

SEEC FORM 30

Itemized Campaign Finance Disclosure Statement
CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION
Revised February 2015



Electronic Filing

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Page 1 of 35

COVER PAGE

1. NAME OF COMMITTEE				2. TYPE OF COMMITTEE	
McCrory for Senate 2026				☒ Candidate Committee ☐ Exploratory Committee	
3. TREASURER NAME					
First Kellie		MI	Last Guilbert		Suffix
4. TREASURER ADDRESS					
Street Address 72 Fitch Ave		City New London		State CT	Zip Code 06320
5. ELECTION DATE 11/03/2026		6. OFFICE SOUGHT (Complete only if Candidate Committee) State Senator			7. DISTRICT NUMBER (if applicable) S002
8. CANDIDATE NAME (Complete only if Candidate or Exploratory Committee)					
First Douglas		MI	Last McCrory		Suffix
9. TYPE OF REPORT 30 Days Following Primary - Original					
10. PERIOD COVERED					
Beginning Date Ending Date 08/05/2026 thru 08/31/2026					
11. CERTIFICATION					
☒ I hereby certify and state, under penalties of false statement, that all of the information set forth on this Itemized Campaign Finance Disclosure Statement for the period covered is true, accurate and complete.					
Electronic Filing SIGNATURE		Kellie Guilbert PRINT NAME OF THE SIGNER		09/10/2026 12:18:29AM DATE CERTIFIED	
A Person who is found to have knowingly and willfully violated any provisions of the campaign finance statutes faces a civil penalty of up to \$25,000, unless a fine of a larger amount is otherwise provided for as a maximum fine in the Connecticut General Statutes.					

SEEC FORM 30

Itemized Campaign Finance Disclosure Statement

CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION

Revised February 2015

SUMMARY PAGE TOTALS

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT	
McCrory for Senate 2026	30 Days Following Primary - Original	
	COLUMN A This Period	COLUMN B Aggregate
12. Balance on hand from day Committee was formed		\$0.00
13. Balance on hand at the beginning of Reporting Period	\$16,753.51	
14. Contributions received from Individuals (Section A and B)	\$0.00	\$24,377.00
15. Receipts from Other Committees (Sections C1 and C2)	\$0.00	\$0.00
16. Other Monetary Receipts (Section D through I)	\$0.00	\$116,310.04
17. Total Proceeds from Tag Sales, Auctions or Other Sales (Section J1)	\$0.00	\$0.00
18. Total Monetary Receipts (add totals for lines 14 through 17)	\$0.00	\$140,687.04
19. Subtotals (add totals in Line 13 + 18 in Column A and in lines 12 + 18 in Column B)	\$16,753.51	\$140,687.04
20. Expenses Paid by Committee (Section N)	\$15,901.58	\$139,835.11
21. Balance on hand at close of Reporting Period (Subtract line 20 from line 19 in both columns)	\$851.93	\$851.93
22. In-Kind Donations not Considered Contributions Received (Section J3)	\$0.00	\$0.00
23. In-Kind Donations not Considered Contributions - House Party (Section J4)	\$0.00	\$0.00
24. In-Kind Contributions Received (Section K)	\$0.00	\$0.00
25. Refundable Deposit to Telephone Company (Section L)	\$0.00	\$0.00
26. Beginning Loan Balance	\$0.00	
26a. + Loans Received (Section D)	\$0.00	\$0.00
26b. + Interest and Penalties on Loan(s)	\$0.00	\$0.00
26c. - Payments on Loan(s)	\$0.00	\$0.00
26d. Total Outstanding Loan Amount	\$0.00	
27. Campaign Expenses Paid By Candidate (Section O)	\$0.00	\$0.00
28. Expenses Incurred on Committee Credit Card (Section P)	\$0.00	\$0.00
29. Expenses Incurred by Committee During this Period but Not Paid (Section Q)	\$0.00	
29a. Total Outstanding Expenses Incurred by Committee still Unpaid (Section Q)	\$0.00	

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)				TYPE OF REPORT	
McCrory for Senate 2026				30 Days Following Primary - Original	
A. Total Contributions from Small Contributors-Received this Period ONLY				For Nonparticipating Candidates ONLY	
B. Itemized Contributions from Individuals					
Last Name		First		MI	Contribution ID #
Residential Street Address		City		State	Zip Code
Principal Occupation			Name of Employer		
Is contributor a principal of a state contractor or prospective state contractor? Yes No If yes, indicate which branch or branches of government the contract is with: Executive Legislative			Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes No		Amount of Contribution
Is this contribution associated with an event reported in Section J1? Yes No If yes, list Event #	Method of contribution: Cash Personal Check Money Order Credit/Debit Card		Date Received	Aggregate Contributions	
Total of Section B					
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Total on Line 14, Column A of Summary Page)					

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)				TYPE OF REPORT	
McCrory for Senate 2026				30 Days Following Primary - Original	
C1. Contributions from Other Committees					
Name of Committee			Name of Treasurer		
Address			Is this contribution associated with an event reported in Section J1? Yes No If yes, list Event #		Amount of Contribution
City	State	Zip Code	Date Received	Aggregate Contributions	
Total of Section C1					

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE				TYPE OF REPORT	
McCrory for Senate 2026				30 Days Following Primary - Original	
C2. Reimbursements or Surplus Distributions from other Committees					
Name of Committee			Name of Treasurer		
Address				Date Received	Amount of Receipt
City	State	Zip Code	Payment Type Reimbursement for shared expense Surplus distribution from exploratory committee		
Expenditure #	Description				
Total of Section C2					

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE				TYPE OF REPORT	
McCrory for Senate 2026				30 Days Following Primary - Original	
D. Loans Received this Period					
Name of Lender		Source of Loan:			Date of Receipt
		Bank	Candidate	Individual	Other
Street Address		City	State	Zip Code	Is there a cosigner or Guarantor of this loan?
					Yes No
Name of Cosigner/Guarantor (if applicable)					Amount Received
Street Address		City	Stat	Zip Code	
Total of Section D					

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	TYPE OF REPORT
McCrory for Senate 2026	30 Days Following Primary - Original

E. Personal Funds of the Candidate Received this Period (Candidate Committees ONLY)

Date of Receipt	Method of Payment	Amount
	Cash Personal Check Credit/Debit Card	
Total of Section E		

I. Monetary Receipts (Section A-I)

NAME OF COMMITTEE	TYPE OF REPORT
McCrory for Senate 2026	30 Days Following Primary - Original

G. Interest from Deposits in Authorized Accounts

Name of Institution	Date Received	Amount
Street Address	City	State
	Zip Code	
Total of Section G		

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	TYPE OF REPORT
McCrory for Senate 2026	30 Days Following Primary - Original

H. Public Grant Funds Received from the Citizens' Election Fund

Purpose of Grant:	Grant Cycle:	Date Received	Amount
Initial Grant Adjustment	Primary General Election Special Election		
Supplemental/Post Election Deficit			
Total of Section H			

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE				TYPE OF REPORT	
McCrory for Senate 2026				30 Days Following Primary - Original	
I. Miscellaneous Monetary Receipts not Considered Contributions					
Name			Date of Transaction		Amount Received
Street Address	City	State	Zip Code		
Description					
Total of Section I					

II. EVENT ACTIVITY (Sections J1 - J4)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)				TYPE OF REPORT	
McCrory for Senate 2026				30 Days Following Primary - Original	
J1. Event Information					
Event # Date of Event	Letter	Description	Was this a fundraising event? Yes No		
Location: Street Address			City	State	Zip Code
Was this event hosted at a personal residence?		Yes	if yes, go to Section J4 In-Kind Donations not Considered Contributions Associated with a House Party and complete required information for any purchases made by host(s) for food, beverage and invitations.		
		No			
Did this fundraiser include items donated by a business entity of up to \$200 or items donated by an individual of up to \$100?		Yes	If yes, to to Section J3 In-Kind Donations not Considered Contributions and complete required information.		
		No			
Subpart 1: Was this fundraiser a tag sale, auction, or other sale of donated items with purchases from an individual of up to \$100?		Yes	(If yes, enter Total Receipts here.)		
		No			
Total of Section J1					

II.EVENT ACTIVITY (Sections J1 - J4)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)

TYPE OF REPORT

McCrory for Senate 2026

30 Days Following Primary - Original

J3. In-Kind Donations Not Considered Contributions

Name of the Donor

Street Address

City

State

Zip Code

Donation Given by:

Description of Donation

Fair Market Value of
Donation

Individual

Business Entity

Sole Proprietorship

Date Received

Event #

Aggregate value for this event

Total of Section J3**II.EVENT ACTIVITY (Sections J1 - J4)**

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)

TYPE OF REPORT

McCrory for Senate 2026

30 Days Following Primary - Original

J4. In-Kind Donations Not Considered Contributions Associated with a House Party

Name of Host

Is this event supporting more than one candidate?

Yes

No

If yes, complete Itemization in
Addendum J4

Street Address

City

State

Zip Code

Description of Donation

Fair Market Value of
Donation

Event #

Aggregate value of this Event - all hosts

Aggregate value of all Events - this host/candidate

Total of Section J4

III. NONMONETARY RECEIPTS (Sections K - L)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)

TYPE OF REPORT

McCrory for Senate 2026

30 Days Following Primary - Original

K. In-Kind Contributions

Name

Street Address

City

State

Zip Code

Is this contribution associated with an event reported in Section J1?

Yes

No

Description of In-Kind Contribution

If yes, list Event#

Is Contributor a lobbyist, spouse, or dependent child of a lobbyist?

Yes

No

Is contributor a principal of a state contractor or prospective state contractor?

Yes

No

If yes, indicate which branch or branches of government the contract is with:

Executive

Legislative

Fair Market Value of this Contribution

Type of Contributor:

Individual

Committee

Sole Proprietorship

Date Received

Aggregate contributions

Total of Section K

III. Non Monetary Receipts (Sections K - L)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)

TYPE OF REPORT

McCrory for Senate 2026

30 Days Following Primary - Original

L. Refundable Deposit to Telephone Company

Last Name of Individual

First Name

MI

Date Deposit Made

Residential Street Address

City

State

Zip Code

Amount of Deposit

Name of Telephone company

Street Address

City

State

Zip Code

Total of Section L

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
McCrory for Senate 2026	30 Days Following Primary - Original
N. Expenses Paid By Committee	

Name of Payee Ashley Goncalves		Date of Payment 08/06/2026	Method of Payment ☒ Check # <u>560</u> ☐ Debit Card ☐ EFT	
Street Address 99 Pebble Ln		City North Falmouth	State MA	Zip Code 02556
Purpose of Expendit WAGE	Description Week of 7/30-8/6			Amount \$380.00
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	

Name of Payee Bergmann Zwerdling Direct		Date of Payment 08/06/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT	
Street Address 1228 Connecticut Ave NW		City Washington	State DC	Zip Code 20036
Purpose of Expendit A-DM	Description Invoice #11020 for 4x6 Palm Card			Amount \$247.00
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	

Name of Payee Nyasia Tindle		Date of Payment 08/06/2026	Method of Payment ☒ Check # <u>570</u> ☐ Debit Card ☐ EFT	
Street Address 299 Enfield St		City Hartford	State CT	Zip Code 06112
Purpose of Expendit WAGE	Description week of 7/30 - 8/6			Amount \$200.00
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
McCrory for Senate 2026	30 Days Following Primary - Original
N. Expenses Paid By Committee	

Name of Payee Nigel Lawson		Date of Payment 08/06/2026	Method of Payment ☒ Check # <u>561</u> ☐ Debit Card ☐ EFT	
Street Address 7 Norfolk St Apt 18		City Hartford	State CT	Zip Code 06112
Purpose of Expendit WAGE	Description week of 7/30-8/6			Amount \$270.00
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	

Name of Payee Lukas Houle		Date of Payment 08/06/2026	Method of Payment ☒ Check # <u>573</u> ☐ Debit Card ☐ EFT	
Street Address 106 Saddle Hill Rd		City Newington	State CT	Zip Code
Purpose of Expendit WAGE	Description Week of 7/30-8/6			Amount \$1,250.00
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	

Name of Payee Lenore Norman		Date of Payment 08/06/2026	Method of Payment ☒ Check # <u>569</u> ☐ Debit Card ☐ EFT	
Street Address 57 Hunterdon St		City Hartford	State CT	Zip Code 06105
Purpose of Expendit WAGE	Description Week of 7/30-8/6			Amount \$200.00
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
McCrory for Senate 2026	30 Days Following Primary - Original
N. Expenses Paid By Committee	

Name of Payee Madeleine Nestor		Date of Payment 08/06/2026	Method of Payment ☒ Check # <u>571</u> ☐ Debit Card ☐ EFT	
Street Address 38 Earle St Fl 1		City Hartford	State CT	Zip Code 06120
Purpose of Expendit WAGE	Description Week of 7/30-8/6, door knocker			Amount \$200.00
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	

Name of Payee Freda Seritella		Date of Payment 08/06/2026	Method of Payment ☒ Check # <u>567</u> ☐ Debit Card ☐ EFT	
Street Address 88 Ashley St		City Hartford	State CT	Zip Code 06105
Purpose of Expendit WAGE	Description Week of 7/30-8/6			Amount \$300.00
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	

Name of Payee Rory Granfield		Date of Payment 08/06/2026	Method of Payment ☒ Check # <u>566</u> ☐ Debit Card ☐ EFT	
Street Address 97 Westerly Ter		City Hartford	State CT	Zip Code 06105
Purpose of Expendit WAGE	Description Week of 7/30-8/6, 7 hours			Amount \$140.00
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
McCrory for Senate 2026	30 Days Following Primary - Original
N. Expenses Paid By Committee	

Name of Payee Dwight Wilson		Date of Payment 08/06/2026	Method of Payment ☒ Check # <u>568</u> ☐ Debit Card ☐ EFT	
Street Address 887 Asylum Ave		City Hartford	State CT	Zip Code 06105
Purpose of Expendit WAGE	Description week of 7/30-8/6			Amount \$200.00
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	

Name of Payee Angela Mentore-Giddings		Date of Payment 08/06/2026	Method of Payment ☒ Check # <u>565</u> ☐ Debit Card ☐ EFT	
Street Address 18 Townley St Apt H2		City Hartford	State CT	Zip Code 06105-1864
Purpose of Expendit WAGE	Description wages for 7/30-8/6			Amount \$120.00
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	

Name of Payee Benita Toussaint		Date of Payment 08/06/2026	Method of Payment ☒ Check # <u>572</u> ☐ Debit Card ☐ EFT	
Street Address 45 Niles St		City Hartford	State CT	Zip Code 06105-8700
Purpose of Expendit WAGE	Description 7/30-8/6 wages			Amount \$120.00
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
McCrory for Senate 2026	30 Days Following Primary - Original
N. Expenses Paid By Committee	

Name of Payee Sirika Brown		Date of Payment 08/06/2026	Method of Payment ☒ Check # <u>562</u> ☐ Debit Card ☐ EFT	
Street Address 45 Irving St		City Hartford	State CT	Zip Code 06112
Purpose of Expendit WAGE	Description wages for 7/30-8/6			Amount \$150.00
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	

Name of Payee Nick Neeley		Date of Payment 08/06/2026	Method of Payment ☒ Check # <u>575</u> ☐ Debit Card ☐ EFT	
Street Address 120 Main St Apt 5		City Meriden	State CT	Zip Code 06451
Purpose of Expendit RMB	Description PhoneBurner services			Amount \$165.00
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	

Name of Payee Sarah's On Park		Date of Payment 08/07/2026	Method of Payment ☒ Check # <u>576</u> ☐ Debit Card ☐ EFT	
Street Address 774 Park Ave		City Bloomfield	State CT	Zip Code 06002
Purpose of Expendit FOOD	Description Primary Day Watch Party and Thank You for workers and volunteers			Amount \$1,000.00
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
McCrory for Senate 2026	30 Days Following Primary - Original
N. Expenses Paid By Committee	

Name of Payee Angela Mentore-Giddings		Date of Payment 08/07/2026	Method of Payment ☒ Check # <u>551</u> ☐ Debit Card ☐ EFT	
Street Address 18 Townley St Apt H2		City Hartford	State CT	Zip Code 06105-1864
Purpose of Expendit WAGE	Description week of 7/31-8/6			Amount \$60.00
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	

Name of Payee Angela Mentore-Giddings		Date of Payment 08/07/2026	Method of Payment ☒ Check # <u>540</u> ☐ Debit Card ☐ EFT	
Street Address 18 Townley St Apt H2		City Hartford	State CT	Zip Code 06105-1864
Purpose of Expendit WAGE	Description week of 7/23-7/, calls			Amount \$60.00
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	

Name of Payee Kellie Guilbert		Date of Payment 08/07/2026	Method of Payment ☒ Check # <u>558</u> ☐ Debit Card ☐ EFT	
Street Address 72 Fitch Ave		City New London	State CT	Zip Code 06320
Purpose of Expendit RMB	Description Scale To Win - text messages Invoice# 40977			Amount \$939.10
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
McCrory for Senate 2026	30 Days Following Primary - Original
N. Expenses Paid By Committee	

Name of Payee Costco		Date of Payment 08/10/2026	Method of Payment ☐ Check # ☒ Debit Card ☐ EFT	
Street Address 284 Flanders Rd		City East Lyme	State CT	Zip Code 06333
Purpose of Expendit FOOD	Description Primary Day beverages & snacks for workers and volunteers			Amount \$113.38
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	

Name of Payee Lukas Houle		Date of Payment 08/10/2026	Method of Payment ☒ Check # <u>574</u> ☐ Debit Card ☐ EFT	
Street Address 106 Saddle Hill Rd		City Newington	State CT	Zip Code
Purpose of Expendit RMB	Description Staples - printer ink			Amount \$116.97
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	

Name of Payee Stop & Shop		Date of Payment 08/10/2026	Method of Payment ☐ Check # ☒ Debit Card ☐ EFT	
Street Address 99 Linwood Ave		City Colchester	State CT	Zip Code 06415
Purpose of Expendit FOOD	Description Primary Day beverages & snacks for workers and volunteers			Amount \$120.03
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
McCrory for Senate 2026	30 Days Following Primary - Original

N. Expenses Paid By Committee

Name of Payee Sign Design and Banner LLC/Exclusive Linez		Date of Payment 08/10/2026	Method of Payment ☐ Check # ☒ Debit Card ☐ EFT	
Street Address 40 Thomas St		City Hartford	State CT	Zip Code 06108-2012
Purpose of Expendit A-OTH	Description T-shirts for workers, volunteers & poll standers			Amount \$400.00
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	
Name of Payee Mailchimp		Date of Payment 08/10/2026	Method of Payment ☐ Check # ☒ Debit Card ☐ EFT	
Street Address 405 N Angier Ave NE		City Atlanta	State GA	Zip Code
Purpose of Expendit A-DM	Description recurring expense during the campaign			Amount \$26.77
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	
Name of Payee Dunkin' Donuts		Date of Payment 08/11/2026	Method of Payment ☐ Check # ☒ Debit Card ☐ EFT	
Street Address 903-905 Blue Hills Ave		City Bloomfield	State CT	Zip Code 06002
Purpose of Expendit FOOD	Description Drinks and donuts for poll standers			Amount \$68.77
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
McCrory for Senate 2026	30 Days Following Primary - Original

N. Expenses Paid By Committee

Name of Payee Dunkin' Donuts		Date of Payment 08/11/2026	Method of Payment ☐ Check # ☒ Debit Card ☐ EFT	
Street Address 903-905 Blue Hills Ave		City Bloomfield	State CT	Zip Code 06002
Purpose of Expendit FOOD	Description Drinks and donuts for poll standers			Amount \$52.25
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	
Name of Payee Kent Pizza		Date of Payment 08/11/2026	Method of Payment ☐ Check # ☒ Debit Card ☐ EFT	
Street Address 211 Garden St		City Hartford	State CT	Zip Code 06105
Purpose of Expendit FOOD	Description Lunch for staff and volunteers			Amount \$135.01
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	
Name of Payee KFC		Date of Payment 08/11/2026	Method of Payment ☐ Check # ☒ Debit Card ☐ EFT	
Street Address 930 New Britain Ave		City West Hartford	State CT	Zip Code 06110
Purpose of Expendit FOOD	Description Lunch for poll standers			Amount \$64.41
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
McCrory for Senate 2026	30 Days Following Primary - Original
N. Expenses Paid By Committee	

Name of Payee Stacy Smith		Date of Payment 08/11/2026	Method of Payment ☒ Check # <u>579</u> ☐ Debit Card ☐ EFT	
Street Address 6 Magnolia St		City Hartford	State CT	Zip Code 06112
Purpose of Expendit WAGE	Description Primary Day Poll Stander - all day			Amount \$200.00
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	

Name of Payee Nigel Lawson		Date of Payment 08/11/2026	Method of Payment ☒ Check # <u>588</u> ☐ Debit Card ☐ EFT	
Street Address 7 Norfolk St Apt 18		City Hartford	State CT	Zip Code 06112
Purpose of Expendit WAGE	Description Week 8/7-8/11			Amount \$540.00
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	

Name of Payee Ephraim Ricketts		Date of Payment 08/11/2026	Method of Payment ☒ Check # <u>581</u> ☐ Debit Card ☐ EFT	
Street Address 2197 Main St Apt 101		City Hartford	State CT	Zip Code 06120
Purpose of Expendit WAGE	Description Primary Day Poll Stander - all day			Amount \$200.00
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
McCrory for Senate 2026	30 Days Following Primary - Original
N. Expenses Paid By Committee	

Name of Payee Rory Granfield		Date of Payment 08/11/2026	Method of Payment ☒ Check # <u>589</u> ☐ Debit Card ☐ EFT	
Street Address 97 Westerly Ter		City Hartford	State CT	Zip Code 06105
Purpose of Expendit WAGE	Description Week of 8/7-8/11			Amount \$480.00
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	

Name of Payee Georgette Cicero		Date of Payment 08/11/2026	Method of Payment ☒ Check # <u>596</u> ☐ Debit Card ☐ EFT	
Street Address 31 High St Unit 6204		City East Hartford	State CT	Zip Code 06118
Purpose of Expendit WAGE	Description Primary Day Poll Stander - all day			Amount \$200.00
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	

Name of Payee Nyasia Tindle		Date of Payment 08/11/2026	Method of Payment ☒ Check # <u>584</u> ☐ Debit Card ☐ EFT	
Street Address 299 Enfield St		City Hartford	State CT	Zip Code 06112
Purpose of Expendit WAGE	Description for 8/7-8/11			Amount \$200.00
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
McCrory for Senate 2026	30 Days Following Primary - Original

N. Expenses Paid By Committee

Name of Payee Lukas Houle		Date of Payment 08/11/2026	Method of Payment ☒ Check # <u>592</u> ☐ Debit Card ☐ EFT	
Street Address 106 Saddle Hill Rd		City Newington	State CT	Zip Code
Purpose of Expendit WAGE	Description Campaign Manager Wages for the last week, 8/7-8/14			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	\$1,250.00

Name of Payee Marlo K. Bell-Lovett, Jr.		Date of Payment 08/11/2026	Method of Payment ☒ Check # <u>582</u> ☐ Debit Card ☐ EFT	
Street Address 347 Bellevue St		City Hartford	State CT	Zip Code 06120
Purpose of Expendit WAGE	Description Primary Day Poll Stander - all day			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	\$200.00

Name of Payee Ashley Goncalves		Date of Payment 08/11/2026	Method of Payment ☒ Check # <u>590</u> ☐ Debit Card ☐ EFT	
Street Address 99 Pebble Ln		City North Falmouth	State MA	Zip Code 02556
Purpose of Expendit WAGE	Description Staff wages from 8/7-8/14			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	\$600.00

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
McCrory for Senate 2026	30 Days Following Primary - Original
N. Expenses Paid By Committee	

Name of Payee Andrea Hill		Date of Payment 08/11/2026	Method of Payment ☒ Check # <u>578</u> ☐ Debit Card ☐ EFT	
Street Address 89D Montville St		City Hartford	State CT	Zip Code 06120
Purpose of Expendit WAGE	Description Primary Day Poll Stander-all day			Amount \$200.00
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	

Name of Payee Dwight Wilson		Date of Payment 08/11/2026	Method of Payment ☒ Check # <u>585</u> ☐ Debit Card ☐ EFT	
Street Address 887 Asylum Ave		City Hartford	State CT	Zip Code 06105
Purpose of Expendit WAGE	Description Staff worker, 8/7-8/11			Amount \$200.00
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	

Name of Payee Lenore Norman		Date of Payment 08/11/2026	Method of Payment ☒ Check # <u>586</u> ☐ Debit Card ☐ EFT	
Street Address 57 Hunterdon St		City Hartford	State CT	Zip Code 06105
Purpose of Expendit WAGE	Description Staff worker, 8/7-8/11			Amount \$200.00
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
McCrory for Senate 2026	30 Days Following Primary - Original
N. Expenses Paid By Committee	

Name of Payee Madeleine Nestor		Date of Payment 08/11/2026	Method of Payment ☒ Check # <u>595</u> ☐ Debit Card ☐ EFT	
Street Address 38 Earle St Fl 1		City Hartford	State CT	Zip Code 06120
Purpose of Expendit WAGE	Description Staff worker, door knocker, wages for 8/7-8/11			Amount \$450.00
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	
Name of Payee Freda Seritella		Date of Payment 08/11/2026	Method of Payment ☒ Check # <u>583</u> ☐ Debit Card ☐ EFT	
Street Address 88 Ashley St		City Hartford	State CT	Zip Code 06105
Purpose of Expendit WAGE	Description Staff worker, 8/7-8/11			Amount \$480.00
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	
Name of Payee Victoria Berry		Date of Payment 08/11/2026	Method of Payment ☒ Check # <u>580</u> ☐ Debit Card ☐ EFT	
Street Address 75 Clayton Rd		City East Hartford	State CT	Zip Code 06118
Purpose of Expendit WAGE	Description Week of 7/30-8/6			Amount \$70.00
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
McCrory for Senate 2026	30 Days Following Primary - Original
N. Expenses Paid By Committee	

Name of Payee Annette Hill		Date of Payment 08/11/2026	Method of Payment ☒ Check # <u>580</u> ☐ Debit Card ☐ EFT	
Street Address 12 Magnolia St		City Hartford	State CT	Zip Code 06112
Purpose of Expendit WAGE	Description Primary Day Poll Stander - all day			Amount \$200.00
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	

Name of Payee Emily Houle		Date of Payment 08/11/2026	Method of Payment ☒ Check # <u>564</u> ☐ Debit Card ☐ EFT	
Street Address 151 McKee St		City Manchester	State CT	Zip Code 06040
Purpose of Expendit WAGE	Description 7/30-8/6 wages			Amount \$260.00
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	

Name of Payee Angela Mentore-Giddings		Date of Payment 08/11/2026	Method of Payment ☒ Check # <u>591</u> ☐ Debit Card ☐ EFT	
Street Address 18 Townley St Apt H2		City Hartford	State CT	Zip Code 06105-1864
Purpose of Expendit WAGE	Description wages for 8/7-8/11			Amount \$300.00
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
McCrory for Senate 2026	30 Days Following Primary - Original
N. Expenses Paid By Committee	

Name of Payee Pamela Garden		Date of Payment 08/11/2026	Method of Payment ☒ Check # <u>593</u> ☐ Debit Card ☐ EFT	
Street Address 295 Enfield St		City Hartford	State CT	Zip Code 06112
Purpose of Expendit WAGE	Description Primary Day Poll Stander - all day			Amount \$200.00
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	

Name of Payee Benita Toussaint		Date of Payment 08/11/2026	Method of Payment ☒ Check # <u>587</u> ☐ Debit Card ☐ EFT	
Street Address 45 Niles St		City Hartford	State CT	Zip Code 06105-8700
Purpose of Expendit WAGE	Description 8/7-8/11			Amount \$200.00
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	

Name of Payee Victoria Berry		Date of Payment 08/11/2026	Method of Payment ☒ Check # <u>598</u> ☐ Debit Card ☐ EFT	
Street Address 75 Clayton Rd		City East Hartford	State CT	Zip Code 06118
Purpose of Expendit WAGE	Description wages from 8/7-8/11			Amount \$200.00
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
McCrory for Senate 2026	30 Days Following Primary - Original
N. Expenses Paid By Committee	

Name of Payee Red Rock Tavern		Date of Payment 08/11/2026	Method of Payment ☒ Check # <u>577</u> ☐ Debit Card ☐ EFT	
Street Address 369 Capitol Ave		City Hartford	State CT	Zip Code 06106
Purpose of Expendit FOOD	Description Lunch for staff and volunteers			Amount \$300.00
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	
Name of Payee Wells Fargo Bank		Date of Payment 08/11/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT	
Street Address 44 Jerome Ave		City Bloomfield	State CT	Zip Code 06002
Purpose of Expendit BNK	Description fee for #24 checks to pay workers			Amount \$24.00
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	
Name of Payee Sirika Brown		Date of Payment 08/11/2026	Method of Payment ☒ Check # <u>597</u> ☐ Debit Card ☐ EFT	
Street Address 45 Irving St		City Hartford	State CT	Zip Code 06112
Purpose of Expendit WAGE	Description wages for 8/4-8/11			Amount \$200.00
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
McCrory for Senate 2026	30 Days Following Primary - Original

N. Expenses Paid By Committee

Name of Payee Zoom Video Communications, Inc.		Date of Payment 08/18/2026	Method of Payment ☐ Check # ☒ Debit Card ☐ EFT	
Street Address 55 Almaden Blvd # 600		City San Jose	State CA	Zip Code 95113
Purpose of Expendit Misc *	Description Last recurring payment for Zoom usage			Amount \$18.07
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	
Name of Payee Nick Neeley		Date of Payment 08/24/2026	Method of Payment ☒ Check # <u>600</u> ☐ Debit Card ☐ EFT	
Street Address 120 Main St Apt 5		City Meriden	State CT	Zip Code 06451
Purpose of Expendit RMB	Description reimbursed for paying 8/10/26 PhoneBurner Invoices #1979468 & #1979469			Amount \$135.00
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	
Name of Payee Nick Neeley		Date of Payment 08/24/2026	Method of Payment ☒ Check # <u>599</u> ☐ Debit Card ☐ EFT	
Street Address 120 Main St Apt 5		City Meriden	State CT	Zip Code 06451
Purpose of Expendit RMB	Description reimbursed for \$138.88 Robocall Time Purchase & \$59.30 for Lowes, #8 48"x48" steel U-Posts			Amount \$198.18
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
McCrory for Senate 2026	30 Days Following Primary - Original

N. Expenses Paid By Committee

Name of Payee Red Rock Tavern		Date of Payment 08/24/2026	Method of Payment ☒ Check # <u>601</u> ☐ Debit Card ☐ EFT	
Street Address 369 Capitol Ave		City Hartford		State CT
Purpose of Expendit FOOD	Description Remaining cost for the lunch on Primary Day that totaled \$324.36, see check #577			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event # \$24.36	

Name of Payee Kellie Guilbert		Date of Payment 08/31/2026	Method of Payment ☒ Check # <u>602</u> ☐ Debit Card ☐ EFT	
Street Address 72 Fitch Ave		City New London		State CT
Purpose of Expendit RMB	Description Scale To Win - text messages invoice #41277			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event # \$70.28	

Name of Payee Kellie Guilbert		Date of Payment 08/31/2026	Method of Payment ☒ Check # <u>603</u> ☐ Debit Card ☐ EFT	
Street Address 72 Fitch Ave		City New London		State CT
Purpose of Expendit WAGE	Description Services Rendered			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event # \$1,000.00	

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
McCrory for Senate 2026	30 Days Following Primary - Original

N. Expenses Paid By Committee

Name of Payee Wells Fargo Bank		Date of Payment 08/31/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT	
Street Address 44 Jerome Ave		City Bloomfield	State CT	Zip Code 06002
Purpose of Expendit BNK	Description fee for #3 checks			Amount \$3.00
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and complete Itemization in Addendum N		Expenditure # (if applicable)	Event #	
Total of Section N				\$15,901.58

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
McCrory for Senate 2026	30 Days Following Primary - Original

O. Expenses Paid By Candidate

Name of Payee (Name of vendor who candidate paid directly)		Date of Payment	Is Reimbursement Claimed? Yes No	
Street Address	City	State	Zip Code	Amount
Purpose of Expenditure (by code)	Description	Event #		
Total of Section O				

IV. EXPENDITURES (Sections N - S)					
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)				TYPE OF REPORT	
McCrary for Senate 2026				30 Days Following Primary - Original	
P. Expenses Incurred on Committee Credit Card					
Name of Issuing Institution			Type of Credit Card: Visa Master Card Discover American Express Other		
Name of Vendor				Date of Transaction	
Street Address			City		State
					Zip Code
Purpose of Expenditure (by code)	Description				Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes No		Expenditure # (if applicable)	Event #		
If yes, assign an Expenditure # and complete Itemization in Addendum P					
Total of Section P					

IV. EXPENDITURES (Sections N - S)					
NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)				TYPE OF REPORT	
McCrary for Senate 2026				30 Days Following Primary - Original	
Q. Expenses Incurred By Committee but Not Paid During this Period					
Name of Creditor				Date Incurred	
Street Address			City		State
					Zip Code
Purpose of Expenditure (by code)	Description				Amount Incurred (Estimate or Actual)
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes No		Expenditure # (if applicable)	Event #		
If yes, assign an Expenditure # and completes Itemization in Addendum Q					
Total of Section Q					

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
McCrory for Senate 2026	30 Days Following Primary - Original

R. Itemization of Reimbursements and Secondary Payees

Last Name of Worker/Consultant Neeley	First Nick	MI	Date of Payment to Vendor 07/15/2026	Payment to Reimburse Committee Worker/Consultant as reported in Section N: ☒ Check # 575 ☐ Debit Card ☐ EFT
Name of Vendor Paid by Committee Worker/Consultant PhoneBurner				
Street Address of Vendor 1968 S Coast Hwy Ste 1800		City Laguna Beach		State CA Zip Code 92651
Purpose of Expenditure (by code) A-PH-BNK	Description for phone banking services			
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and completes Itemization in Addendum R		Expenditure # (if applicable)	Event #	Amount \$165.00

Last Name of Worker/Consultant Guilbert	First Kellie	MI	Date of Payment to Vendor 08/07/2026	Payment to Reimburse Committee Worker/Consultant as reported in Section N: ☒ Check # 558 ☐ Debit Card ☐ EFT
Name of Vendor Paid by Committee Worker/Consultant Scale To Win				
Street Address of Vendor 455 Market St Ste 1940		City San Francisco		State CA Zip Code 94105-2448
Purpose of Expenditure (by code) A-ATM	Description Scale To Win - text messages Invoice #40977			
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and completes Itemization in Addendum R		Expenditure # (if applicable)	Event #	Amount \$939.10

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)

TYPE OF REPORT

McCrory for Senate 2026

30 Days Following Primary - Original

R. Itemization of Reimbursements and Secondary Payees

Last Name of Worker/Consultant Houle	First Lukas	MI	Date of Payment to Vendor 08/10/2026	Payment to Reimburse Committee Worker/Consultant as reported in Section N: ☒ Check # 574 ☐ Debit Card ☐ EFT
Name of Vendor Paid by Committee Worker/Consultant Staples				
Street Address of Vendor 2550 Albany Ave		City West Hartford		State CT
Zip Code 06117				
Purpose of Expenditure (by code) OFFICE	Description Printer Ink			
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No		Expenditure # (if applicable)	Event #	Amount \$116.97
If yes, assign an Expenditure # and completes Itemization in Addendum R				

Last Name of Worker/Consultant Neeley	First Nick	MI	Date of Payment to Vendor 08/10/2026	Payment to Reimburse Committee Worker/Consultant as reported in Section N: ☒ Check # 600 ☐ Debit Card ☐ EFT
Name of Vendor Paid by Committee Worker/Consultant PhoneBurner				
Street Address of Vendor 1968 S Coast Hwy Ste 1800		City Laguna Beach		State CA
Zip Code 92651				
Purpose of Expenditure (by code) A-PH-BNK	Description PhoneBurner services			
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No		Expenditure # (if applicable)	Event #	Amount \$135.00
If yes, assign an Expenditure # and completes Itemization in Addendum R				

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
McCrory for Senate 2026	30 Days Following Primary - Original

R. Itemization of Reimbursements and Secondary Payees

Last Name of Worker/Consultant Neeley	First Nick	MI	Date of Payment to Vendor 08/10/2026	Payment to Reimburse Committee Worker/Consultant as reported in Section N: ☒ Check # 599 ☐ Debit Card ☐ EFT
Name of Vendor Paid by Committee Worker/Consultant NGP VAN				
Street Address of Vendor 48 Grove St Ste 202		City Somerville		State MA Zip Code 02144
Purpose of Expenditure (by code) A-PH-BNK	Description Robocall Time Purchase Order# H131820872-P153158254			
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and completes Itemization in Addendum R		Expenditure # (if applicable)	Event #	Amount \$138.88

Last Name of Worker/Consultant Neeley	First Nick	MI	Date of Payment to Vendor 08/10/2026	Payment to Reimburse Committee Worker/Consultant as reported in Section N: ☒ Check # 599 ☐ Debit Card ☐ EFT
Name of Vendor Paid by Committee Worker/Consultant Lowe's				
Street Address of Vendor 325 Cottage Grove Rd		City Bloomfield		State CT Zip Code 06002
Purpose of Expenditure (by code) A-SIGN	Description #8 steel posts - Transaction# 855009218			
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No If yes, assign an Expenditure # and completes Itemization in Addendum R		Expenditure # (if applicable)	Event #	Amount \$59.30

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)

TYPE OF REPORT

McCrary for Senate 2026

30 Days Following Primary - Original

R. Itemization of Reimbursements and Secondary Payees

Last Name of Worker/Consultant

First

MI

Date of Payment to Vendor

Payment to Reimburse Committee
Worker/Consultant as reported in
Section N:

Guilbert

Kellie

08/12/2026

☒ Check # 602☐ Debit Card☐ EFT

Name of Vendor Paid by Committee Worker/Consultant

Scale To Win

Street Address of Vendor

City

State

Zip Code

455 Market St Ste 1940

San Francisco

CA

94105-2448

Purpose of Expenditure
(by code)

Description

A-ATM

Scale To Win - text messages

Is this expenditure coordinated with another candidate for which
reimbursement is sought?☐

Yes

☒

No

Expenditure #
(if applicable)

Event #

Amount

If yes, assign an Expenditure # and completes Itemization in Addendum R

\$70.28

Total of Section R

\$1,624.53**IV. EXPENDITURES (Sections N - S)**

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)

TYPE OF REPORT

McCrary for Senate 2026

30 Days Following Primary - Original

S. Surplus Distribution of Equipment and Furniture

Name of Recipient

Street Address

City

State

Zip Code

Original Purchase
Amount of Item

Description of Item

Total of Section S

Section J4. ADDENDUM

NAME OF COMMITTEE	TYPE OF REPORT
J4. In - Kind Donations Not Considered Contribution Associated with a House Party - Addendum	
Event #	
Name of Candidate	

Section N. ADDENDUM

NAME OF COMMITTEE	TYPE OF REPORT
N. Expenses Paid By Committee - Addendum	
Expenditure #	Amount of Expenditure
Name of Candidate	Office Sought

Section P. ADDENDUM

NAME OF COMMITTEE	TYPE OF REPORT
P. Expenses Incurred on Committee Credit Card - Addendum	
Expenditure #	Amount of Expenditure
Name of Candidate	Office Sought

Section Q. ADDENDUM

NAME OF COMMITTEE		TYPE OF REPORT
Q. Expenses Incurred by Committee but Not Paid During this Period - Addendum		
Expenditure #	Amount of Expenditure	
Name of Candidate		Office Sought

Section R. ADDENDUM

NAME OF COMMITTEE		TYPE OF REPORT
R. Itemization of Reimbursements and Secondary Payees - Addendum		
Expenditure #	Amount of Expenditure	
Name of Candidate		Office Sought