

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.

Amendment
 Yes No

1. Committee Information

a. Full Name <u>Andy DeVane for Pender</u>		c. ID Number
b. Mailing Address (include City, State and Zip Code) <u>PO BOX 1071 Rocky Point NC 28457</u>		d. Date Filed <u>11/28/2026</u>
		e. Phone Number <u>910-945-5019</u>

2. Report Year <u>2026</u>	3. Period Start Date (mm/dd/yy) <u>7/1/2025</u>	4. Period End Date (mm/dd/yy) <u>12/31/2025</u>	5. Treasurer Full Name <u>Patsy Ruth Schmidling</u>
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6. Type of Committee (Check One) <input checked="" type="checkbox"/> Candidate Campaign <input type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Independent Expenditure <input type="checkbox"/> Joint Fundraiser <input type="checkbox"/> Legal Expense Fund		9. Type of Report (check only one type of report from one category)		
7. Type of Fund (if applicable, check one) <input type="checkbox"/> Booster Fund <input type="checkbox"/> Building Fund <input type="checkbox"/> Other:		Municipal <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 checked="" type="checkbox"/> Year End <input type="checkbox"/> Final <input type="checkbox"/> Special	State/County <input type="checkbox"/> Organizational Quarterly <input type="checkbox"/> First <input type="checkbox"/> Second <input type="checkbox"/> Third <input type="checkbox"/> Fourth <input type="checkbox"/> Semi-annual <input type="checkbox"/> Mid Year <input type="checkbox"/> Year End <input type="checkbox"/> Final <input type="checkbox"/> Special	Referendum <input type="checkbox"/> Organizational <input type="checkbox"/> Pre-referendum <input type="checkbox"/> Final <input type="checkbox"/> Supplemental Final <input type="checkbox"/> Annual <input type="checkbox"/> Special
8. Number of Fundraisers this Report <u>1</u>		10. Special Report Name		

11. Account Information a. Financial Institution Full Name <u>State Employees Credit Union</u>		11. Account Information a. Financial Institution Full Name	
b. Purpose <u>For Campaign Expenses</u>	c. Account Code <u>A2</u>	b. Purpose	c. Account Code
d. Period Begin Balance \$ <u>0</u>		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.

Patsy Ruth Schmidling Printed Name of Signer Patsy R Schmidling Signature of Appointed Treasurer 1/27/2026 Date

FOR OFFICE USE ONLY

Date Received:	<u>1-28-26</u>	Employee:	<u>GT</u>	Delivery Method <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
Date Postmarked:	_____	Employee:	_____	
Date Scanned:	_____	Employee:	_____	
Date Data Entered:	_____	Employee:	_____	

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. You must amend the Statement of Organization (CRO-2100A-E) to make committee changes.

Detailed Summary

Use this form to summarize all disclosure reporting forms and to total monetary information

Amendment

Yes No

1. Committee Full Name (and Fund if applicable)		2. Type of Report		3. ID Number	
Andy DeVore for Pender		Semi annual year end			
Start of Election Cycle: January 1, 2026				Total this Reporting Period	
4) Cash on Hand at Start				\$ 0	
Total this Election Cycle				\$	
RECEIPTS					
5) Aggregated Contributions from Individuals (CRO-1205)		\$ 1,290.00		\$ 1,290.00	
6) Contributions from Individuals (CRO-1210)		\$ 3,048.91		\$ 3,048.91	
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)		\$ 0.82		\$ 0.82	
11b) Contributions from Not-For-Profit Organizations (CRO-1250)		\$		\$	
11c) Outside Sources of Income (CRO-1250)		\$		\$	
11d) Legal Expense Fund - Other Sources (CRO-1270)		\$		\$	
11e) Exempt Purchase Price Sales (CRO-1265)		\$		\$	
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d and 11e)				\$ 4,339.73	
EXPENDITURES					
13) Disbursements					
13a) Operating Expenditures (CRO-1310)		\$ 2418.33		\$ 2418.33	
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)		\$ 216.00		\$ 216.00	
17) In-Kind Contributions (CRO-1510)		\$ 618.91		\$ 618.91	
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)				\$ 3,253.24	
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)				\$ 1,086.49	
ADDITIONAL INFORMATION					
20) Non-Monetary Gifts Given to Other Committees (CRO-1330)		\$		\$	
21) Outstanding Loans (incl. ones from other campaigns) (CRO-1430)		\$		\$	
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-2220)		\$		\$	
28) Contributions to be Refunded (CRO-1215)		\$		\$	

CRO-1100

Aggregated Contributions from Individuals

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

1. Committee Full Name (and Fund if applicable)				2. ID Number	
Andy DeBore for Pender					
3. Contributor Information					
a. Amend	b. Account Code	c. Form of Payment	d. In-Kind Description	e. Date (mm/dd/yyyy)	f. Amount
<input checked="" type="checkbox"/> Add	A2	CASH		9/13/2025	\$ 20.00
<input type="checkbox"/> Remove	A2	CASH		9/13/2025	\$ 20.00
<input checked="" type="checkbox"/> Add	A2	CASH		9/13/2025	\$ 20.00
<input type="checkbox"/> Remove	A2	CASH		9/13/2025	\$ 20.00
<input checked="" type="checkbox"/> Add	A2	CASH		9/13/2025	\$ 20.00
<input type="checkbox"/> Remove	A2	CASH		9/13/2025	\$ 20.00
<input checked="" type="checkbox"/> Add	A2	CASH		9/13/2025	\$ 20.00
<input type="checkbox"/> Remove	A2	CASH		9/13/2025	\$ 20.00
<input checked="" type="checkbox"/> Add	A2	CASH		9/13/2025	\$ 30.00
<input type="checkbox"/> Remove	A2	CASH		9/13/2025	\$ 20.00
<input checked="" type="checkbox"/> Add	A2	CASH		9/13/2025	\$ 40.00
<input type="checkbox"/> Remove	A2	CASH		9/13/2025	\$ 20.00
<input checked="" type="checkbox"/> Add	A2	CASH		9/13/2025	\$ 20.00
<input type="checkbox"/> Remove	A2	CASH		9/13/2025	\$ 20.00
<input checked="" type="checkbox"/> Add	A2	CASH		9/13/2025	\$ 20.00
<input type="checkbox"/> Remove	A2	CASH		9/13/2025	\$ 20.00
<input checked="" type="checkbox"/> Add	A2	CASH		9/13/2025	\$ 20.00
<input type="checkbox"/> Remove	A2	CASH		9/13/2025	\$ 20.00
<input checked="" type="checkbox"/> Add	A2	CASH		9/13/2025	\$ 20.00
<input type="checkbox"/> Remove	A2	CASH		9/13/2025	\$ 20.00
<input checked="" type="checkbox"/> Add	A2	CASH		9/13/2025	\$ 20.00
<input type="checkbox"/> Remove	A2	CASH		9/13/2025	\$ 20.00
<input checked="" type="checkbox"/> Add	A2	CASH		9/13/2025	\$ 20.00
<input type="checkbox"/> Remove	A2	CASH		9/13/2025	\$ 20.00
<input checked="" type="checkbox"/> Add	A2	CASH		9/13/2025	\$ 20.00
<input type="checkbox"/> Remove	A2	CASH		9/13/2025	\$ 20.00
<input checked="" type="checkbox"/> Add	A2	CASH		9/13/2025	\$ 25.00
<input type="checkbox"/> Remove	A2	CASH		9/13/2025	\$ 25.00
<input checked="" type="checkbox"/> Add	A2	CASH		9/13/2025	\$ 25.00
<input type="checkbox"/> Remove	A2	CASH		9/13/2025	\$ 25.00
<input checked="" type="checkbox"/> Add	A2	CASH		9/13/2025	\$ 25.00
<input type="checkbox"/> Remove		Goods	Desserts for Fundraiser	9/13/2025	\$ 20.00
<input checked="" type="checkbox"/> Add					\$
4. Total only this Page					\$ 530.00
5. Total of ALL CRO-1205 Pages					\$ 1,290.00
<i>(This line must be on line 5 of Detailed Summary Page CRO-1100)</i>					

Aggregated Contributions from Individuals

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

1. Committee Full Name (and Fund if applicable)		2. ID Number			
Andy DeVane for Pender					
3. Contributor Information					
a. Amend	b. Account Code	c. Form of Payment	d. In-Kind Description	e. Date (mm/dd/yyyy)	f. Amount
<input checked="" type="checkbox"/> Add	A2	CASH		9/13/2025	\$ 25.00
<input type="checkbox"/> Remove	A2	CASH		9/13/2025	\$ 20.00
<input checked="" type="checkbox"/> Add	A2	CASH		9/13/2025	\$ 50.00
<input type="checkbox"/> Remove	A2	CASH		9/13/2025	\$ 50.00
<input checked="" type="checkbox"/> Add	A2	CASH		9/13/2025	\$ 35.00
<input type="checkbox"/> Remove	A2	CASH		9/13/2025	\$ 30.00
<input checked="" type="checkbox"/> Add	A2	CASH		9/13/2025	\$ 20.00
<input type="checkbox"/> Remove	A2	CASH		9/13/2025	\$ 20.00
<input checked="" type="checkbox"/> Add	A2	CASH		9/13/2025	\$ 40.00
<input type="checkbox"/> Remove	A2	CASH		9/13/2025	\$ 40.00
<input checked="" type="checkbox"/> Add	A2	CASH		9/13/2025	\$ 50.00
<input type="checkbox"/> Remove	A2	CASH		9/13/2025	\$ 50.00
<input checked="" type="checkbox"/> Add	A2	CASH		9/13/2025	\$ 50.00
<input type="checkbox"/> Remove	A2	CASH		9/13/2025	\$ 50.00
<input checked="" type="checkbox"/> Add	A2	CASH		9/13/2025	\$ 50.00
<input type="checkbox"/> Remove	A2	CASH		9/13/2025	\$ 50.00
<input checked="" type="checkbox"/> Add	A2	CASH		9/13/2025	\$ 25.00
<input type="checkbox"/> Remove	A2	CASH		9/13/2025	\$ 25.00
<input checked="" type="checkbox"/> Add	A2	CASH		9/13/2025	\$ 25.00
<input type="checkbox"/> Remove	A2	CASH		9/13/2025	\$ 25.00
<input checked="" type="checkbox"/> Add	A2	CASH		9/13/2025	\$ 25.00
<input type="checkbox"/> Remove	A2	CASH		9/13/2025	\$ 25.00
<input checked="" type="checkbox"/> Add	A2	CASH		9/13/2025	\$ 25.00
<input type="checkbox"/> Remove	A2	CASH		9/13/2025	\$ 25.00
<input checked="" type="checkbox"/> Add	A2	CASH		9/13/2025	\$ 25.00
<input type="checkbox"/> Remove	A2	CASH		9/13/2025	\$ 20.00
4. Total only this Page					\$ 700.00
5. Total of ALL CRO-1205 Pages					\$ 1,290.00
<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

1. Committee Full Name (and Fund if applicable)						2. ID Number	
Andy DeVane for Pender							
3. Contributor Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
Dianna Mazza 135 Ash st Cedar Point NC 28584				retired			
				c. Employer's Name/Specific Field		e. Election Sum to Date	
				retired		\$ 250.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>	A2	check		9/13/2025	\$ 250.00		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
3. Contributor Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
William C Dawson 503 S Bennett st Burgaw NC 28425				self employe			
				c. Employer's Name/Specific Field		e. Election Sum to Date	
				self employe		\$ 500.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>	A2	check		9/13/2025	\$ 500.00		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
3. Contributor Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
Kelly Sloop DeVane PO Box #5 Kelly NC 28448				self employed			
				c. Employer's Name/Specific Field		e. Election Sum to Date	
				Self employed		\$ 150.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>	A2	check		9/13/2025	\$ 150.00		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
4. Total only this Page						\$ 900.00	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)						\$ 3,048.91	

Contributions from Individuals

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

1. Committee Full Name (and Fund if applicable)						2. ID Number	
Andy DeVane for Rener							
3. Contributor Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
Sherry Reeves 471 Andrews rd Hampstead NC 28443				Self Employed			
				c. Employer's Name/Specific Field		e. Election Sum to Date	
				Self employed		\$ 100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>	A2	check		9/12/2025	\$ 100.00		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
3. Contributor Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
Scott Sherman 64 Babbling creek rd Rocky Point NC 28457				Attorney			
				c. Employer's Name/Specific Field		e. Election Sum to Date	
				Self employed		\$ 250.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>	A2	ETF		9/13/2025	\$ 250.00		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
3. Contributor Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
Patty Schmiedling 110 Royal Oak Dr Hampstead NC 28443				Retired			
				c. Employer's Name/Specific Field		e. Election Sum to Date	
				retired		\$ 100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>	A2	ETF		9/13/2025	\$ 100.00		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
4. Total only this Page						\$ 450.00	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)						\$ 3048.91	

Contributions from Individuals

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

1. Committee Full Name (and Fund if applicable)						2. ID Number	
Andy DeVane for Bonds							
3. Contributor Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
Chandra Rice 509 Holly Grove Lane Hampstead NC 28443				Manager			
				c. Employer's Name/Specific Field		e. Election Sum to Date	
				Ace Hardware		\$ 100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>	A2	ETF		9/13/2025	\$ 100.00		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
3. Contributor Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
Charlene Lester PO Box 2724 Surf City NC 28445				retired			
				c. Employer's Name/Specific Field		e. Election Sum to Date	
				DAD		\$ 1,000.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>	A2	ETF		8/28/2025	\$ 1,000.00		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
3. Contributor Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
Tommy Reeves 471 Andrews rd Hampstead NC 28443				self employed			
				c. Employer's Name/Specific Field		e. Election Sum to Date	
				Self Employed		\$ 598.91	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>			Goods/Services food for fundraiser	9/13/2025	\$ 473.91		
<input type="checkbox"/>			Goods/Services Ad for fundraiser	9/15/2025	\$ 125.00		
<input type="checkbox"/>					\$		
4. Total only this Page						\$ 1,698.91	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)						\$ 3,048.91	

Disbursements

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

1. Committee Full Name (and Fund if applicable)						2. ID Number	
Andy DeVane for Pender							
3. Type of Disbursement <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			
4. Payee Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone <i>(include city, state, & zip)</i>				b. Coordinated Committee Name		d. Comments	
State Employees Credit Union 8075 Market St Wilmington NC 28411							
c. Level Registered (Specify)				<input type="checkbox"/> Federal <input checked="" type="checkbox"/> County:		e. Election Sum to Date	
				<input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$ 2.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
A2	draft	K	09/22/2025	\$ 1.00	Foundation fee		
A2	draft	K	10/20/2025	\$ 1.00	Foundation fee		
4. Payee Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone <i>(include city, state, & zip)</i>				b. Coordinated Committee Name		d. Comments	
State Employees Credit Union 8075 Market St Wilmington NC 28411							
c. Level Registered (Specify)				<input type="checkbox"/> Federal <input checked="" type="checkbox"/> County:		e. Election Sum to Date	
				<input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$ 2.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
A2	draft	K	11/19/2025	\$ 1.00	Foundation Fee		
A2	draft	K	12/17/2025	\$ 1.00	Foundation Fee		
4. Payee Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone <i>(include city, state, & zip)</i>				b. Coordinated Committee Name		d. Comments	
Crazy Cheap Political Signs 11525 A Stonehollow dr Ste 100 Austin, TX 78758							
c. Level Registered (Specify)				<input type="checkbox"/> Federal <input checked="" type="checkbox"/> County:		e. Election Sum to Date	
				<input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$ 1,972.59	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
A2	CIC/DIC	F	09/22/2025	\$ 273.98	Signs		
A2	CIC/DIC	F	12/15/2025	\$ 1,698.61	Signs		
5. Total only this Page						\$ 1976.59	
6. Total of ALL CRO-1310 Pages						\$ 2418.33	
<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>							
7. Purpose Codes <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		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

1. Committee Full Name (and Fund if applicable) Andy DeVane for Pender						2. ID Number
3. Type of Disbursement <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						
4. Payee Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone <i>(include city, state, & zip)</i> State Employees Credit Union 8075 market st Wilmington NC 28411				b. Coordinated Committee Name		d. Comments
				c. Level Registered (Specify)		e. Election Sum to Date
				<input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$ 20.00
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
A2	draft	K	09/30/2025	\$ 20.00	Checks	
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone <i>(include city, state, & zip)</i> LCFRWC				b. Coordinated Committee Name		d. Comments
				c. Level Registered (Specify)		e. Election Sum to Date
				<input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$ 178.75
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
A2	C/C D/C	C	10/15/2025	\$ 143.75	Party attendance	
A2	check	C	12/08/2025	\$ 35.00	Party attendance	
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone <i>(include city, state, & zip)</i> North Carolina Board of Election 305 S Walker St Burgaw NC 28425				b. Coordinated Committee Name		d. Comments
				c. Level Registered (Specify)		e. Election Sum to Date
				<input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$ 216.64
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks	
A2	check	O	12/05/2025	\$ 216.64	fee to run	
5. Total only this Page						\$ 415.39
6. Total of ALL CRO-1310 Pages						\$
<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>						
7. Purpose Codes <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 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

1. Committee Full Name (and Fund if applicable) <u>Andy DeVane for Pender</u>	2. ID Number
--	--------------

3. Type of Disbursement *(Please use separate CRO-1310 forms for each type of Disbursement.)*
 Operating Expenses Contributions to Candidates/Political Committees Coordinated Party Expenditures

4. Payee Information Add Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip) <u>Pender County GOP</u>	b. Coordinated Committee Name	d. Comments
c. Level Registered (Specify) <input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		e. Election Sum to Date \$ <u>26.35</u>

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
<u>A2</u>	<u>C/C / D/C</u>	<u>G</u>	<u>11/17/2025</u>	<u>\$ 26.35</u>	
				\$	

4. Payee Information Add Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	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 \$

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
				\$	
				\$	

4. Payee Information Add Remove

a. Full Name, Mailing Address & Phone (include city, state, & zip)	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 \$

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
				\$	
				\$	

5. Total only this Page \$ 26.35

6. Total of ALL CRO-1310 Pages \$
(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)
(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)
(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)

7. Purpose Codes (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)

In-Kind Contributions

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.

1. Committee Full Name (and Fund if applicable) <u>Andy DeVane for Pender</u>	2. ID Number
--	--------------

3. Contributor Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove		
a. Full Name, Mailing Address & Phone (include city, state, & zip) <u>Tommy Reeves</u> <u>471 Andrews rd</u> <u>Hampstead NC 28443</u>	b. Type of Contributor <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	c. Comments
e. Description		d. Election Sum to Date
		\$ <u>598.91</u>
f. Date (mm/dd/yyyy)	g. Fair Market Amount	
<u>9/12/2025</u>	\$ <u>473.91</u>	
<u>9/15/2025</u>	\$ <u>125.00</u>	
	\$	

3. Contributor Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove		
a. Full Name, Mailing Address & Phone (include city, state, & zip) <u>Penny Brown</u> <u>3621 little Kelly rd</u> <u>Rocky Point NC 28457</u>	b. Type of Contributor <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	c. Comments
e. Description		d. Election Sum to Date
		\$ <u>20.00</u>
f. Date (mm/dd/yyyy)	g. Fair Market Amount	
<u>9/3/2025</u>	\$ <u>20</u>	
	\$	
	\$	

3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove		
a. Full Name, Mailing Address & Phone (include city, state, & zip)	b. Type of Contributor <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	c. Comments
e. Description		d. Election Sum to Date
		\$
f. Date (mm/dd/yyyy)	g. Fair Market Amount	
	\$	
	\$	
	\$	

4. Total only this Page	\$ <u>618.91</u>
5. Total of ALL CRO-1510 Pages <small>(This line must be on line 17 of Detailed Summary Page CRO-1100)</small>	\$ <u>618.91</u>

Refunds/Reimbursements From the Committee

Pg 1 of 1

Amendment

Yes No

Use this form to report refunds/reimbursements, including contributions returned to the contributor.

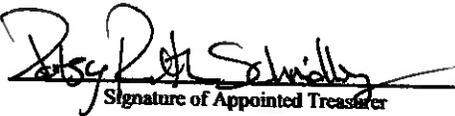
1. Committee Full Name (and Fund if applicable)			2. ID Number	
Andy DeVane for Pender				
3. Payee Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove				
a. Full Name, Mailing Address & Phone (include city, state, & zip)		d. Type of Committee		h. Original Receipt Date
Andy DeVane 144 Archie lane Rocky Point NC 28457		<input checked="" type="checkbox"/> Candidate <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Party		
		e. Level Registered		i. Original Receipt Amount
		<input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$ 216.00
		f. Purpose Code		j. Election Sum to Date
		P		\$ 216.00
b. Job Title/Profession	c. Employer's Name/Specific Field	g. Comments		k. Account Code
911 comms	Pender County	Website		A2
l. Form of Payment	m. Required Remarks	n. Date (mm/dd/yyyy)	o. Amount	
transfer	reimbursement for website	11/24/2025	\$ 216.00	
3. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove				
a. Full Name, Mailing Address & Phone (include city, state, & zip)		d. Type of Committee		h. Original Receipt Date
		<input type="checkbox"/> Candidate <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Party		
		e. Level Registered		i. Original Receipt Amount
		<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$
		f. Purpose Code		j. Election Sum to Date
				\$
b. Job Title/Profession	c. Employer's Name/Specific Field	g. Comments		k. Account Code
l. Form of Payment	m. Required Remarks	n. Date (mm/dd/yyyy)	o. Amount	
			\$	
3. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove				
a. Full Name, Mailing Address & Phone (include city, state, & zip)		d. Type of Committee		h. Original Receipt Date
		<input type="checkbox"/> Candidate <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Party		
		e. Level Registered		i. Original Receipt Amount
		<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		\$
		f. Purpose Code		j. Election Sum to Date
				\$
b. Job Title/Profession	c. Employer's Name/Specific Field	g. Comments		k. Account Code
l. Form of Payment	m. Required Remarks	n. Date (mm/dd/yyyy)	o. Amount	
			\$	
4. Total only this Page				\$
5. Total of ALL CRO-1320 Pages (This line must be on line 16 of Detailed Summary Page CRO-1100)				\$
6. Purpose Codes (List detailed disbursement code in (f) above)				
L - Returned to Contributor M - Overpayment for Service N - Exceeded Contribution Limit P* - Reimbursement of In-Kind O* Other				
* Codes require detailed explanation in required remarks field (m)				

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.

1. Committee Information			
a. Name of Committee		d. ID Number	
Andy Devane for Pender			
b. Mailing Address (include City, State and Zip Code)		e. Date Organized	
PO Box 1071 Rocky Point NC 28457		4/1/25	
c. Committee Website (Optional)		f. Phone Number	
		910-945-5019	
2. Candidate Information			
a. Full Name		e. Party Affiliation	
Andy Jessie Devane		Republican	
b. Mailing Address (include City, State, and Zip Code)		f. Office Sought	
144 Archie Lane Rocky Point NC 28457		County Commissioner	
c. Phone Number	d. Email Address	g. Next Election Year	h. Jurisdiction
910-945-5019	andydevaneforpender@gmail.com	2026	Pender District 3
<input type="checkbox"/> Email copy of report notices			
3. Treasurer Information		4. Assistant Treasurer Information	
a. Full Name		a. Full Name	
Patsy Ruth Schmidling			
b. Mailing Address (include City, State, and Zip Code)		b. Mailing Address (include City, State and Zip Code)	
110 Royal Oaks Drive Hampstead NC 28443			
c. Phone Number	d. Email Address	c. Phone Number	d. Email Address
910-431-6285	pmskas61@yahoo.com		
Send report notices by email <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Email copy of report notices	
5. Custodian of Books Information (Keeper of Records)		6. Account Information (incl. CRO-3500)	
a. Full Name		a. Financial Institution Full Name	
Andy Jessie Devane		SECU	
b. Mailing Address (include City, State, and Zip Code)			
144 Archie Lane Rocky Point NC 28457			
c. Phone Number	d. Email Address	b. Account Code	c. Type
910-945-5019	andydevaneforpender@gmail.com	A1	CHECKING
<input 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>			
Patsy Ruth Schmidling _____ Printed Name of Treasurer		 _____ Signature of Appointed Treasurer	
		4/1/25 _____ 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>			
Andy Jessie Devane _____ Printed Name of Candidate		 _____ Signature of Candidate	
		4/1/25 _____ 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: ANDY DEVANE FOR PENDER

Treasurer Name: Patsy Ruth Schmidling

Treasurer Address: 110 Royal Oak Drive

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

Treasurer Phone: 910-431-6285

Check One:

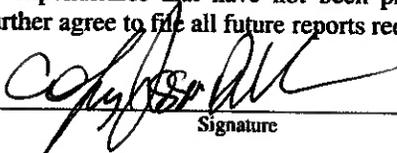
I certify that this committee intends to neither receive nor expend more than \$1,000 during the current election cycle under the procedures set forth in G.S. 163-278.10A. This certification will remain in effect until the end of the election cycle for this committee. If this committee exceeds \$1,000 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.

4/1/25

Date Signed


Signature



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: ANDY DEVANE FOR PENDER

Treasurer Name: PATSY RUTH SCHMIDLING

Treasurer Address: 110 ROYAL OAK DR

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

Treasurer Phone: 910-431-6285

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.

7/6/2025

Date Signed

Patsy R. Schmidling
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

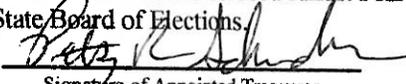
1. Committee Information			
a. Full Name ANDY DEVANE FOR PENDER		c. ID Number	
b. Mailing Address (include City, State and Zip Code) PO BOX 1071 ROCKY POINT NC 28457		d. Date Filed 7/6/2025	
		e. Phone Number 910-945-5019	
2. Report Year	3. Period Start Date (mm/dd/yy)	4. Period End Date (mm/dd/yy)	5. Treasurer Full Name
2026	1/1/2025	6/30/2025	PATSY RUTH SCHMIDLING
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	<input checked="" type="checkbox"/> Organizational	<input checked="" type="checkbox"/> Organizational
<input type="checkbox"/> PAC	<input type="checkbox"/> Referendum	<input type="checkbox"/> Thirty-five day	<input type="checkbox"/> Quarterly
<input type="checkbox"/> Independent Expenditure	<input type="checkbox"/> Joint Fundraiser	<input type="checkbox"/> Pre-primary	<input type="checkbox"/> First
<input type="checkbox"/> Legal Expense Fund		<input type="checkbox"/> Pre-election	<input type="checkbox"/> Second
7. Type of Fund (if applicable, check one)		<input type="checkbox"/> Pre-runoff	<input type="checkbox"/> Third
<input type="checkbox"/> "Booster Fund"		<input type="checkbox"/> Semi-annual	<input type="checkbox"/> Fourth
<input type="checkbox"/> Building Fund		<input type="checkbox"/> Mid Year	<input type="checkbox"/> Semi-annual
<input type="checkbox"/> Other:		<input type="checkbox"/> Year End	<input type="checkbox"/> Mid Year
8. Number of Fundraisers this Report 0		<input type="checkbox"/> Final	<input type="checkbox"/> Year End
		<input type="checkbox"/> Special	<input type="checkbox"/> Final
			<input type="checkbox"/> Special
		10. Special Report Name	
11. Account Information		11. Account Information	
a. Financial Institution Full Name STATE EMPLOYEES CREDIT UNION		a. Financial Institution Full Name	
b. Purpose FOR CAMPAIGN EXPENSES	c. Account Code A1	b. Purpose	c. Account Code
	d. Period Begin Balance \$ 0		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.

PATSY RUTH SCHMIDLING

Printed Name of Signer



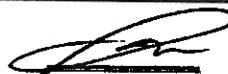
Signature of Appointed Treasurer

7/6/2025

Date

FOR OFFICE USE ONLY

Date Received: 07-7-25

Employee: 

Delivery Method

Date Postmarked: _____

Employee: _____

Normal Mail

Date Scanned: _____

Employee: _____

Registered Mail

Date Data Entered: _____

Employee: _____

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.

You must amend the Statement of Organization (CDO 2100A-E) to make committee changes.

Disbursements

Yes

No

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

1. Committee Full Name (and Fund if applicable)					2. ID Number
ANDY DEVANE FOR PENDER					
3. Type of Disbursement <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	
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Coordinated Committee Name		d. Comments	
		c. Level Registered (Specify)		e. Election Sum to Date	
		<input type="checkbox"/> Federal <input type="checkbox"/> County:			
		<input type="checkbox"/> State <input type="checkbox"/> Municipality:			
				\$	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
				\$	
				\$	
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Coordinated Committee Name		d. Comments	
		c. Level Registered (Specify)		e. Election Sum to Date	
		<input type="checkbox"/> Federal <input type="checkbox"/> County:			
		<input type="checkbox"/> State <input type="checkbox"/> Municipality:			
				\$	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
				\$	
				\$	
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove					
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Coordinated Committee Name		d. Comments	
		c. Level Registered (Specify)		e. Election Sum to Date	
		<input type="checkbox"/> Federal <input type="checkbox"/> County:			
		<input type="checkbox"/> State <input type="checkbox"/> Municipality:			
				\$	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
				\$	
				\$	
5. Total only this Page					\$ <u>0</u>
6. Total of ALL CRO-1310 Pages <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>					\$ <u>0</u>
7. Purpose Codes (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					

Contributions from Individuals

Amendment
 Yes No

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

1. Committee Full Name (and Fund if applicable)						2. ID Number	
ANDY DEVANE FOR PENDER							
3. Contributor 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	
				c. Employer's Name/Specific Field			
						e. Election Sum to Date	
						\$	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount	
<input type="checkbox"/>						\$	
<input type="checkbox"/>						\$	
<input type="checkbox"/>						\$	
3. Contributor 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	
				c. Employer's Name/Specific Field			
						e. Election Sum to Date	
						\$	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount	
<input type="checkbox"/>						\$	
<input type="checkbox"/>						\$	
<input type="checkbox"/>						\$	
3. Contributor 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	
				c. Employer's Name/Specific Field			
						e. Election Sum to Date	
						\$	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)		k. Amount	
<input type="checkbox"/>						\$	
<input type="checkbox"/>						\$	
<input type="checkbox"/>						\$	
4. Total only this Page							
						\$ <u>0</u>	

In-Kind Contributions

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.

1. Committee Full Name (and Fund if applicable)		2. ID Number	
Andy Devane for Pender			
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Type of Contributor	c. Comments
Andy Devane PO Box 1071 Rocky Point NC 28457		<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	Campaign website setup
			d. Election Sum to Date
			\$ 284.70
e. Description		f. Date (mm/dd/yyyy)	g. Fair Market Amount
campaign signs design		05/30/2025	\$ 15.00
Campaign website setup		04/30/2025	\$ 216.00
Campaign website setup		04/30/2025	\$ 53.70
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Type of Contributor	c. Comments
		<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	
			d. Election Sum to Date
			\$
e. Description		f. Date (mm/dd/yyyy)	g. Fair Market Amount
			\$
			\$
			\$
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Type of Contributor	c. Comments
		<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	
			d. Election Sum to Date
			\$
e. Description		f. Date (mm/dd/yyyy)	g. Fair Market Amount
			\$
			\$
			\$
4. Total only this Page			
			\$ 284.70
5. Total of ALL CRO-1510 Pages <i>(This line must be on line 17 of Detailed Summary Page CRO-1100)</i>			
			\$ 284.70