

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

Revised February 2015



Electronic Filing

Do Not Mark in This Space For Official Use Only

Page 1 of 20

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 Second Weekly Supplemental Filing Primary - Original					
10. PERIOD COVERED					
Beginning Date Ending Date 07/22/2026 thru 07/28/2026					
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		07/30/2026 5:43:44PM 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	Second 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	\$50,425.38	
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)	\$50,425.38	\$140,687.04
20. Expenses Paid by Committee (Section N)	\$27,128.81	\$117,390.47
21. Balance on hand at close of Reporting Period (Subtract line 20 from line 19 in both columns)	\$23,296.57	\$23,296.57
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				Second 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?			Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		Amount of Contribution
Yes No If yes, indicate which branch or branches of government the contract is with: Executive Legislative			Yes No If yes, list Event #		
Is this contribution associated with an event reported in Section J1?	Yes	Method of contribution:		Date Received	Aggregate Contributions
	No	Cash Personal Check Money Order Credit/Debit Card			
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				Second 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?		Amount of Contribution
			Yes No If yes, list Event #		
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				Second 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				Second Weekly Supplemental Filing 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		Second Weekly Supplemental Filing Primary - Original	
E. Personal Funds of the Candidate Received this Period (Candidate Committees ONLY)			
Date of Receipt	Method of Payment Cash Personal Check Credit/Debit Card		Amount
Total of Section E			

I. Monetary Receipts (Section A-I)

NAME OF COMMITTEE		TYPE OF REPORT	
McCrory for Senate 2026		Second Weekly Supplemental Filing Primary - Original	
G. Interest from Deposits in Authorized Accounts			
Name of Institution		Date Received	Amount
Street Address	City	State	
Total of Section G			

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE		TYPE OF REPORT	
McCrory for Senate 2026		Second Weekly Supplemental Filing Primary - Original	
H. Public Grant Funds Received from the Citizens' Election Fund			
Purpose of Grant: Initial Grant Adjustment Supplemental/Post Election Deficit	Grant Cycle: Primary General Election Special Election	Date Received	Amount
Total of Section H			

I. MONETARY RECEIPTS (Section A-I)

NAME OF COMMITTEE				TYPE OF REPORT	
McCrory for Senate 2026				Second 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				Second Weekly Supplemental Filing 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

Second 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

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

Second 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

Second 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

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

Second 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	Second Weekly Supplemental Filing Primary - Original
N. Expenses Paid By Committee	

Name of Payee Bergmann Zwerdling Direct		Date of Payment 07/22/2026	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 6x11 Mailer - Invoice #10973			Amount \$5,490.00
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 07/23/2026	Method of Payment ☒ Check # <u>527</u> ☐ Debit Card ☐ EFT	
Street Address 106 Saddle Hill Rd		City Newington		State CT
Zip Code				
Purpose of Expendit RMB	Description #2 cell phones with minutes			Amount \$96.94
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 07/23/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT	
Street Address 44 Jerome Ave		City Bloomfield		State CT
Zip Code 06002				
Purpose of Expendit BNK	Description Charge for #24 checks			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 #	

IV. EXPENDITURES (Sections N - S)

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

N. Expenses Paid By Committee

Name of Payee Ashley Goncalves		Date of Payment 07/23/2026	Method of Payment ☒ Check # <u>530</u> ☐ Debit Card ☐ EFT	
Street Address 99 Pebble Ln		City North Falmouth	State MA	Zip Code 02556
Purpose of Expendit WAGE	Description 16 hours worked		Amount \$320.00	
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)		
Name of Payee Victoria Berry		Date of Payment 07/23/2026	Method of Payment ☒ Check # <u>531</u> ☐ Debit Card ☐ EFT	
Street Address 75 Clayton Rd		City East Hartford	State CT	Zip Code 06118
Purpose of Expendit WAGE	Description 7.5 hours worked		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)		
Name of Payee Sirika Brown		Date of Payment 07/23/2026	Method of Payment ☒ Check # <u>532</u> ☐ Debit Card ☐ EFT	
Street Address 45 Irving St		City Hartford	State CT	Zip Code 06112
Purpose of Expendit WAGE	Description 7.5 hours worked		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)		

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
McCrory for Senate 2026	Second Weekly Supplemental Filing Primary - Original
N. Expenses Paid By Committee	

Name of Payee Freda Seritella		Date of Payment 07/23/2026	Method of Payment ☒ Check # <u>533</u> ☐ Debit Card ☐ EFT	
Street Address 88 Ashley St		City Hartford	State CT	Zip Code 06105
Purpose of Expendit WAGE	Description 15 hours worked		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)		

Name of Payee Dwight Wilson		Date of Payment 07/23/2026	Method of Payment ☒ Check # <u>534</u> ☐ Debit Card ☐ EFT	
Street Address 887 Asylum Ave		City Hartford	State CT	Zip Code 06105
Purpose of Expendit WAGE	Description 10 hours worked		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)		

Name of Payee Nyasia Tindle		Date of Payment 07/23/2026	Method of Payment ☒ Check # <u>535</u> ☐ Debit Card ☐ EFT	
Street Address 299 Enfield St		City Hartford	State CT	Zip Code 06112
Purpose of Expendit WAGE	Description 10 hours worked		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)		

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
McCrory for Senate 2026	Second Weekly Supplemental Filing Primary - Original
N. Expenses Paid By Committee	

Name of Payee Lenore Norman		Date of Payment 07/23/2026	Method of Payment ☒ Check # <u>536</u> ☐ Debit Card ☐ EFT	
Street Address 57 Hunterdon St		City Hartford	State CT	Zip Code 06105
Purpose of Expendit WAGE	Description 10 hours worked		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)		

Name of Payee Vaughn Peoples-Hobson		Date of Payment 07/23/2026	Method of Payment ☒ Check # <u>537</u> ☐ Debit Card ☐ EFT	
Street Address 3 Plum Rdg Lanew		City Windsor	State CT	Zip Code 06095
Purpose of Expendit WAGE	Description 4 hours worked		Amount \$80.00	
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)		

Name of Payee Nigel Lawson		Date of Payment 07/23/2026	Method of Payment ☒ Check # <u>538</u> ☐ Debit Card ☐ EFT	
Street Address 7 Norfolk St Apt 18		City Hartford	State CT	Zip Code 06112
Purpose of Expendit WAGE	Description 14 hours worked		Amount \$280.00	
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)		

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
McCrory for Senate 2026	Second Weekly Supplemental Filing Primary - Original
N. Expenses Paid By Committee	

Name of Payee Benita Toussaint		Date of Payment 07/23/2026	Method of Payment ☒ Check # <u>539</u> ☐ Debit Card ☐ EFT	
Street Address 45 Niles St		City Hartford	State CT	Zip Code 06105-8700
Purpose of Expendit WAGE	Description 3 hours worked			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 07/23/2026	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 3 hours worked			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 Emily Houle		Date of Payment 07/23/2026	Method of Payment ☒ Check # <u>541</u> ☐ Debit Card ☐ EFT	
Street Address 151 McKee St		City Manchester	State CT	Zip Code 06040
Purpose of Expendit WAGE	Description 18 hours worked			Amount \$360.00
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	Second Weekly Supplemental Filing Primary - Original
N. Expenses Paid By Committee	

Name of Payee Lukas Houle		Date of Payment 07/23/2026	Method of Payment ☒ Check # <u>542</u> ☐ Debit Card ☐ EFT	
Street Address 106 Saddle Hill Rd		City Newington	State CT	Zip Code
Purpose of Expendit WAGE	Description Full-time weekly payment for 7/17-7/23		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 Bergmann Zwerdling Direct		Date of Payment 07/24/2026	Method of Payment ☐ Check # ☐ Debit Card ☒ EFT	
Street Address 1228 Connecticut Ave NW		City Washington	State DC	Zip Code 20036
Purpose of Expendit A-OTH	Description 4.25x11 Walk Cards - Invoice #10990		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 #	\$430.31
Name of Payee Domino's Pizza		Date of Payment 07/27/2026	Method of Payment ☐ Check # ☒ Debit Card ☐ EFT	
Street Address 312 Farmington Ave		City Hartford	State CT	Zip Code 06105
Purpose of Expendit FOOD	Description Dinner for workers		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 #	\$64.36

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)	TYPE OF REPORT
McCrory for Senate 2026	Second Weekly Supplemental Filing Primary - Original
N. Expenses Paid By Committee	

Name of Payee Bergmann Zwerdling Direct		Date of Payment 07/28/2026	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 10.5x17 mailer - Invoice #10997			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No		Expenditure # (if applicable)	Event #	\$5,961.60
If yes, assign an Expenditure # and complete Itemization in Addendum N				

Name of Payee Bergmann Zwerdling Direct		Date of Payment 07/28/2026	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 8.5x22 Mailer - Invoice #1100			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No		Expenditure # (if applicable)	Event #	\$5,961.60
If yes, assign an Expenditure # and complete Itemization in Addendum N				

Name of Payee Bergmann Zwerdling Direct		Date of Payment 07/28/2026	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 Mailer - Invoice #11002			Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? ☐ Yes ☒ No		Expenditure # (if applicable)	Event #	\$5,490.00
If yes, assign an Expenditure # and complete Itemization in Addendum N				

Total of Section N**\$27,128.81**

IV. EXPENDITURES (Sections N - S)

NAME OF COMMITTEE (Provide Complete Name as Registered with Commission)				TYPE OF REPORT	
McCrory for Senate 2026				Second 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				Second 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	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	
McCrory for Senate 2026				Second 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)	
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

Second 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:

Check #

Debit Card

EFT

Name of Vendor Paid by Committee Worker/Consultant

Street Address of Vendor

City

State

Zip Code

Purpose of Expenditure
(by code)

Description

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

Total of Section R**IV. EXPENDITURES (Sectuibs N - S)**

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

TYPE OF REPORT

McCrory for Senate 2026

Second 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