SEEC FORM 30
Itemized Campaign Finance Disclosure Statement
CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION
Revised February 2015

Electronic Filing

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COVER PAGE

1.NAME OF COMMITTEE	2. TYPE OF COMMITTEE
McCrory for Senate 2026	[x] Candidate Committee [ ] Exploratory Committee

3. TREASURER NAME

First	MI	Last	Suffix
Kellie		**Guilbert**	

4. TREASURER ADDRESS

Street Address	City	State	Zip Code
72 Fitch Ave	**New London**	**CT**	**06320**

5. ELECTION DATE	6. OFFICE SOUGHT *(Complete only if Candidate Committee)*	7. DISTRICT NUMBER *(if applicable)*
11/03/2026	**State Senator**	**S002**

8. CANDIDATE NAME (Complete only if Candidate or Exploratory Committee)

First	MI	Last	Suffix
Douglas		**McCrory**	

9. TYPE OF REPORT

Final Weekly Supplemental Filing Primary - Original

10. PERIOD COVERED

Beginning Date		Ending Date
07/29/2026	thru	**08/04/2026**

11. CERTIFICATION

[x] 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	**Kellie Guilbert**	**08/05/2026 8:14:34PM**
SIGNATURE	PRINT NAME OF THE SIGNER	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	Final Weekly Supplemental Filing 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	**$23,263.77**	
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)	**$23,263.77**	**$140,687.04**
20. Expenses Paid by Committee (Section N)	**$6,510.26**	**$123,933.53**
21. Balance on hand at close of Reporting Period (Subtract line 20 from line 19 in both columns)	**$16,753.51**	**$16,753.51**
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	Final Weekly Supplemental Filing 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	Final Weekly Supplemental Filing 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	Final Weekly Supplemental Filing 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	Final Weekly Supplemental Filing Primary - Original

D. Loans Received this Period

Name of Lender		Source of Loan: Bank Candidate Individual Other			Date of Receipt
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	Final Weekly Supplemental Filing 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	Final Weekly Supplemental Filing 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	Final Weekly Supplemental Filing Primary - Original

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

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

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE	TYPE OF REPORT
McCrory for Senate 2026	Final Weekly Supplemental Filing 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	Final Weekly Supplemental Filing Primary - Original

J1. Event Information

Event # / Date of Event	Letter	Description	Was this a fundraising event?
08/04/2026	A	Luncheon Event	☐ Yes ☒ No

Location: Street Address	City	State	Zip Code
80 Coventry St	Hartford	CT	06112

Was this event hosted at a personal residence?	☐ Yes ☒ No	if yes, go to Section J4 In-Kind Donations not Considered Contributions Associated with a House Party and complete required information for any puchases made by host(s) for food, beverage and invitations.
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 ☒ No	If yes, to to Section J3 In-Kind Donations not Considered Contributions and complete required information.
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 ☒ No	(If yes, enter Total Receipts here.) $0.00

Total of Section J1	$0.00

II.EVENT ACTIVITY (Sections J1 - J4)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
McCrory for Senate 2026	Final Weekly Supplemental Filing 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	Date Received	Event #	Aggregate value for this event	
Sole Proprietorship				

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	Final Weekly Supplemental Filing 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	Final Weekly Supplemental Filing 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

If yes, list Event#

Description of In-Kind Contribution

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	Final Weekly Supplemental Filing 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	Final Weekly Supplemental Filing Primary - Original

N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
Lukas Houle	07/30/2026	[X] Check # 543 [ ] Debit Card [ ] EFT

Street Address	City	State	Zip Code
106 Saddle Hill Rd	Newington	CT	

Purpose of Expendit	Description	Amount
WAGE	Full time pay from 7/24-7/30	

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
[ ] Yes [X] No If yes, assign an Expenditure # and complete Itemization in Addendum N			$1,250.00

Name of Payee	Date of Payment	Method of Payment
Nigel Lawson	07/30/2026	[X] Check # 544 [ ] Debit Card [ ] EFT

Street Address	City	State	Zip Code
7 Norfolk St Apt 18	Hartford	CT	06112

Purpose of Expendit	Description	Amount
WAGE	14.75 hours from 7/24-7/30	

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
[ ] Yes [X] No If yes, assign an Expenditure # and complete Itemization in Addendum N			$295.00

Name of Payee	Date of Payment	Method of Payment
Vaughn Peoples-Hobson	07/30/2026	[X] Check # 545 [ ] Debit Card [ ] EFT

Street Address	City	State	Zip Code
3 Plum Rdg Lanew	Windsor	CT	06095

Purpose of Expendit	Description	Amount
WAGE	6.25 hours from 7/24-7/30	

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
[ ] Yes [X] No If yes, assign an Expenditure # and complete Itemization in Addendum N			$125.00

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
McCrory for Senate 2026	Final Weekly Supplemental Filing Primary - Original

N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
Freda Seritella	07/30/2026	[X] Check # 546 [ ] Debit Card [ ] EFT

Street Address	City	State	Zip Code
88 Ashley St	Hartford	CT	06105

Purpose of Expendit	Description	Amount
WAGE	15 hours from 7/24-7/30	$300.00

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #
[ ] Yes [X] No If yes, assign an Expenditure # and complete Itemization in Addendum N		

Name of Payee	Date of Payment	Method of Payment
Lenore Norman	07/30/2026	[X] Check # 547 [ ] Debit Card [ ] EFT

Street Address	City	State	Zip Code
57 Hunterdon St	Hartford	CT	06105

Purpose of Expendit	Description	Amount
WAGE	10 hours from 7/24-7/30	$200.00

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #
[ ] Yes [X] No If yes, assign an Expenditure # and complete Itemization in Addendum N		

Name of Payee	Date of Payment	Method of Payment
Nyasia Tindle	07/30/2026	[X] Check # 548 [ ] Debit Card [ ] EFT

Street Address	City	State	Zip Code
299 Enfield St	Hartford	CT	06112

Purpose of Expendit	Description	Amount
WAGE	10 hours from 7/24-7/30	$200.00

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #
[ ] Yes [X] No If yes, assign an Expenditure # and complete Itemization in Addendum N		

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
McCrory for Senate 2026	Final Weekly Supplemental Filing Primary - Original

N. Expenses Paid By Committee

Name of Payee: Dwight Wilson
Date of Payment: 07/30/2026
Method of Payment: [X] Check # 549 [ ] Debit Card [ ] EFT
Street Address: 887 Asylum Ave
City: Hartford
State: CT
Zip Code: 06105
Purpose of Expendit: WAGE
Description: 10 hours from 7/24-7/30
Amount: $200.00
Is this expenditure coordinated with another candidate for which reimbursement is sought? [ ] Yes [X] No
If yes, assign an Expenditure # and complete Itemization in Addendum N
Expenditure # (if applicable):
Event #:

Name of Payee: Benita Toussaint
Date of Payment: 07/30/2026
Method of Payment: [X] Check # 550 [ ] Debit Card [ ] EFT
Street Address: 45 Niles St
City: Hartford
State: CT
Zip Code: 06105-8700
Purpose of Expendit: WAGE
Description: 6 hours from 7/24-7/30
Amount: $120.00
Is this expenditure coordinated with another candidate for which reimbursement is sought? [ ] Yes [X] 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: 07/30/2026
Method of Payment: [X] Check # 551 [ ] Debit Card [ ] EFT
Street Address: 18 Townley St Apt H2
City: Hartford
State: CT
Zip Code: 06105-1864
Purpose of Expendit: WAGE
Description: 3 hours from 7/24-7/30
Amount: $60.00
Is this expenditure coordinated with another candidate for which reimbursement is sought? [ ] Yes [X] 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	Final Weekly Supplemental Filing Primary - Original

N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
Ashley Goncalves	07/30/2026	[X] Check # 552 [ ] Debit Card [ ] EFT

Street Address	City	State	Zip Code
99 Pebble Ln	North Falmouth	MA	02556

Purpose of Expendit	Description	Amount
WAGE	20 hours from 7/24-7/30	

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
[ ] Yes [X] No If yes, assign an Expenditure # and complete Itemization in Addendum N			$400.00

Name of Payee	Date of Payment	Method of Payment
Madeleine Nestor	07/30/2026	[X] Check # 553 [ ] Debit Card [ ] EFT

Street Address	City	State	Zip Code
38 Earle St Fl 1	Hartford	CT	06120

Purpose of Expendit	Description	Amount
WAGE	9 hours from 7/24-7/30	

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
[ ] Yes [X] No If yes, assign an Expenditure # and complete Itemization in Addendum N			$180.00

Name of Payee	Date of Payment	Method of Payment
Emily Houle	07/30/2026	[X] Check # 554 [ ] Debit Card [ ] EFT

Street Address	City	State	Zip Code
151 McKee St	Manchester	CT	06040

Purpose of Expendit	Description	Amount
WAGE	19 hours from 7/24-7/30	

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
[ ] Yes [X] No If yes, assign an Expenditure # and complete Itemization in Addendum N			$380.00

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
McCrory for Senate 2026	Final Weekly Supplemental Filing Primary - Original

N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
Victoria Berry	07/30/2026	[X] Check # 555 [ ] Debit Card [ ] EFT

Street Address	City	State	Zip Code
75 Clayton Rd	East Hartford	CT	06118

Purpose of Expendit	Description	Amount
WAGE	8 hours from 7/24-7/30	

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
[ ] Yes [X] No If yes, assign an Expenditure # and complete Itemization in Addendum N			$160.00

Name of Payee	Date of Payment	Method of Payment
Sirika Brown	07/30/2026	[X] Check # 556 [ ] Debit Card [ ] EFT

Street Address	City	State	Zip Code
45 Irving St	Hartford	CT	06112

Purpose of Expendit	Description	Amount
WAGE	4 hours from 7/24-7/30	

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
[ ] Yes [X] No If yes, assign an Expenditure # and complete Itemization in Addendum N			$80.00

Name of Payee	Date of Payment	Method of Payment
Wells Fargo Bank	07/30/2026	[ ] Check # [ ] Debit Card [X] EFT

Street Address	City	State	Zip Code
44 Jerome Ave	Bloomfield	CT	06002

Purpose of Expendit	Description	Amount
BNK	#24 checks - 554-577	

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
[ ] Yes [X] No If yes, assign an Expenditure # and complete Itemization in Addendum N			$24.00

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
McCrory for Senate 2026	Final Weekly Supplemental Filing Primary - Original

N. Expenses Paid By Committee

Name of Payee: Kellie Guilbert
Date of Payment: 08/04/2026
Method of Payment: [X] Check # 558 [ ] 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
Amount: $939.10
Is this expenditure coordinated with another candidate for which reimbursement is sought? [ ] Yes [X] No
If yes, assign an Expenditure # and complete Itemization in Addendum N
Expenditure # (if applicable):
Event #:

Name of Payee: The Perkey Group, LLC
Date of Payment: 08/04/2026
Method of Payment: [ ] Check # [ ] Debit Card [X] EFT
Street Address: 2630 Valletta Rd
City: Louisville
State: KY
Zip Code: 40205
Purpose of Expendit: A-WEB
Description: GOTV Digital - Invoice #1900
Amount: $1,500.00
Is this expenditure coordinated with another candidate for which reimbursement is sought? [ ] Yes [X] No
If yes, assign an Expenditure # and complete Itemization in Addendum N
Expenditure # (if applicable):
Event #:

Name of Payee: Domino's Pizza
Date of Payment: 08/04/2026
Method of Payment: [ ] Check # [X] Debit Card [ ] EFT
Street Address: 312 Farmington Ave
City: Hartford
State: CT
Zip Code: 06105
Purpose of Expendit: FOOD
Description: Lunch with the Seniors at the North End Senior Center
Amount: $64.36
Is this expenditure coordinated with another candidate for which reimbursement is sought? [ ] Yes [X] No
If yes, assign an Expenditure # and complete Itemization in Addendum N
Expenditure # (if applicable):
Event #: 08042026A

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
McCrory for Senate 2026	Final Weekly Supplemental Filing Primary - Original

N. Expenses Paid By Committee

Name of Payee	Date of Payment	Method of Payment
Freda Seritella	08/04/2026	[X] Check # 559 [ ] Debit Card [ ] EFT

Street Address	City	State	Zip Code
88 Ashley St	Hartford	CT	06105

Purpose of Expendit	Description	Amount
RMB	Sodas for seniors' lunch	

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	
[ ] Yes [X] No If yes, assign an Expenditure # and complete Itemization in Addendum N		08042026A	$32.80

Total of Section N	$6,510.26

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
McCrory for Senate 2026	Final Weekly Supplemental Filing 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
McCrory for Senate 2026	Final Weekly Supplemental Filing 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. If yes, assign an Expenditure # and complete Itemization in Addendum P	Expenditure # (if applicable)	Event #

Total of Section P	

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
McCrory for Senate 2026	Final Weekly Supplemental Filing 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. If yes, assign an Expenditure # and completes Itemization in Addendum Q	Expenditure # (if applicable)	Event #

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	Final Weekly Supplemental Filing 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		08/04/2026	[X] Check # 558 [ ] 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-PH-BNK	Scale To Win - text messaging - Invoice #40977

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
[ ] Yes [X] No If yes, assign an Expenditure # and completes Itemization in Addendum R			$939.10

Last Name of Worker/Consultant	First	MI	Date of Payment to Vendor	Payment to Reimburse Committee Worker/Consultant as reported in Section N:
Seritella	Freda		08/04/2026	[X] Check # 559 [ ] Debit Card [ ] EFT

Name of Vendor Paid by Committee Worker/Consultant: Family Dollar

Street Address of Vendor	City	State	Zip Code
190 Farmington Ave	Hartford	CT	06105

Purpose of Expenditure (by code)	Description
FOOD	Soda for seniors' lunch

Is this expenditure coordinated with another candidate for which reimbursement is sought?	Expenditure # (if applicable)	Event #	Amount
[ ] Yes [X] No If yes, assign an Expenditure # and completes Itemization in Addendum R		08042026A	$32.80

Total of Section R	**$971.90**

IV. EXPENDITURES (Sectuibs N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
McCrory for Senate 2026	Final Weekly Supplemental Filing 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