 0.00		\$ 0.00	



# 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>	
RANDY FOR PENDER COMMITTEE					
<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>
RHETT POLLOCK 1900 SCOTTS HILL LOOP RD WILMINGTON, NC 28411			ATTORNEY		
			<b>c. Employer's Name/Specific Field</b>		<b>e. Election Sum to Date</b>
			SELF		
					\$ 2,500.00
<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		10/30/2024	\$ 2,500.00
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$
<b>4. Total only this Page</b>					\$ 2,500.00
<b>5. Total of ALL CRO-1210 Pages</b> (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$ 2,500.00







# Aggregated Non-Media Expenditures

<b>Amendment</b>	
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

Optional form used to report NC Non-Media Expenditures of \$50 or less.

<b>1. Committee Full Name (and Fund if applicable)</b>						<b>2. ID Number</b>	
RANDY FOR PENDER COMMITTEE							
<b>3. Payee Information</b>							
<b>a. Amend</b>	<b>b. Account Code</b>	<b>c. Form of Payment</b>	<b>d. Purpose Code</b>	<b>e. Date (mm/dd/yyyy)</b>	<b>f. Amount</b>	<b>g. Required Remarks</b>	
<input type="checkbox"/> Add	1	Debit Card	K	12/31/2024	\$ 23.40	MEMBERSHIP FEE	
<input type="checkbox"/> Remove							
<input type="checkbox"/> Add	1	Debit Card	K	12/31/2024	\$ 46.80	ASSOCIATE MEMBERSHIP FEE	
<input type="checkbox"/> Remove							
<b>4. Total only this Page</b>						\$ 70.20	
<b>5. Total of ALL CRO-1315 Pages</b>						\$ 70.20	
<i>(This line must be on line 14 of Detailed Summary Page CRO-1100)</i>							
<b>6. Purpose Codes (List detailed expenditure code in (d) above)</b>							
	<b>B* - Printing</b>	<b>C* - Fundraising</b>	<b>D - To Another Candidate</b>				
<b>E - Salaries</b>	<b>F* - Equipment</b>	<b>G - Political Party</b>		<b>H* - Holding Public Office Expenses</b>			
<b>I - Postage</b>	<b>J - Penalties</b>	<b>K* - Office Expenses</b>		<b>Q* - Donations to Legal Expense Fund</b>			
<b>O* - Other</b>							
<b>* Codes require detailed explanation in required remarks field (g)</b>							



NOV 04 2024

Page 1 of 1

Amendment  
 Yes  No

**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 1st Qtr-Plus report period and ends the day of the Primary and begins the day after the last day of the 3rd Qtr-Plus report and ends the day of the General Election. All 48 Hour In-Kind Contributions must be recorded on CRO-1510 and attached. This notice may be faxed in order to meet the 48 hour deadline.

1. Committee Information			
a. Full Name		c. ID Number	
Randy for Pender Committee			
b. Mailing Address (include City, State and Zip Code)		d. Report Date	
3995 Scotts Hill Loop Rd Wilmington, NC 28411		10/30/2024	
		e. Phone Number	
		510-210-3661	
2. Contribution Information		2. Contribution Information	
a. Full Name, Mailing Address & Phone (include city, state, and zip)		a. Full Name, Mailing Address & Phone (include city, state, and zip)	
Rhett Pollock 1900 Scotts Hill Loop Rd Wilmington, NC 28411			
b. Type of Contributor		b. Type of Contributor	
<input checked="" type="checkbox"/> Individual (if checked, must specify b2 and b3) <input type="checkbox"/> Political Party <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"/> Other Source: _____		<input type="checkbox"/> Individual (if checked, must specify b2 and b3) <input type="checkbox"/> Political Party <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"/> Other Source: _____	
b1. Type of Committee		b1. Type of Committee	
<input type="checkbox"/> Federal <input type="checkbox"/> County: _____ <input type="checkbox"/> State <input type="checkbox"/> Municipality: _____		<input type="checkbox"/> Federal <input type="checkbox"/> County: _____ <input type="checkbox"/> State <input type="checkbox"/> Municipality: _____	
b2. Job Title/Profession	b4. Federal ID Number	b2. Job Title/Profession	b4. Federal ID Number
Attorney			
b3. Employer's Name/Specific Field	c. Form of Payment	b3. Employer's Name/Specific Field	c. Form of Payment
Self	Check		
d. Date (mm/dd/yyyy)	f. Amount	d. Date (mm/dd/yyyy)	f. Amount
10/30/2024	\$ 2,500.00		\$
e. Account Code	g. Election Sum to Date	e. Account Code	g. Election Sum to Date
1	\$ 2,500.00		\$
<b>3. Total Contributions THIS Page</b> (sum all the '2f' entries on this page)		\$2,500.00	
<b>4. Total Contributions ALL Pages</b> (if multi-page, only list on page 1)		\$2,500.00	
CERTIFICATION			
I certify that the Committee or Fund is in compliance with all 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.			
Phillip Cordeiro			10/30/2024
Printed Name of Signer		Signature of Appointed Treasurer	Date



OCT 30 2024

Disclosure Report Cover

Amendment
[ ] Yes [X] 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: RANDY FOR PENDER COMMITTEE
b. Mailing Address: 3995 SCOTTS HILL LOOP RD, WILMINGTON, NC 28411
c. ID Number
d. Date Filed: 10/20/2024
e. Phone Number
2. Report Year: 2024
3. Period Start Date: 07/01/2024
4. Period End Date: 10/19/2024
5. Treasurer Full Name: PHILLIP CORDEIRO
6. Type of Committee: Candidate Campaign
7. Type of Fund:
8. Number of Fundraisers: 0
9. Type of Report:
10. Special Report Name
3. Account Information (left and right columns)
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...
Signature of Appointed Treasurer: PHILLIP CORDEIRO
Date: 10/22/2024
FOR OFFICE USE ONLY
Date Received: 10-30-2024
Employee: RM
Delivery Method: [X] Normal Mail
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

<b>1. Committee Full Name (and Fund if applicable)</b> RANDY FOR PENDER COMMITTEE		<b>2. Type of Report</b> 2024 Third Quarter		<b>3. ID Number</b>	
<b>Start of Election Cycle: January 1, 2024</b>		<b>Total this Reporting Period</b>		<b>Total this Election Cycle</b>	
<b>4) Cash on Hand at Start</b>		\$ 0.00		\$ 0.00	
<b>RECEIPTS</b>					
<b>5) Aggregated Contributions from Individuals (CRO-1205)</b>		\$ 60.00		\$ 60.00	
<b>6) Contributions from Individuals (CRO-1210)</b>		\$ 7,500.00		\$ 7,500.00	
<b>7) Contributions from Political Party Committees (CRO-1220)</b>		\$ 0.00		\$ 0.00	
<b>8) Contributions from Other Political Committees (CRO-1230)</b>		\$ 300.00		\$ 300.00	
<b>9) Loan Proceeds (CRO-1410)</b>		\$ 0.00		\$ 0.00	
<b>10) Refunds/Reimbursements to the Committee (CRO-1240)</b>		\$ 0.00		\$ 0.00	
<b>11) Other Receipt Sources</b>					
<b>11a) Interest on Bank Accounts (CRO-1250)</b>		\$ 0.00		\$ 0.00	
<b>11b) Contributions from Not-For-Profit Organizations (CRO-1250)</b>		\$ 0.00		\$ 0.00	
<b>11c) Outside Sources of Income (CRO-1250)</b>		\$ 0.00		\$ 0.00	
<b>11d) Legal Expense Fund - Other Sources (CRO-1270)</b>		\$ 0.00		\$ 0.00	
<b>11e) Exempt Purchase Price Sales (CRO-1265)</b>		\$ 0.00		\$ 0.00	
<b>12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d and 11e)</b>		\$ 7,860.00		\$ 7,860.00	
<b>EXPENDITURES</b>					
<b>13) Disbursements</b>					
<b>13a) Operating Expenditures (CRO-1310)</b>		\$ 2,382.61		\$ 2,382.61	
<b>13b) Contributions to Candidates/Political Committees (CRO-1310)</b>		\$ 0.00		\$ 0.00	
<b>13c) Coordinated Party Expenditures (CRO-1310)</b>		\$ 0.00		\$ 0.00	
<b>14) Aggregated Non-Media Expenditures (CRO-1315)</b>		\$ 126.73		\$ 126.73	
<b>15) Loan Repayments (CRO-1420)</b>		\$ 0.00		\$ 0.00	
<b>16) Refunds/Reimbursements from the Committee (CRO-1320)</b>		\$ 0.00		\$ 0.00	
<b>17) In-Kind Contributions (CRO-1510)</b>		\$ 0.00		\$ 0.00	
<b>18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)</b>		\$ 2,509.34		\$ 2,509.34	
<b>19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)</b>		\$ 5,350.66		\$ 5,350.66	
<b>ADDITIONAL INFORMATION</b>					
<b>20) Non-Monetary Gifts Given to Other Committees (CRO-1330)</b>		\$ 0.00			
<b>21) Outstanding Loans (incl. ones from other campaigns) (CRO-1430)</b>		\$ 0.00			
<b>22) Debts and Obligations owed by the Committee (CRO-1610)</b>		\$ 0.00			
<b>23) Debts and Obligations owed to the Committee (CRO-1620)</b>		\$ 0.00			
<b>24) Account Transfers Within the Committee (CRO-1720)</b>		\$ 0.00			
<b>25) Administrative Support (CRO-1710)</b>		\$ 0.00		\$ 0.00	
<b>26) Forgiven Loans (CRO-1440)</b>		\$ 0.00		\$ 0.00	
<b>27) 48-Hour Notice Reports Sum (CRO-2220)</b>		\$ 0.00		\$ 0.00	
<b>28) Contributions to be Refunded (CRO-1215)</b>		\$ 0.00		\$ 0.00	

**Aggregated Contributions from Individuals**

Page 1 of 1

Amendment  
 Yes  No

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

<b>1. Committee Full Name (and Fund if applicable)</b>					<b>2. ID Number</b>	
RANDY FOR PENDER COMMITTEE						
<b>3. Contributor Information</b>						
<b>a. Amend</b>	<b>b. Account Code</b>	<b>c. Form of Payment</b>	<b>d. In-Kind Description</b>	<b>e. Date (mm/dd/yyyy)</b>	<b>f. Amount</b>	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Cash		08/16/2024	\$	40.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Cash		08/16/2024	\$	20.00
<b>4. Total only this Page</b>					\$	\$60.00
<b>5. Total of ALL CRO-1205 Pages</b> <i>(This line must be on line 5 of Detailed Summary Page CRO-1100)</i>					\$	\$60.00

CRO-1205

NC State Board of Elections

April 2007

RECEIVED

OCT 30 2024

# 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> RANDY FOR PENDER COMMITTEE						<b>2. ID Number</b>
<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) JOSEPH MCKINNEY 42 PELICAN DR WRIGHTSVILLE BEACH, NC 27480				<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> \$ 2,500.00
<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		09/12/2024	\$ 2,500.00	
<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) ADAM SOSNE 2012 Montrose Ln WILMINGTON, NC 28405				<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> \$ 2,500.00
<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		09/12/2024	\$ 2,500.00	
<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) JOSEPH STILWELL 210 Simmons DR WILMINGTON, NC 28411				<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> \$ 2,500.00
<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		09/12/2024	\$ 2,500.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
<b>4. Total only this Page</b>						\$ 7,500.00
<b>5. Total of ALL CRO-1210 Pages</b> (This line must be on line 6 of Detailed Summary Page CRO-1100)						\$ 7,500.00

**Contributions from Other Political Committees** pg 1 of 1

Amendment  
 Yes  No

Use this form to report contributions from other candidate, referendum or PAC committees

<b>1. Committee Full Name (and Fund if applicable)</b>			<b>2. ID Number</b>	
RANDY FOR PENDER COMMITTEE				
<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 Committee</b>		<b>d. Comments</b>
NC HOME BUILDERS ASSOCIATION BUILD PAC PO BOX 99090 RALEIGH, NC 27624		<input type="checkbox"/> Candidate <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Referendum		
		<b>c. Level Registered (Specify)</b> <input type="checkbox"/> Federal <input type="checkbox"/> County <input checked="" type="checkbox"/> State <input type="checkbox"/> Municipality		
				<b>e. Election Sum to Date</b>
				\$ 300.00
<b>f. Account Code</b>	<b>g. Form of Payment</b>	<b>h. In-Kind Description</b>	<b>i. Date (mm/dd/yyyy)</b>	<b>j. Amount</b>
1	Check		10/18/2024	\$ 300.00
				\$
				\$
<b>4. Total only this Page</b>				\$ 300.00
<b>5. Total of ALL CRO-1230 Pages</b> (This line must be on line 8 of Detailed Summary Page CRO-1100)				\$ 300.00

CRO-1230

NC State Board of Elections

April 2007

**RECEIVED**

OCT 30 2024

# 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>
RANDY FOR PENDER COMMITTEE						
<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						
a. Full Name, Mailing Address & Phone (include city, state, & zip) Donald J. Trump for President 2024, Inc. P.O. BOX 13570 ARLINGTON, VA 22219				b. Coordinated Committee Name		d. Comments
				c. Level Registered (Specify) <input checked="" type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		
				e. Election Sum to Date		\$ 260.25
<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	Debit Card	D	09/26/2024	\$ 260.25		
				\$		
<b>4. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip) LOWER CAPE FEAR REPUBLICAN WOMEN PO BOX 7635 WILMINGTON, NC 28406				b. Coordinated Committee Name		d. Comments
				c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input checked="" type="checkbox"/> State <input type="checkbox"/> Municipality:		
				e. Election Sum to Date		\$ 185.15
<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	Debit Card	K	09/11/2024	\$ 114.95	50TH ANNIVERSARY	
				\$	GALA TICKETS	
<b>4. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip) PENDER POST 201-A W. FREMONT ST. BURGAW, NC 28425				b. Coordinated Committee Name		d. Comments
				c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		
				e. Election Sum to Date		\$ 750.00
<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	Debit Card	K	09/24/2024	\$ 750.00	NEWSPAPER ADS	
				\$		
<b>5. Total only this Page</b>						\$ 1,125.20
<b>6. Total of ALL CRO-1310 Pages</b>						\$ 2,382.61
<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> (List detailed expenditure code in (h.) above)						
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		Q* - Donation to Legal Expense Fund
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> RANDY FOR PENDER COMMITTEE						<b>2. ID Number</b>	
<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> UZ MARKETING 5900 Bingle Rd HOUSTON, TX 77092				<b>b. Coordinated Committee Name</b>  <b>c. Level Registered (Specify)</b> <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		<b>d. Comments</b>  <b>e. Election Sum to Date</b> \$ 1,257.41	
<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	Debit Card	K	09/10/2024	\$ 403.26	YARD SIGN X100		
1	Debit Card	K	09/18/2024	\$ 424.28	YARD SIGN X100		
<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> UZ MARKETING 5900 Bingle Rd HOUSTON, TX 77092				<b>b. Coordinated Committee Name</b>  <b>c. Level Registered (Specify)</b> <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		<b>d. Comments</b>  <b>e. Election Sum to Date</b> \$ 1,257.41	
<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	Draft	K	09/25/2024	\$ 429.87	YARD SIGN X100		
				\$			
<b>5. Total only this Page</b>						\$ 1,257.41	
<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>						\$ 2,382.61	
<b>7. Purpose Codes</b> (List detailed expenditure code in (h.) above)							
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		Q* - Donation to Legal Expense Fund	
O* Other							
* Codes require detailed explanation in required remarks field (k)							

# Aggregated Non-Media Expenditures

**Amendment**  
 Yes  No

Optional form used to report NC Non-Media Expenditures of \$50 or less.

<b>1. Committee Full Name (and Fund if applicable)</b>					<b>2. ID Number</b>	
RANDY FOR PENDER COMMITTEE						
<b>3. Payee Information</b>						
a. Amend	b. Account Code	c. Form of Payment	d. Purpose Code	e. Date (mm/dd/yyyy)	f. Amount	g. Required Remarks
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Debit Card	K	09/09/2024	\$ 44.53	DOMAIN REGISTRATION
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Debit Card	K	09/11/2024	\$ 23.40	ASSOCIATE MEMBER DUES
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Debit Card	K	09/11/2024	\$ 46.80	ASSOCIATE MEMBER DUES
<input type="checkbox"/> Add <input type="checkbox"/> Remove	1	Debit Card	K	09/09/2024	\$ 12.00	E-MAIL HOSTING
<b>4. Total only this Page</b>					\$	126.73
<b>5. Total of ALL CRO-1315 Pages</b> <i>(This line must be on line 14 of Detailed Summary Page CRO-1100)</i>					\$	126.73
<b>6. Purpose Codes (List detailed expenditure code in (d) above)</b>						
	<b>B* - Printing</b>	<b>C* - Fundraising</b>	<b>D - To Another Candidate</b>			
<b>E - Salaries</b>	<b>F* - Equipment</b>	<b>G - Political Party</b>	<b>H* - Holding Public Office Expenses</b>			
<b>I - Postage</b>	<b>J - Penalties</b>	<b>K* - Office Expenses</b>	<b>Q* - Donations to Legal Expense Fund</b>			
<b>O* - Other</b>						
<b>* Codes require detailed explanation in required remarks field (g)</b>						





# 48-Hour Notice

Amendment  
 Yes  No

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 1st Qtrr-Plus report period and ends the day of the Primary and begins the day after the last day of the 3rd Qtrr-Plus report and ends the day of the General Election. All 48 Hour In-Kind Contributions must be recorded on CRO-1510 and attached. This notice may be faxed in order to meet the 48 hour deadline.

1. Committee Information			
a. Full Name		c. ID Number	
Randy for Pender Committee			
b. Mailing Address (include City, State and Zip Code)		d. Report Date	
3995 Scotts Hill Loop Rd Wilmington, NC 28411		09/13/2024	
		e. Phone Number	
		510-210-3661	
2. Contribution Information		2. Contribution Information	
a. Full Name, Mailing Address & Phone (include city, state, and zip)	<input type="checkbox"/> Add <input type="checkbox"/> Remove	a. Full Name, Mailing Address & Phone (include city, state, and zip)	<input type="checkbox"/> Add <input type="checkbox"/> Remove
Joseph Stilwell 210 Simmons Dr Wilmington, NC 28411			
b. Type of Contributor		b. Type of Contributor	
<input checked="" type="checkbox"/> Individual (if checked, must specify b2 and b3) <input type="checkbox"/> Political Party <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"/> Other Source: _____		<input type="checkbox"/> Individual (if checked, must specify b2 and b3) <input type="checkbox"/> Political Party <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"/> Other Source: _____	
b1. Type of Committee		b1. Type of Committee	
<input type="checkbox"/> Federal <input type="checkbox"/> County: _____ <input type="checkbox"/> State <input type="checkbox"/> Municipality: _____		<input type="checkbox"/> Federal <input type="checkbox"/> County: _____ <input type="checkbox"/> State <input type="checkbox"/> Municipality: _____	
b2. Job Title/Profession	b4. Federal ID Number	b2. Job Title/Profession	b4. Federal ID Number
Accountant			
b3. Employer's Name/Specific Field	c. Form of Payment	b3. Employer's Name/Specific Field	c. Form of Payment
Self	Check		
d. Date (mm/dd/yyyy)	f. Amount	d. Date (mm/dd/yyyy)	f. Amount
09/12/2024	\$ 2,500.00		\$
e. Account Code	g. Election Sum to Date	e. Account Code	g. Election Sum to Date
1	\$ 2,500.00		\$
<b>3. Total Contributions THIS Page</b> (sum all the '2f' entries on this page)		\$2,500.00	
<b>4. Total Contributions ALL Pages</b> (if multi-page, only list on page 1)		\$7,500.00	
CERTIFICATION			
<p>I certify that the Committee or Fund is in compliance with all provisions of Article 22A, 22B, &amp; 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.</p>			
Phillip Cordeiro			09/13/2024
Printed Name of Signer		Signature of Appointed Treasurer	Date





# NORTH CAROLINA STATE BOARD OF ELECTIONS

## Certification of Threshold

This Certification is used to declare or withdraw a committee's intent to raise or spend \$1,000 or less in the current election cycle.

**This Certification is only valid for political party committees and candidates for a county office, municipal office, local school board office, soil & water conservation district board of supervisors, or sanitary district board.**

**This Certification is filed at the Board of Elections office where the committee's campaign reports are filed.**

**FILED BY:**

Committee Name: Rammy For Poison Committee

Treasurer Name: Rammy Condemno

Treasurer Address: 230 THORNTON DRIVE HAMPSTEAD NC 28443

(include city, state, & zip) HAMPSTEAD NC 28443

Treasurer Phone: 510-210-3661

Check One:

I certify that this committee intends to neither receive nor expend more than \$1,000 during the current election cycle under the procedures set forth in G.S. 163-278.10A. This certification will remain in effect until the end of the election cycle for this committee. If this committee exceeds \$1,000 in contributions or expenditures during this election cycle, I understand that I must immediately notify the appropriate board of elections and file required campaign finance reports.

**THIS DECLARATION CAN ONLY BE MADE AT THE BEGINNING OF AN ELECTION CYCLE.**

I am withdrawing my Certification to remain at or under the \$1,000 threshold. I will now be required to file the next scheduled report for all contributions and expenditures that have not been previously reported from the beginning of the current election cycle. I further agree to file all future reports required.

8/19/2024  
Date Signed

[Signature]  
Signature



# Statement of Organization - Candidate Committee

Is this statement:	
<input checked="" type="checkbox"/> New	<input type="checkbox"/> Amended

Use this form to create a new or update an existing candidate committee.

This form must be accompanied by form CRO-3500. An amended form is required for each new election year.

<b>1. Committee Information</b>			
a. Name of Committee		d. ID Number	
Randy for Pender Committee			
b. Mailing Address (include City, State and Zip Code)		e. Date Organized	
3995 Scotts Hill Loop Rd, Wilmington, NC 28411		08/15/2024	
c. Committee Website (Optional)		f. Phone Number	
www.randyforpender.com		910-470-5337	
<b>2. Candidate Information</b>			
a. Full Name		e. Party Affiliation	
William Randy Burton		Republican	
b. Mailing Address (include City, State, and Zip Code)		f. Office Sought	
3995 Scotts Hill Loop Rd, Wilmington, NC 28411		Pender County Board of Commissioners	
c. Phone Number	d. Email Address	g. Next Election Year	h. Jurisdiction
910-470-5337	wr.burton@hotmail.com	2024	Pender County
<input checked="" type="checkbox"/> Email copy of report notices			
<b>3. Treasurer Information</b>		<b>4. Assistant Treasurer Information</b>	
a. Full Name		a. Full Name	
Phillip Douglas Cordeiro		None	
b. Mailing Address (include City, State, and Zip Code)		b. Mailing Address (include City, State and Zip Code)	
230 Thornton Dr, Hampstead, NC 28443			
c. Phone Number	d. Email Address	c. Phone Number	d. Email Address
510-210-3661	pcordeiro@gmail.com		
Send report notices by email <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Email copy of report notices	
<b>5. Custodian of Books Information (Keeper of Records)</b>		<b>6. Account Information (incl. CRO-3500)</b>	
a. Full Name		a. Financial Institution Full Name	
Phillip Douglas Cordeiro		First Citizens Bank	
b. Mailing Address (include City, State, and Zip Code)			
230 Thornton Dr, Hampstead, NC 28443			
c. Phone Number	d. Email Address	b. Account Code	c. Type
510-210-3661	pcordeiro@gmail.com	1	Checking
<input checked="" type="checkbox"/> Email copy of report notices			
<p>I certify that the Committee is in compliance with all applicable provisions of Article 22A 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.</p>			
Phillip D. Cordeiro _____ Printed Name of Treasurer		 _____ Signature of Appointed Treasurer	
		08/15/2024 _____ Date	
<p>I certify that the information above is correct, and I, as the candidate, appoint said treasurer to personally fulfill the duties and responsibilities imposed upon the appointed treasurer and subject to the penalties in Article 22A of Chapter 163 of the NC General Statutes.</p>			
William R. Burton _____ Printed Name of Candidate		 _____ Signature of Candidate	
		08/15/2024 _____ Date	

