



# 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	
SHAYNE FOR PENDER COMMITTEE	2025 Year End Semi-Annual		
Start of Election Cycle: January 1, <u>2025</u>		Total this Reporting Period	Total this Election Cycle
4) Cash on Hand at Start		\$ 70.01	\$ 0.00
<b>RECEIPTS</b>			
5) Aggregated Contributions from Individuals (CRO-1205)		\$ 0.00	\$ 40.00
6) Contributions from Individuals (CRO-1210)		\$ 409.89	\$ 463.07
7) Contributions from Political Party Committees (CRO-1220)		\$ 0.00	\$ 0.00
8) Contributions from Other Political Committees (CRO-1230)		\$ 568.38	\$ 568.38
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)		\$ 978.27	\$ 1,071.45
<b>EXPENDITURES</b>			
13) Disbursements			
13a) Operating Expenditures (CRO-1310)		\$ 520.31	\$ 520.31
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)		\$ 20.26	\$ 43.43
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)		\$ 209.89	\$ 209.89
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)		\$ 750.46	\$ 773.63
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)		\$ 297.82	\$ 297.82
<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

# 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			c. ID Number	
SHAYNE FOR PENDER COMMITTEE				
b. Mailing Address (include City, State and Zip Code)			d. Date Filed	
104 COTTAGE WALK HAMPSTEAD, NC 28443			01/26/2026	
			e. Phone Number	
2. Report Year	3. Period Start Date (mm/dd/yy)	4. Period End Date (mm/dd/yy)	5. Treasurer Full Name	
2025	07/01/2025	12/31/2025	SHAYNE FREY	
<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>		<b>State/County</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		<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>		<b>10. Special Report Name</b>		
1				
<b>3. Account Information</b>		<b>3. Account Information</b>		
a. Financial Institution Full Name		a. Financial Institution Full Name		
FIRST CITIZENS BANK				
b. Purpose	c. Account Code	b. Purpose	c. Account Code	
GENERAL OPERATING	1			
	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		01/28/2026 Date
<b>FOR OFFICE USE ONLY</b>				
Date Received	RECEIVED 1-28-2026	Employee	MERRITT	
Date Postmarked	JAN 29 2026	Employee	_____	
Date Scanned	_____	Employee	_____	
Date Data Entered:	_____	Employee	_____	
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				
<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.				

# 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>		<b>2. Type of Report</b>		<b>3. ID Number</b>	
SHAYNE FOR PENDER COMMITTEE		2025 Year End Semi-Annual			
<b>Start of Election Cycle: January 1, 2025</b>			<b>Total this Reporting Period</b>		<b>Total this Election Cycle</b>
<b>4) Cash on Hand at Start</b>			\$ 70.01		\$ 0.00
<b>RECEIPTS</b>					
<b>5) Aggregated Contributions from Individuals</b>		<i>(CRO-1205)</i>	\$ 0.00		\$ 40.00
<b>6) Contributions from Individuals</b>		<i>(CRO-1210)</i>	\$ 409.89		\$ 463.07
<b>7) Contributions from Political Party Committees</b>		<i>(CRO-1220)</i>	\$ 0.00		\$ 0.00
<b>8) Contributions from Other Political Committees</b>		<i>(CRO-1230)</i>	\$ 568.38		\$ 568.38
<b>9) Loan Proceeds</b>		<i>(CRO-1410)</i>	\$ 0.00		\$ 0.00
<b>10) Refunds/Reimbursements to the Committee</b>		<i>(CRO-1240)</i>	\$ 0.00		\$ 0.00
<b>11) Other Receipt Sources</b>					
<b>11a) Interest on Bank Accounts</b>		<i>(CRO-1250)</i>	\$ 0.00		\$ 0.00
<b>11b) Contributions from Not-For-Profit Organizations</b>		<i>(CRO-1250)</i>	\$ 0.00		\$ 0.00
<b>11c) Outside Sources of Income</b>		<i>(CRO-1250)</i>	\$ 0.00		\$ 0.00
<b>11d) Legal Expense Fund - Other Sources</b>		<i>(CRO-1270)</i>	\$ 0.00		\$ 0.00
<b>11e) Exempt Purchase Price Sales</b>		<i>(CRO-1265)</i>	\$ 0.00		\$ 0.00
<b>12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d and 11e)</b>			\$ 978.27		\$ 1,071.45
<b>EXPENDITURES</b>					
<b>13) Disbursements</b>					
<b>13a) Operating Expenditures</b>		<i>(CRO-1310)</i>	\$ 520.31		\$ 520.31
<b>13b) Contributions to Candidates/Political Committees</b>		<i>(CRO-1310)</i>	\$ 0.00		\$ 0.00
<b>13c) Coordinated Party Expenditures</b>		<i>(CRO-1310)</i>	\$ 0.00		\$ 0.00
<b>14) Aggregated Non-Media Expenditures</b>		<i>(CRO-1315)</i>	\$ 20.26		\$ 43.43
<b>15) Loan Repayments</b>		<i>(CRO-1420)</i>	\$ 0.00		\$ 0.00
<b>16) Refunds/Reimbursements from the Committee</b>		<i>(CRO-1320)</i>	\$ 0.00		\$ 0.00
<b>17) In-Kind Contributions</b>		<i>(CRO-1510)</i>	\$ 209.89		\$ 209.89
<b>18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)</b>			\$ 750.46		\$ 773.63
<b>19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)</b>			\$ 297.82		\$ 297.82
<b>ADDITIONAL INFORMATION</b>					
<b>20) Non-Monetary Gifts Given to Other Committees</b>		<i>(CRO-1330)</i>	\$ 0.00		
<b>21) Outstanding Loans (incl. ones from other campaigns)</b>		<i>(CRO-1430)</i>	\$ 0.00		
<b>22) Debts and Obligations owed by the Committee</b>		<i>(CRO-1610)</i>	\$ 0.00		
<b>23) Debts and Obligations owed to the Committee</b>		<i>(CRO-1620)</i>	\$ 0.00		
<b>24) Account Transfers Within the Committee</b>		<i>(CRO-1720)</i>	\$ 0.00		
<b>25) Administrative Support</b>		<i>(CRO-1710)</i>	\$ 0.00		\$ 0.00
<b>26) Forgiven Loans</b>		<i>(CRO-1440)</i>	\$ 0.00		\$ 0.00
<b>27) 48-Hour Notice Reports Sum</b>		<i>(CRO-2220)</i>	\$ 0.00		\$ 0.00
<b>28) Contributions to be Refunded</b>		<i>(CRO-1215)</i>	\$ 0.00		\$ 0.00

# Contributions from Individuals

Pg 1 of 1

Amendment  
 Yes  No

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>
SHAYNE 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>	
SHAYNE FREY 104 COTTAGE WALK HAMPSTEAD, NC 28443			No job title or profession			
			<b>c. Employer's Name/Specific Field</b>			
			Not employed		<b>e. Election Sum to Date</b>	
					\$ 449.89	
<b>f. Prior</b>	<b>g. Account Code</b>	<b>h. Form of Payment</b>	<b>i. In-Kind Description</b>	<b>j. Date (mm/dd/yyyy)</b>	<b>k. Amount</b>	
<input checked="" type="checkbox"/>	1	Cash		06/03/2025	\$ 40.00	
<input type="checkbox"/>	1	In-Kind	PAYMENT OF NOTARY FEE	09/03/2025	\$ 10.40	
<input type="checkbox"/>	1	Electric Funds Tran		12/02/2025	\$ 200.00	
<b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove						
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)			<b>b. Job Title/Profession</b>		<b>d. Comments</b>	
SHAYNE FREY 104 COTTAGE WALK HAMPSTEAD, NC 28443			No job title or profession			
			<b>c. Employer's Name/Specific Field</b>			
			Not employed		<b>e. Election Sum to Date</b>	
					\$ 449.89	
<b>f. Prior</b>	<b>g. Account Code</b>	<b>h. Form of Payment</b>	<b>i. In-Kind Description</b>	<b>j. Date (mm/dd/yyyy)</b>	<b>k. Amount</b>	
<input type="checkbox"/>	1	In-Kind	SHIRT X3	12/22/2025	\$ 46.80	
<input type="checkbox"/>	1	In-Kind	BRANDED BLAZER X2	12/23/2025	\$ 79.10	
<input type="checkbox"/>	1	In-Kind	BRANDED BALL CAP	12/29/2025	\$ 31.03	
<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>	
SHAYNE FREY 104 COTTAGE WALK HAMPSTEAD, NC 28443			No job title or profession			
			<b>c. Employer's Name/Specific Field</b>			
			Not employed		<b>e. Election Sum to Date</b>	
					\$ 449.89	
<b>f. Prior</b>	<b>g. Account Code</b>	<b>h. Form of Payment</b>	<b>i. In-Kind Description</b>	<b>j. Date (mm/dd/yyyy)</b>	<b>k. Amount</b>	
<input type="checkbox"/>	1	In-Kind	BRANDED BALL CAP	12/29/2025	\$ 42.56	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
<b>4. Total only this Page</b>					\$ 409.89	
<b>5. Total of ALL CRO-1210 Pages</b> (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$ 409.89	

# 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>	
SHAYNE 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>
PLEIL FOR SURF CITY COUNCIL 17 WEST RIDGE SURF CITY, NC 28445		<input checked="" type="checkbox"/> Candidate <input type="checkbox"/> PAC <input type="checkbox"/> Referendum		
		<b>c. Level Registered (Specify)</b>		
		<input type="checkbox"/> Federal <input type="checkbox"/> County <input type="checkbox"/> State <input checked="" type="checkbox"/> Municipality		<b>e. Election Sum to Date</b>
		Surf City		\$ 568.38
<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>
i	Check		12/16/2025	\$ 568.38
				\$
				\$
<b>4. Total only this Page</b>				\$ 568.38
<b>5. Total of ALL CRO-1230 Pages</b> (This line must be on line 8 of Detailed Summary Page CRO-1100)				\$ 568.38

# Disbursements

Amendment

Pg 1 of 2  Yes  No

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> SHAYNE 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							
a. Full Name, Mailing Address & Phone <i>(include city, state, &amp; zip)</i> 48HOURPRINT COM 8000 HASKELL AVE VAN NUYS, CA 91406				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		\$ 103.15	
<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	B	12/04/2025	\$ 103.15	PRINTED MEDIA		
				\$			
<b>4. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone <i>(include city, state, &amp; zip)</i> FACEBOOK 1 HACKER WAY MENLO PARK, CA 94025				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		\$ 97.23	
<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	A	11/14/2025	\$ 5.00	DIGITAL ADS		
1	Debit Card	A	11/17/2025	\$ 30.00	DIGITAL ADS		
<b>4. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone <i>(include city, state, &amp; zip)</i> FACEBOOK 1 HACKER WAY MENLO PARK, CA 94025				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		\$ 97.23	
<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	A	11/19/2025	\$ 9.00	DIGITAL ADS		
1	Debit Card	A	11/21/2025	\$ 10.00	DIGITAL ADS		
<b>5. Total only this Page</b>						\$ 157.15	
<b>6. Total of ALL CRO-1310 Pages</b>						\$ 520.31	
<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

Amendment

Pg 2 of 2  Yes  No

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>	
SHAYNE 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							
<b>a. Full Name, Mailing Address &amp; Phone</b> <i>(include city, state, &amp; zip)</i> FACEBOOK 1 HACKER WAY MENLO PARK, CA 94025				<b>b. Coordinated Committee Name</b>		<b>d. Comments</b>	
				<b>c. Level Registered (Specify)</b>			
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality			
						<b>e. Election Sum to Date</b>	
						\$ 97.23	
<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	A	12/11/2025	\$ 11.00	DIGITAL ADS		
1	Debit Card	A	12/15/2025	\$ 32.23	DIGITAL ADS		
<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>d. Comments</b>	
				<b>c. Level Registered (Specify)</b>			
				<input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality			
						<b>e. Election Sum to Date</b>	
						\$ 319.93	
<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	B	12/26/2025	\$ 319.93	YARD SIGNS		
				\$			
<b>5. Total only this Page</b>						\$ 363.16	
<b>6. Total of ALL CRO-1310 Pages</b>						\$ 520.31	
<i>(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)</i> <i>(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)</i> <i>(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)</i>							
<b>7. Purpose Codes</b> <i>(List detailed expenditure code in (h.) above)</i>							
A* - Media		B* - Printing		C* - Fundraising		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

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>	
SHAYNE 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 <input type="checkbox"/> Remove	1	Debit Card	K	12/17/2025	\$ 20.26	NAME TAG
<b>4. Total only this Page</b>					\$ 20.26	
<b>5. Total of ALL CRO-1315 Pages</b> <i>(This line must be on line 14 of Detailed Summary Page CRO-1100)</i>					\$ 20.26	
<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>						

# In-Kind Contributions

Pg 1 of 1 Amendment  Yes  No

Use this form to report non-monetary contributions, donations, goods or services provided to the committee or fund  
 Use CRO-1215 if In-Kind Contributions were or will be refunded within 7 days.

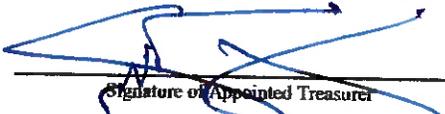
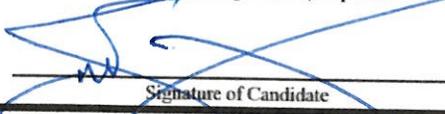
<b>1. Committee Full Name (and Fund if applicable)</b>		<b>2. ID Number</b>	
SHAYNE FOR PENDER COMMITTEE			
<b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove			
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)		<b>b. Type of Contributor</b>	<b>c. Comments</b>
SHAYNE FREY 104 COTTAGE WALK HAMPSTEAD, NC 28443		<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Candidate <input type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Other Receipt Source	
			<b>d. Election Sum to Date</b>
			\$ 449.89
<b>e. Description</b>		<b>f. Date (mm/dd/yyyy)</b>	<b>g. Fair Market Amount</b>
PAYMENT OF NOTARY FFF		09/03/2025	\$ 10.40
SHIRT X3		12/22/2025	\$ 46.80
BRANDED BLAZER X2		12/23/2025	\$ 79.10
<b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove			
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)		<b>b. Type of Contributor</b>	<b>c. Comments</b>
SHAYNE FREY 104 COTTAGE WALK HAMPSTEAD, NC 28443		<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Candidate <input type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Other Receipt Source	
			<b>d. Election Sum to Date</b>
			\$ 449.89
<b>e. Description</b>		<b>f. Date (mm/dd/yyyy)</b>	<b>g. Fair Market Amount</b>
BRANDED BALL CAP		12/29/2025	\$ 31.03
BRANDED BALL CAP		12/29/2025	\$ 42.56
			\$
<b>4. Total only this Page</b>			\$ 209.89
<b>5. Total of ALL CRO-1510 Pages</b> (This line must be on line 17 of Detailed Summary Page CRO-1100)			\$ 209.89

# Statement of Organization - Candidate Committee

<b>Is this statement:</b>	
<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	
Shayne for Pender Committee			
b. Mailing Address (include City, State and Zip Code)		e. Date Organized	
104 Cottage Walk, Hampstead, NC 28443		05/30/2025	
c. Committee Website (Optional)		f. Phone Number	
www.shayneforpender.com		808-384-2759	
<b>2. Candidate Information</b>			
a. Full Name		e. Party Affiliation	
Shayne Michael Frey		Republican	
b. Mailing Address (include City, State, and Zip Code)		f. Office Sought	
104 Cottage Walk, Hampstead, NC 28443		Pender County Board of Commissioners	
c. Phone Number	d. Email Address	g. Next Election Year	h. Jurisdiction
808-384-2759	frocker53d@gmail.com	2026	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	
Shayne Michael Frey			
b. Mailing Address (include City, State, and Zip Code)		b. Mailing Address (include City, State and Zip Code)	
104 Cottage Walk, Hampstead, NC 28443			
c. Phone Number	d. Email Address	c. Phone Number	d. Email Address
808-384-2759	frocker53d@gmail.com		
Send report notices by email <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input checked="" 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	
Shayne Michael Frey		First Citizens Bank	
b. Mailing Address (include City, State, and Zip Code)		b. Account Code	
104 Cottage Walk, Hampstead, NC 28443		1	
c. Phone Number	d. Email Address	c. Type	
808-384-2759	frocker53d@gmail.com	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> <p>Shayne Frey                  _____                  Printed Name of Treasurer</p> <p>                  _____                  Signature of Appointed Treasurer</p> <p>05/30/2025                  _____                  Date</p> <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> <p>Shayne Frey                  _____                  Printed Name of Candidate</p> <p>                  _____                  Signature of Candidate</p> <p>05/30/2025                  _____                  Date</p>			



# 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: Shayne for Pender Committee

Treasurer Name: Shayne Frey

Treasurer Address: 104 Cottage Walk, Hampstead, NC 28443  
 (include city, state, & zip)

Treasurer Phone: \_\_\_\_\_

### 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.

05/30/2025  
Date Signed

[Signature]  
Signature

AUG 08 2025

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: SHAYNE FOR PENDER COMMITTEE
b. Mailing Address: 104 COTTAGE WALK, HAMPSTEAD, NC 28443
d. Date Filed: 07/14/2025

2. Report Year: 2025
3. Period Start Date: 01/01/2025
4. Period End Date: 06/30/2025
5. Treasurer Full Name: SHAYNE FREY

6. Type of Committee: [X] Candidate Campaign
9. Type of Report: [ ] Municipal, [ ] State/County, [ ] Referendum
7. Type of Fund: [ ] "Booster Fund", [ ] Building Fund, etc.
8. Number of Fundraisers: 0
10. Special Report Name

3. Account Information
a. Financial Institution Full Name: FIRST CITIZENS BANK
b. Purpose: GENERAL OPERATING
c. Account Code: 1
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

Shayne Frey
Printed Name of Signer

[Handwritten Signature]

Signature of Appointed Treasurer

07/14/2025
Date

FOR OFFICE USE ONLY

Date Received: \_\_\_\_\_ Employee: \_\_\_\_\_
Date Postmarked: \_\_\_\_\_ Employee: \_\_\_\_\_
Date Scanned: \_\_\_\_\_ Employee: \_\_\_\_\_
Date Data Entered: \_\_\_\_\_ Employee: \_\_\_\_\_
Delivery Method: [ ] Normal Mail, [ ] Registered Mail, [ ] Hand Delivered, [ ] Electronically Filed
[ ] Signer has not received mandatory training

Please Note: This form cannot be used to amend committee information such as the committee address, treasurer, assistant treasurer, custodian of books information, or account information.

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

AUG 08 2025

**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>		<b>2. Type of Report</b>		<b>3. ID Number</b>	
SHAYNE FOR PENDER COMMITTEE		2025 Mid Year Semi-Annual			
<b>Start of Election Cycle: January 1, 2025</b>			<b>Total this Reporting Period</b>		<b>Total this Election Cycle</b>
4) Cash on Hand at Start			\$ 0.00		\$ 0.00
<b>RECEIPTS</b>					
5) Aggregated Contributions from Individuals (CRO-1205)		\$ 40.00		\$ 40.00	
6) Contributions from Individuals (CRO-1210)		\$ 53.18		\$ 53.18	
7) Contributions from Political Party Committees (CRO-1220)		\$ 0.00		\$ 0.00	
8) Contributions from Other Political Committees (CRO-1230)		\$ 0.00		\$ 0.00	
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)		\$ 93.18		\$ 93.18	
<b>EXPENDITURES</b>					
13) Disbursements					
13a) Operating Expenditures (CRO-1310)		\$ 0.00		\$ 0.00	
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)		\$ 23.17		\$ 23.17	
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)		\$ 23.17		\$ 23.17	
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)		\$ 70.01		\$ 70.01	
<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

AUG 08 2025

**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> SHAYNE FOR PENDER COMMITTEE				<b>2. ID Number</b>	
<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		06/03/2025	\$ 40.00
<b>4. Total only this Page</b>					\$ 40.00
<b>5. Total of ALL CRO-1205 Pages</b> <i>(This line must be on line 5 of Detailed Summary Page CRO-1100)</i>					\$ 40.00

CRO-1205

NC State Board of Elections

April 2007

AUG 08 2025

**Contributions from Individuals**

Pg 1 of 1

Amendment  
 Yes  No

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> SHAYNE 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) ADAM KESSEL 110 DUNLIN CT HAMPSTEAD, NC 28443		<b>b. Job Title/Profession</b> Operations		<b>d. Comments</b>	
		<b>c. Employer's Name/Specific Field</b> FLX Networks			
				<b>e. Election Sum to Date</b> \$ 53.18	
<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	Credit Card		06/23/2025	\$ 53.18
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$
<b>4. Total only this Page</b>					\$ 53.18
<b>5. Total of ALL CRO-1210 Pages</b> (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$ 53.18

AUG 08 2025

**Aggregated Non-Media Expenditures**

Page 1 of 1

**Amendment**  
 Yes  No

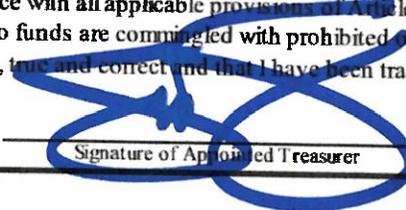
Optional form used to report NC Non-Media Expenditures of \$50 or less.

<b>1. Committee Full Name (and Fund if applicable)</b>				<b>2. ID Number</b>		
SHAYNE 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	06/20/2025	\$ 11.17	WEBSITE FEE
<input type="checkbox"/> Remove						
<input type="checkbox"/> Add	1	Debit Card	K	06/20/2025	\$ 12.00	EMAIL FEE
<input type="checkbox"/> Remove						
<b>4. Total only this Page</b>					\$	23.17
<b>5. Total of ALL CRO-1315 Pages</b>					\$	23.17
<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>						

# 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			c. ID Number	
SHAYNE FOR PENDER COMMITTEE				
b. Mailing Address (include City, State and Zip Code)			d. Date Filed	
104 COTTAGE WALK HAMPSTEAD, NC 28443			07/14/2025	
			e. Phone Number	
2. Report Year	3. Period Start Date (mm/dd/yy)	4. Period End Date (mm/dd/yy)	5. Treasurer Full Name	
2025	01/01/2025	06/30/2025	SHAYNE FREY	
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 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		
7. Type of Fund (if applicable, check one)		<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		
<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>Referendum</b> <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		10. Special Report Name		
0				
<b>3. Account Information</b>				
a. Financial Institution Full Name		a. Financial Institution Full Name		
FIRST CITIZENS BANK				
b. Purpose	c. Account Code	b. Purpose	c. Account Code	
GENERAL OPERATING	1			
	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				
Shayne Frey				07/14/2025
Printed Name of Signer		Signature of Appointed Treasurer		Date
<b>FOR OFFICE USE ONLY</b>				
Date Received:	07/13/2025	Employee:	AM	
Date Postmarked:		Employee:		
Date Scanned:		Employee:		
Date Data Entered:		Employee:		
			<b>Delivery Method</b> <input type="checkbox"/> Normal Mail <input type="checkbox"/> Registered Mail <input checked="" type="checkbox"/> Hand Delivered <input type="checkbox"/> Electronically Filed	
			<input type="checkbox"/> Signer has not received mandatory training	
<b>Please Note:</b> This form cannot be used to amend committee information such as the committee address, treasurer, assistant treasurer, custodian of books information, or account information. You must amend the Statement of Organization (CRO-2100A-E) to make committee changes.				

# 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>		<b>2. Type of Report</b>		<b>3. ID Number</b>	
SHAYNE FOR PENDER COMMITTEE		2025 Mid Year Semi-Annual			
<b>Start of Election Cycle: January 1, 2025</b>			<b>Total this Reporting Period</b>		<b>Total this Election Cycle</b>
4) Cash on Hand at Start			\$ 0.00		\$ 0.00
<b>RECEIPTS</b>					
5) Aggregated Contributions from Individuals (CRO-1205)		\$ 40.00		\$ 40.00	
6) Contributions from Individuals (CRO-1210)		\$ 53.18		\$ 53.18	
7) Contributions from Political Party Committees (CRO-1220)		\$ 0.00		\$ 0.00	
8) Contributions from Other Political Committees (CRO-1230)		\$ 0.00		\$ 0.00	
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)		\$ 93.18		\$ 93.18	
<b>EXPENDITURES</b>					
13) Disbursements					
13a) Operating Expenditures (CRO-1310)		\$ 0.00		\$ 0.00	
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)		\$ 23.17		\$ 23.17	
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)		\$ 23.17		\$ 23.17	
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)		\$ 70.01		\$ 70.01	
<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	

# 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>	
SHAYNE 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	1	Cash		06/03/2025	\$ 40.00	
<input type="checkbox"/> Remove						
<b>4. Total only this Page</b>					\$ 40.00	
<b>5. Total of ALL CRO-1205 Pages</b>					\$ 40.00	
<i>(This line must be on line 5 of Detailed Summary Page CRO-1100)</i>						

CRO-1205

NC State Board of Elections

April 2007

# Contributions from Individuals

Pg 1 of 1

Amendment  
 Yes  No

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> SHAYNE 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) ADAM KESSEL 110 DUNLIN CT HAMPSTEAD, NC 28443			<b>b. Job Title/Profession</b> Operations		<b>d. Comments</b>
			<b>c. Employer's Name/Specific Field</b> FLX Networks		
					<b>e. Election Sum to Date</b> \$ 53.18
<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	Credit Card		06/23/2025	\$ 53.18
<input type="checkbox"/>					\$
<input type="checkbox"/>					\$
<b>4. Total only this Page</b>					\$ 53.18
<b>5. Total of ALL CRO-1210 Pages</b> <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>					\$ 53.18

# Aggregated Non-Media Expenditures

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> SHAYNE FOR PENDER COMMITTEE						<b>2. ID Number</b>
<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	06/20/2025	\$ 11.17	WEBSITE FEE
<input type="checkbox"/> Remove						
<input type="checkbox"/> Add	1	Debit Card	K	06/20/2025	\$ 12.00	EMAIL FEE
<input type="checkbox"/> Remove						
<b>4. Total only this Page</b>					\$	23.17
<b>5. Total of ALL CRO-1315 Pages</b> <i>(This line must be on line 14 of Detailed Summary Page CRO-1100)</i>					\$	23.17
<b>6. Purpose Codes (List detailed expenditure code in (d) above)</b>						
E - Salaries		B* - Printing	C* - Fundraising		D - To Another Candidate	
I - Postage		F* - Equipment	G - Political Party		H* - Holding Public Office Expenses	
O* - Other		J - Penalties	K* - Office Expenses		Q* - Donations to Legal Expense Fund	
* Codes require detailed explanation in required remarks field (g)						



# NORTH CAROLINA

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## 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: Shayne Frey for Pender County Commissioner

Treasurer Name: Justin W. May

Treasurer Address: 403 Amaryllis Lane  
(include city, state, & zip) Holly Ridge, NC 28445

Treasurer Phone: 910-554-7399

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.

Feb 1, 2022  
Date Signed

Justin W. May  
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 <i>Shayne Frey for Pender Co. Commissioner # 1</i>	c. ID Number
b. Mailing Address (include City, State and Zip Code) <i>104 Cottage Walk Hampstead, NC 28443</i>	d. Date Filed <i>09/25/2021</i>
	e. Phone Number <i>808-394-2759</i>

2. Report Year <i>2021</i>	3. Period Start Date (mm/dd/yy) <i>09/25/21</i>	4. Period End Date (mm/dd/yy) <i>09/25/21</i>	5. Treasurer Full Name <i>Justin May</i>
-------------------------------	--	--	---

<b>6. Type of Committee (Check One)</b>		<b>9. Type of Report</b> (check only one type of report from one category)		
<input checked="" type="checkbox"/> Candidate Campaign	<input type="checkbox"/> Party	<b>Municipal</b>	<b>State/County</b>	<b>Referendum</b>
<input type="checkbox"/> PAC	<input type="checkbox"/> Referendum	<input type="checkbox"/> Organizational	<input checked="" type="checkbox"/> Organizational	<input type="checkbox"/> Organizational
<input type="checkbox"/> Independent Expenditure	<input type="checkbox"/> Joint Fundraiser	<input type="checkbox"/> Thirty-five day	Quarterly	<input type="checkbox"/> Pre-referendum
<input type="checkbox"/> Legal Expense Fund				
<b>7. Type of Fund</b> (if applicable, check one)		<input type="checkbox"/> Pre-primary	<input type="checkbox"/> First	<input type="checkbox"/> Final
<input type="checkbox"/> "Booster Fund"		<input type="checkbox"/> Pre-election	<input type="checkbox"/> Second	<input type="checkbox"/> Supplemental Final
<input type="checkbox"/> Building Fund		<input type="checkbox"/> Pre-runoff	<input type="checkbox"/> Third	<input type="checkbox"/> Annual
		<input type="checkbox"/> Semi-annual	<input type="checkbox"/> Fourth	<input type="checkbox"/> Special
<input type="checkbox"/> Other		<input type="checkbox"/> Mid Year	<input type="checkbox"/> Semi-annual	
		<input type="checkbox"/> Year End	<input type="checkbox"/> Mid Year	
		<input type="checkbox"/> Final	<input type="checkbox"/> Year End	
		<input type="checkbox"/> Special	<input type="checkbox"/> Final	
			<input type="checkbox"/> Special	
<b>8. Number of Fundraisers this Report</b> <i>0</i>		<b>10. Special Report Name</b>		

<b>11. Account Information</b>		<b>11. Account Information</b>	
a. Financial Institution Full Name <i>TD Bank</i>	a. Financial Institution Full Name	b. Purpose <i>Campaigning</i>	c. Account Code <i>01</i>
b. Purpose	b. Purpose	d. Period Begin Balance <i>\$ 0</i>	d. Period Begin Balance <i>\$</i>

**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.

*Justin W. May*  
Printed Name of Signer

*[Signature]*  
Signature of Appointed Treasurer

*4 Oct 21*  
~~28 Sep 21~~  
Date

<b>FOR OFFICE USE ONLY</b>			
Date Received: <i>09/25/21</i>	Date Received: <i>10/04/21</i>	Employee: <i>TL</i>	Delivery Method
Date Postmarked:	Date Postmarked:	Employee:	<input type="checkbox"/> Normal Mail
Date Scanned:	Date Scanned:	Employee:	<input type="checkbox"/> Registered Mail
Date Data Entered:	Date Data Entered:	Employee:	<input checked="" type="checkbox"/> Hand Delivered
			<input type="checkbox"/> Electronically Filed
			<input type="checkbox"/> 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 (CRO-2100A-E) to make committee changes.

# 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	
Shayne Frey for Pender County Commissioner #1	Organizational		
Start of Election Cycle: January 1, 2021	Total this Reporting Period	Total this Election Cycle	
4) Cash on Hand at Start	\$ 0	\$	
<b>RECEIPTS</b>			
5) Aggregated Contributions from Individuals (CRO-1205)	\$ 25 <sup>00</sup>	\$ 25 <sup>00</sup>	
6) Contributions from Individuals (CRO-1210)	\$ 0	\$ 0	
7) Contributions from Political Party Committees (CRO-1220)	\$ 0	\$ 0	
8) Contributions from Other Political Committees (CRO-1230)	\$ 0	\$ 0	
9) Loan Proceeds (CRO-1410)	\$ 0	\$ 0	
10) Refunds/Reimbursements To the Committee (CRO-1240)	\$ 0	\$ 0	
11) Other Receipt Sources			
11a) Interest on Bank Accounts (CRO-1250)	\$ 0	\$ 0	
11b) Contributions from Not-for-Profit Organizations (CRO-1250)	\$ 0	\$ 0	
11c) Outside Sources of Income (CRO-1250)	\$ 0	\$ 0	
11d) Legal Expense Fund - Other Sources (CRO-1270)	\$ 0	\$ 0	
11e) Exempt Purchase Price Sales (CRO-1265)	\$ 0	\$ 0	
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d and 11e)	\$ 25 <sup>00</sup>	\$ 25 <sup>00</sup>	
<b>EXPENDITURES</b>			
13) Disbursements			
13a) Operating Expenditures (CRO-1310)	\$ 0	\$ 0	
13b) Contributions to Candidates/Political Committees (CRO-1310)	\$ 0	\$ 0	
13c) Coordinated Party Expenditures (CRO-1310)	\$ 0	\$ 0	
14) Aggregated Non-Media Expenditures (CRO-1315)	\$ 0	\$ 0	
15) Loan Repayments (CRO-1420)	\$ 0	\$ 0	
16) Refunds/Reimbursements From the Committee (CRO-1320)	\$ 0	\$ 0	
17) In-Kind Contributions (CRO-1510)	\$ 0	\$ 0	
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)	\$ 0	\$ 0	
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)	\$ 25 <sup>00</sup>	\$ 25 <sup>00</sup>	
<b>ADDITIONAL INFORMATION</b>			
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)	\$	\$	



# 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		c. ID Number	
Shayne Frey			
b. Mailing Address (include City, State and Zip Code)		d. Date Filed	
104 Cottage Walk Hampstead, NC 28443		1/20/2022	
		e. Phone Number	
		808-384-2759	
2. Report Year	3. Period Start Date (mm/dd/yy)	4. Period End Date (mm/dd/yy)	5. Treasurer Full Name
2022	09/26/2021	01/20/2022	Justin May
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"/> PAC <input type="checkbox"/> Independent <input type="checkbox"/> Expenditure <input type="checkbox"/> Legal Expense Fund <input type="checkbox"/> Party <input type="checkbox"/> Referendum <input type="checkbox"/> Joint Fundraiser		<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>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 type="checkbox"/> Mid Year <input checked="" type="checkbox"/> Year End <input checked="" type="checkbox"/> Final <input type="checkbox"/> Special	
7. Type of Fund (if applicable, check one)		10. Special Report Name	
<input type="checkbox"/> "Booster Fund" <input type="checkbox"/> Building Fund <input type="checkbox"/> Other:			
8. Number of Fundraisers this Report			
0			
11. Account Information		11. Account Information	
a. Financial Institution Full Name		a. Financial Institution Full Name	
TD Bank			
b. Purpose	c. Account Code	b. Purpose	c. Account Code
Campaigning	01		
	d. Period Begin Balance		d. Period Begin Balance
	\$25.00		\$
<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 of Elections.			
Justin W. May		Justin W. May	1/20/2022
Printed Name of Signer		Signature of Appointed Treasurer	Date
<b>FOR OFFICE USE ONLY</b>			
Date Received:	_____	Employee:	_____
Date Postmarked:	_____	Employee:	_____
Date Scanned:	_____	Employee:	_____
Date Data Entered:	_____	Employee:	_____
			Delivery Method
			<input type="checkbox"/> Normal Mail
			<input type="checkbox"/> Registered Mail
			<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.			

# 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	
Sheep Free for County Commissioner #1		Year-End Semi-Annual			
Start of Election Cycle: January 1, 2022		Total this Reporting Period		Total this Election Cycle	
4) Cash on Hand at Start		\$ 25 <sup>00</sup>		\$	
<b>RECEIPTS</b>					
5) Aggregated Contributions from Individuals	(CRO-1205)	\$ 0	\$ 25 <sup>00</sup>		
6) Contributions from Individuals	(CRO-1210)	\$ 500 <sup>00</sup>	\$ 500 <sup>00</sup>		
7) Contributions from Political Party Committees	(CRO-1220)	\$ 0	\$ 0		
8) Contributions from Other Political Committees	(CRO-1230)	\$ 0	\$ 0		
9) Loan Proceeds	(CRO-1410)	\$ 0	\$ 0		
10) Refunds/Reimbursements To the Committee	(CRO-1240)	\$ 0	\$ 0		
11) Other Receipt Sources					
11a) Interest on Bank Accounts	(CRO-1250)	\$ 0	\$ 0		
11b) Contributions from Not-for-Profit Organizations	(CRO-1250)	\$ 0	\$ 0		
11c) Outside Sources of Income	(CRO-1250)	\$ 0	\$ 0		
11d) Legal Expense Fund – Other Sources	(CRO-1270)	\$ 0	\$ 0		
11 e) Exempt Purchase Price Sales	(CRO-1265)	\$ 0	\$ 0		
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d and 11e)		\$ 500 <sup>00</sup>	\$ 525 <sup>00</sup>		
<b>EXPENDITURES</b>					
13) Disbursements					
13a) Operating Expenditures	(CRO-1310)	\$ 126.57	\$ 126.57		
13b) Contributions to Candidates/Political Committees	(CRO-1310)	\$ 0	\$ 0		
13c) Coordinated Party Expenditures	(CRO-1310)	\$ 0	\$ 0		
14) Aggregated Non-Media Expenditures	(CRO-1315)	\$ 0	\$ 0		
15) Loan Repayments	(CRO-1420)	\$ 0	\$ 0		
16) Refunds/Reimbursements From the Committee	(CRO-1320)	\$ 398.43	\$ 398.43		
17) In-Kind Contributions	(CRO-1510)	\$ 0	\$ 0		
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)		\$ 525 <sup>00</sup>	\$ 525 <sup>00</sup>		
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)		\$ 0	\$ 0		
<b>ADDITIONAL INFORMATION</b>					
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)	\$	\$		

# 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>	
Shayne Frey for Pender County Commissioner #1						
<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>	
Kevin Smith 223 Dugald Lane Hampstead, NC 28443			Ranch Owner			
			<b>c. Employer's Name/Specific Field</b>			
			Self-employed		<b>e. Election Sum to Date</b>	
					\$	
<b>f. Prior</b>	<b>g. Account Code</b>	<b>h. Form of Payment</b>	<b>i. In-Kind Description</b>	<b>j. Date (mm/dd/yyyy)</b>		<b>k. Amount</b>
<input type="checkbox"/>	01	Paypal/electronic		11/27/2021		\$ 500 <sup>00</sup>
<input type="checkbox"/>						\$
<input type="checkbox"/>						\$
<b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove						
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)			<b>b. Job Title/Profession</b>		<b>d. Comments</b>	
			<b>c. Employer's Name/Specific Field</b>			
					<b>e. Election Sum to Date</b>	
					\$	
<b>f. Prior</b>	<b>g. Account Code</b>	<b>h. Form of Payment</b>	<b>i. In-Kind Description</b>	<b>j. Date (mm/dd/yyyy)</b>		<b>k. Amount</b>
<input type="checkbox"/>						\$
<input type="checkbox"/>						\$
<input type="checkbox"/>						\$
<b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove						
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)			<b>b. Job Title/Profession</b>		<b>d. Comments</b>	
			<b>c. Employer's Name/Specific Field</b>			
					<b>e. Election Sum to Date</b>	
					\$	
<b>f. Prior</b>	<b>g. Account Code</b>	<b>h. Form of Payment</b>	<b>i. In-Kind Description</b>	<b>j. Date (mm/dd/yyyy)</b>		<b>k. Amount</b>
<input type="checkbox"/>						\$
<input type="checkbox"/>						\$
<input type="checkbox"/>						\$
<b>4. Total only this Page</b>					\$ 500 <sup>00</sup>	
<b>5. Total of ALL CRO-1210 Pages</b> <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>					\$ 500 <sup>00</sup>	

**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> <u>Shayne Frey for Pender County Commissioner #1</u>	<b>2. ID Number</b>
--	---------------------

**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

<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)	<b>b. Coordinated Committee Name</b>	<b>d. Comments</b>
<u>TD Bank 15280 US Hwy 17N Hampstead, NC 28443</u>	<b>c. Level Registered (Specify)</b> <input type="checkbox"/> Federal <input checked="" 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
<u>01</u>	<u>draft</u>	<u>0</u>	<u>11/30/2021</u>	<u>\$ 10.00</u>	<u>Bank fee</u>
<u>01</u>	<u>draft</u>	<u>0</u>	<u>12/31/2021</u>	<u>\$ 10.00</u>	<u>Bank fee</u>

**4. Payee Information**     Add     Remove

<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)	<b>b. Coordinated Committee Name</b>	<b>d. Comments</b>
<u>Banners.com 14 Central Ave N Kensington, MN 56343</u>	<b>c. Level Registered (Specify)</b> <input type="checkbox"/> Federal <input checked="" 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
<u>01</u>	<u>Debit Card</u>	<u>B</u>	<u>12/02/2021</u>	<u>\$ 106.57</u>	<u>signage / banner</u>
				\$	

**4. Payee Information**     Add     Remove

<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)	<b>b. Coordinated Committee Name</b>	<b>d. Comments</b>
<u>Kevin</u>	<b>c. Level Registered (Specify)</b> <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**    \$ 126.57

**6. Total of ALL CRO-1310 Pages**    \$ 126.57

*(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)
- |                     |                       |                             |  |
|---------------------|-----------------------|-----------------------------|--|
| <b>A* - Media</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* - Donation to Legal Expense Fund</b> |
| <b>O* - Other</b>   |                       |                             |  |

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

# Refunds/Reimbursements From the Committee

Pg 1 of     

Amendment  
 Yes  No

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

<b>1. Committee Full Name (and Fund if applicable)</b>			<b>2. ID Number</b>	
Shayne Frey for Pender County Commissioner #01				
<b>3. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove				
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)		<b>d. Type of Committee</b>		<b>h. Original Receipt Date</b>
Kevin Smith 223 Dugald Lane Hampstead, NC 28443		<input checked="" type="checkbox"/> Candidate <input type="checkbox"/> PAC		11/27/2021
		<input type="checkbox"/> Referendum <input type="checkbox"/> Party		
		<b>e. Level Registered</b>		<b>i. Original Receipt Amount</b>
		<input type="checkbox"/> Federal <input checked="" type="checkbox"/> County:		\$ 500 <sup>00</sup>
		<input type="checkbox"/> State <input type="checkbox"/> Municipality:		
		<b>f. Purpose Code</b>		<b>j. Election Sum to Date</b>
		L		\$
<b>b. Job Title/Profession</b>	<b>c. Employer's Name/Specific Field</b>		<b>g. Comments</b>	<b>k. Account Code</b>
Branch Owner	Self-employed			01
<b>l. Form of Payment</b>	<b>m. Required Remarks</b>		<b>n. Date (mm/dd/yyyy)</b>	<b>o. Amount</b>
Paypal	Returned to Contributor		01/19/2022	\$ 373.43
<b>3. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove				
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)		<b>d. Type of Committee</b>		<b>h. Original Receipt Date</b>
Shayne Frey 104 Cottage Walk Hampstead, NC 28443		<input checked="" type="checkbox"/> Candidate <input type="checkbox"/> PAC		10/04/2021
		<input type="checkbox"/> Referendum <input type="checkbox"/> Party		
		<b>e. Level Registered</b>		<b>i. Original Receipt Amount</b>
		<input type="checkbox"/> Federal <input checked="" type="checkbox"/> County:		\$ 25 <sup>00</sup>
		<input type="checkbox"/> State <input type="checkbox"/> Municipality:		
		<b>f. Purpose Code</b>		<b>j. Election Sum to Date</b>
		L		\$
<b>b. Job Title/Profession</b>	<b>c. Employer's Name/Specific Field</b>		<b>g. Comments</b>	<b>k. Account Code</b>
Pild	USMC			01
<b>l. Form of Payment</b>	<b>m. Required Remarks</b>		<b>n. Date (mm/dd/yyyy)</b>	<b>o. Amount</b>
Cash	Returned to Contributor		01/20/2022	\$ 25 <sup>00</sup>
<b>3. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove				
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)		<b>d. Type of Committee</b>		<b>h. Original Receipt Date</b>
		<input type="checkbox"/> Candidate <input type="checkbox"/> PAC		
		<input type="checkbox"/> Referendum <input type="checkbox"/> Party		
		<b>e. Level Registered</b>		<b>i. Original Receipt Amount</b>
		<input type="checkbox"/> Federal <input type="checkbox"/> County:		\$
		<input type="checkbox"/> State <input type="checkbox"/> Municipality:		
		<b>f. Purpose Code</b>		<b>j. Election Sum to Date</b>
				\$
<b>b. Job Title/Profession</b>	<b>c. Employer's Name/Specific Field</b>		<b>g. Comments</b>	<b>k. Account Code</b>
<b>l. Form of Payment</b>	<b>m. Required Remarks</b>		<b>n. Date (mm/dd/yyyy)</b>	<b>o. Amount</b>
				\$
<b>4. Total only this Page</b>				\$ 398.43
<b>5. Total of ALL CRO-1320 Pages</b> (This line must be on line 16 of Detailed Summary Page CRO-1100)				\$ 398.43
<b>6. Purpose Codes</b> (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:

New  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 <b>SHAYNE FREY FOR PENOZE CO. COMMISSIONER</b>	d. ID Number
b. Mailing Address (include City, State and Zip Code) <b>104 COTTAGE WALK, HAMPSTAD NC 28443</b>	e. Date Organized <b>9/25/2021</b>
c. Committee Website (Optional)	f. Phone Number <b>808-384-2759</b>

2. Candidate Information			
a. Full Name <b>SHAYNE MICHAEL FREY</b>		e. Party Affiliation <b>REPUBLICAN</b>	
b. Mailing Address (include City, State, and Zip Code) <b>104 COTTAGE WALK HAMPSTEAD, NC 28443</b>		f. Office Sought <b>PENOZE COUNTY COMMISSIONER - ZONE 1</b>	
c. Phone Number <b>808 384 2759</b>	d. Email Address <b>Frocker53@gmail</b>	g. Next Election Year <b>2022</b>	h. Jurisdiction <b>ZONE 1</b>
<input checked="" type="checkbox"/> Email copy of report notices			

3. Treasurer Information		4. Assistant Treasurer Information	
a. Full Name <b>Justin W. May</b>		a. Full Name	
b. Mailing Address (include City, State, and Zip Code) <b>403 AMORYLLS LN HOLLY RIDGE, NC 28445</b>		b. Mailing Address (include City, State and Zip Code)	
c. Phone Number <b>9105547399</b>	d. Email Address <b>Justin.May.2002@gmail</b>	c. Phone Number	d. Email Address
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	
b. Mailing Address (include City, State, and Zip Code)		b. Account Code	
c. Phone Number	d. Email Address	c. Type	
<input type="checkbox"/> Email copy of report notices			

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.

Justin W. May Printed Name of Treasurer     
 [Signature] Signature of Appointed Treasurer     
 9/25/21 Date

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.

SHAYNE FREY Printed Name of Candidate     
 [Signature] Signature of Candidate     
 9/25/21 Date

# Statement of Organization - Candidate Committee

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.

Is this statement:

New  Amended

<b>1. Committee Information</b>			
a. Name of Committee		d. ID Number	
SHAYNE FREY FOR PENDER CO. COMMISSIONER			
b. Mailing Address (include City, State and Zip Code)		e. Date Organized	
104 COTTAGE WALK, HAMPSTEAD NC 28443		9/25/2021	
c. Committee Website (Optional)		f. Phone Number	
		808-384-2759	
<b>2. Candidate Information</b>			
a. Full Name		c. Party Affiliation	
SHAYNE MICHAEL FREY		REPUBLICAN	
b. Mailing Address (include City, State, and Zip Code)		f. Office Sought	
104 COTTAGE WALK HAMPSTEAD, NC 28443		PENDER COUNTY COMMISSIONER - ZONE 1	
c. Phone Number	d. Email Address	g. Next Election Year	h. Jurisdiction
808 384 2759	Frocker53@gmail	2022	Zone 1
<input checked="" type="checkbox"/> Email copy of report notices		<b>4. Assistant Treasurer Information</b>	
<b>3. Treasurer Information</b>		a. Full Name	
a. Full Name		b. Mailing Address (include City, State and Zip Code)	
Justin W May			
b. Mailing Address (include City, State, and Zip Code)		c. Phone Number	
403 AMORYLLS LN HOLLY RIDGE, NC 28445		9105547399	
c. Phone Number	d. Email Address	d. Email Address	
9105547399	Justin.May.2002@gmail		
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	
Justin W. May		TD BANK	
b. Mailing Address (include City, State, and Zip Code)		b. Account Code	
403 AMORYLLS LN. HOLLY RIDGE, NC 28445		01	
c. Phone Number	d. Email Address	c. Type	
410.554.7399	Justin.May.2002@gmail	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>			
<p>Justin W May Printed Name of Treasurer</p>		<p><i>[Signature]</i> Signature of Appointed Treasurer</p>	
		<p>9/25/21 Date</p>	
<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>			
<p>SHAYNE FREY Printed Name of Candidate</p>		<p><i>[Signature]</i> Signature of Candidate</p>	
		<p>9/25/21 Date</p>	

CRO-2100A

NC State Board of Elections

November 2019

