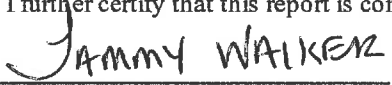
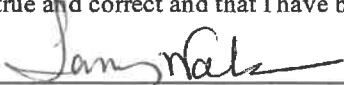


# Disclosure Report Cover

Amendment

☒ Yes ☐ No

Use this form for general report and committee information, must be signed and submitted along with other detailed forms.  
Do not use this form to update information.

|                                                                                                                                                                                                                                                                                                                                                                 |                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------|
| <b>1. Committee Information</b>                                                                                                                                                                                                                                                                                                                                 |                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                |
| <b>a. Full Name</b>                                                                                                                                                                                                                                                                                                                                             |                                        | <b>c. ID Number</b>                                                                                                                                                                                                                                                                                                                                                                                                                |                                |
| MCCANN FOR DURHAM CITY COUNCIL                                                                                                                                                                                                                                                                                                                                  |                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                |
| <b>b. Mailing Address (include City, State and Zip Code)</b>                                                                                                                                                                                                                                                                                                    |                                        | <b>d. Date Filed</b>                                                                                                                                                                                                                                                                                                                                                                                                               |                                |
| 607 LARCHWOOD DRIVE<br>DURHAM, NC 27713                                                                                                                                                                                                                                                                                                                         |                                        | 07/31/2026                                                                                                                                                                                                                                                                                                                                                                                                                         |                                |
|                                                                                                                                                                                                                                                                                                                                                                 |                                        | <b>e. Phone Number</b>                                                                                                                                                                                                                                                                                                                                                                                                             |                                |
|                                                                                                                                                                                                                                                                                                                                                                 |                                        | (984) 355-0189                                                                                                                                                                                                                                                                                                                                                                                                                     |                                |
| <b>2. Report Year</b>                                                                                                                                                                                                                                                                                                                                           | <b>3. Period Start Date (mm/dd/yy)</b> | <b>4. Period End Date (mm/dd/yy)</b>                                                                                                                                                                                                                                                                                                                                                                                               | <b>5. Treasurer Full Name</b>  |
| 2025                                                                                                                                                                                                                                                                                                                                                            | 07/01/2025                             | 08/26/2025                                                                                                                                                                                                                                                                                                                                                                                                                         | TAMMY WALKER                   |
| <b>6. Type of Committee (Check One)</b>                                                                                                                                                                                                                                                                                                                         |                                        | <b>9. Type of Report (check only one type of report from one category)</b>                                                                                                                                                                                                                                                                                                                                                         |                                |
| <input checked="" type="checkbox"/> Candidate Campaign <input type="checkbox"/> Party<br><input type="checkbox"/> Joint Fundraiser <input type="checkbox"/> PAC<br><input type="checkbox"/> Referendum <input type="checkbox"/> Legal Expense Fund                                                                                                              |                                        | <b>Municipal</b><br><input type="checkbox"/> Organizational<br><input checked="" type="checkbox"/> Thirty-five day<br><input type="checkbox"/> Pre-primary<br><input type="checkbox"/> Pre-election<br><input type="checkbox"/> Pre-runoff<br><input type="checkbox"/> Semi-annual<br><input type="checkbox"/> Mid Year<br><input type="checkbox"/> Year End<br><input type="checkbox"/> Final<br><input type="checkbox"/> Special |                                |
| <b>7. Type of Fund (if applicable, check one)</b>                                                                                                                                                                                                                                                                                                               |                                        | <b>State/County</b>                                                                                                                                                                                                                                                                                                                                                                                                                |                                |
| <input type="checkbox"/> "Booster Fund"<br><input type="checkbox"/> Building Fund<br><input type="checkbox"/> Presidential Election Year Candidates Fund<br><input type="checkbox"/> NC Public Campaign Financing Fund<br><input type="checkbox"/> Other:                                                                                                       |                                        | <input type="checkbox"/> Organizational<br>Quarterly<br><input type="checkbox"/> First<br><input type="checkbox"/> Second<br><input type="checkbox"/> Third<br><input type="checkbox"/> Fourth<br>Semi-annual<br><input type="checkbox"/> Mid Year<br><input type="checkbox"/> Year End<br><input type="checkbox"/> Final<br><input type="checkbox"/> Special                                                                      |                                |
| <b>8. Number of Fundraisers this Report</b>                                                                                                                                                                                                                                                                                                                     |                                        | <b>10. Special Report Name</b>                                                                                                                                                                                                                                                                                                                                                                                                     |                                |
| 0                                                                                                                                                                                                                                                                                                                                                               |                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                |
| <b>3. Account Information</b>                                                                                                                                                                                                                                                                                                                                   |                                        | <b>3. Account Information</b>                                                                                                                                                                                                                                                                                                                                                                                                      |                                |
| <b>a. Financial Institution Full Name</b>                                                                                                                                                                                                                                                                                                                       |                                        | <b>a. Financial Institution Full Name</b>                                                                                                                                                                                                                                                                                                                                                                                          |                                |
| FIRST CITIZENS BANK                                                                                                                                                                                                                                                                                                                                             |                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                |
| <b>b. Purpose</b>                                                                                                                                                                                                                                                                                                                                               | <b>c. Account Code</b>                 | <b>b. Purpose</b>                                                                                                                                                                                                                                                                                                                                                                                                                  | <b>c. Account Code</b>         |
| CAMPAIGN FUNDS                                                                                                                                                                                                                                                                                                                                                  | 1                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                |
|                                                                                                                                                                                                                                                                                                                                                                 | <b>d. Period Begin Balance</b>         |                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>d. Period Begin Balance</b> |
|                                                                                                                                                                                                                                                                                                                                                                 | \$ 650.00                              |                                                                                                                                                                                                                                                                                                                                                                                                                                    | \$                             |
| <b>CERTIFICATION</b>                                                                                                                                                                                                                                                                                                                                            |                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                |
| I certify that the Committee or Fund is in compliance with all applicable provisions of Article 22A, 22B & 22D-22M of Chapter 163 of the NC General Statutes and that no funds are commingled with prohibited or other non-disclosed funds. I further certify that this report is complete, true and correct and that I have been trained by the NC State Board |                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                |
| <br>Printed Name of Signer                                                                                                                                                                                                                                                   |                                        | <br>Signature of Appointed Treasurer                                                                                                                                                                                                                                                                                                           |                                |
|                                                                                                                                                                                                                                                                                                                                                                 |                                        | 07/31/2026<br>Date                                                                                                                                                                                                                                                                                                                                                                                                                 |                                |
| <b>FOR OFFICE USE ONLY</b>                                                                                                                                                                                                                                                                                                                                      |                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                |
| Date Received:                                                                                                                                                                                                                                                                                                                                                  | 8/3/26                                 | Employee:                                                                                                                                                                                                                                                                                                                                                                                                                          | Not                            |
| Date Postmarked:                                                                                                                                                                                                                                                                                                                                                |                                        | IN PERSON                                                                                                                                                                                                                                                                                                                                                                                                                          |                                |
| Date Scanned:                                                                                                                                                                                                                                                                                                                                                   |                                        | AUG 09 2026                                                                                                                                                                                                                                                                                                                                                                                                                        |                                |
| Date Data Entered:                                                                                                                                                                                                                                                                                                                                              |                                        | Durham County BOE                                                                                                                                                                                                                                                                                                                                                                                                                  |                                |
|                                                                                                                                                                                                                                                                                                                                                                 |                                        | <b>Delivery Method</b><br><input type="checkbox"/> Normal Mail<br><input type="checkbox"/> Registered Mail<br><input checked="" type="checkbox"/> Hand Delivered<br><input type="checkbox"/> Electronically Filed<br><input type="checkbox"/> Signer has not received mandatory training                                                                                                                                           |                                |
| <b>Please Note:</b> This form cannot be used to amend committee information such as the committee address, treasurer, assistant treasurer, custodian of books information, or account information.<br>You must amend the Statement of Organization (CRO-2100A-E) to make committee changes.                                                                     |                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                |

# Detailed Summary

Amendment  
☒ Yes ☐ No

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

|                                                                              |  |                             |  |                           |  |
|------------------------------------------------------------------------------|--|-----------------------------|--|---------------------------|--|
| 1. Committee Full Name (and Fund if applicable)                              |  | 2. Type of Report           |  | 3. ID Number              |  |
| MCCANN FOR DURHAM CITY COUNCIL                                               |  | 2025 Thirty-five-day        |  |                           |  |
| Start of Election Cycle: January 1, 2025                                     |  | Total this Reporting Period |  | Total this Election Cycle |  |
| 4) Cash on Hand at Start                                                     |  | \$ 650.00                   |  | \$ 0.00                   |  |
| <b>RECEIPTS</b>                                                              |  |                             |  |                           |  |
| 5) Aggregated Contributions from Individuals (CRO-1205)                      |  | \$ 195.00                   |  | \$ 195.00                 |  |
| 6) Contributions from Individuals (CRO-1210)                                 |  | \$ 3,110.84                 |  | \$ 3,760.84               |  |
| 7) Contributions from Political Party Committees (CRO-1220)                  |  | \$ 2,200.00                 |  | \$ 2,200.00               |  |
| 8) Contributions from Other Political Committees (CRO-1230)                  |  | \$ 0.00                     |  | \$ 0.00                   |  |
| 9) Loan Proceeds (CRO-1410)                                                  |  | \$ 0.00                     |  | \$ 0.00                   |  |
| 10) Refunds/Reimbursements to the Committee (CRO-1240)                       |  | \$ 0.00                     |  | \$ 0.00                   |  |
| 11) Other Receipt Sources                                                    |  |                             |  |                           |  |
| 11a) Interest on Bank Accounts (CRO-1250)                                    |  | \$ 0.00                     |  | \$ 0.00                   |  |
| 11b) Contributions from Not-For-Profit Organizations (CRO-1250)              |  | \$ 0.00                     |  | \$ 0.00                   |  |
| 11c) Outside Sources of Income (CRO-1250)                                    |  | \$ 0.00                     |  | \$ 0.00                   |  |
| 11d) Legal Expense Fund - Other Sources (CRO-1270)                           |  | \$ 0.00                     |  | \$ 0.00                   |  |
| 11e) Exempt Purchase Price Sales (CRO-1265)                                  |  | \$ 0.00                     |  | \$ 0.00                   |  |
| 12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d and 11e) |  | \$ 5,505.84                 |  | \$ 6,155.84               |  |
| <b>EXPENDITURES</b>                                                          |  |                             |  |                           |  |
| 13) Disbursements                                                            |  |                             |  |                           |  |
| 13a) Operating Expenditures (CRO-1310)                                       |  | \$ 2,173.80                 |  | \$ 2,173.80               |  |
| 13b) Contributions to Candidates/Political Committees (CRO-1310)             |  | \$ 0.00                     |  | \$ 0.00                   |  |
| 13c) Coordinated Party Expenditures (CRO-1310)                               |  | \$ 0.00                     |  | \$ 0.00                   |  |
| 14) Aggregated Non-Media Expenditures (CRO-1315)                             |  | \$ 77.75                    |  | \$ 77.75                  |  |
| 15) Loan Repayments (CRO-1420)                                               |  | \$ 0.00                     |  | \$ 0.00                   |  |
| 16) Refunds/Reimbursements from the Committee (CRO-1320)                     |  | \$ 0.00                     |  | \$ 0.00                   |  |
| 17) In-Kind Contributions (CRO-1510)                                         |  | \$ 1,310.84                 |  | \$ 1,310.84               |  |
| 18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)          |  | \$ 3,562.39                 |  | \$ 3,562.39               |  |
| 19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18) |  | \$ 2,593.45                 |  | \$ 2,593.45               |  |
| <b>ADDITIONAL INFORMATION</b>                                                |  |                             |  |                           |  |
| 20) Non-Monetary Gifts Given to Other Committees (CRO-1330)                  |  | \$ 0.00                     |  |                           |  |
| 21) Outstanding Loans (incl. ones from other campaigns) (CRO-1430)           |  | \$ 0.00                     |  |                           |  |
| 22) Debts and Obligations owed by the Committee (CRO-1610)                   |  | \$ 0.00                     |  |                           |  |
| 23) Debts and Obligations owed to the Committee (CRO-1620)                   |  | \$ 0.00                     |  |                           |  |
| 24) Account Transfers Within the Committee (CRO-1720)                        |  | \$ 0.00                     |  |                           |  |
| 25) Administrative Support IN-PERSON (CRO-1710)                              |  | \$ 0.00                     |  | \$ 0.00                   |  |
| 26) Forgiven Loans (CRO-1440)                                                |  | \$ 0.00                     |  | \$ 0.00                   |  |
| 27) 48-Hour Notice Reports Sum (CRO-2220)                                    |  | \$ 0.00                     |  | \$ 0.00                   |  |
| 28) Contributions to be Refunded Durham County Board (CRO-1215)              |  | \$ 0.00                     |  | \$ 0.00                   |  |

**Aggregated Contributions from Individuals**Page 1 of 1

Amendment

☒ Yes ☐ No

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

|                                                                                                                 |                        |                           |                               |                             |                     |  |
|-----------------------------------------------------------------------------------------------------------------|------------------------|---------------------------|-------------------------------|-----------------------------|---------------------|--|
| <b>1. Committee Full Name (and Fund if applicable)</b>                                                          |                        |                           |                               |                             | <b>2. ID Number</b> |  |
| MCCANN FOR DURHAM CITY COUNCIL                                                                                  |                        |                           |                               |                             |                     |  |
| <b>3. Contributor Information</b>                                                                               |                        |                           |                               |                             |                     |  |
| <b>a. Amend</b>                                                                                                 | <b>b. Account Code</b> | <b>c. Form of Payment</b> | <b>d. In-Kind Description</b> | <b>e. Date (mm/dd/yyyy)</b> | <b>f. Amount</b>    |  |
| <input type="checkbox"/> Add<br><input type="checkbox"/> Remove                                                 | 1                      | Check                     |                               | 08/19/2025                  | \$ 25.00            |  |
| <input type="checkbox"/> Add<br><input type="checkbox"/> Remove                                                 | 1                      | Electric Funds Tran       |                               | 07/21/2025                  | \$ 50.00            |  |
| <input type="checkbox"/> Add<br><input type="checkbox"/> Remove                                                 | 1                      | Check                     |                               | 08/14/2025                  | \$ 50.00            |  |
| <input type="checkbox"/> Add<br><input type="checkbox"/> Remove                                                 | 1                      | Electric Funds Tran       |                               | 08/11/2025                  | \$ 20.00            |  |
| <input type="checkbox"/> Add<br><input type="checkbox"/> Remove                                                 | 1                      | Cash                      |                               | 08/19/2025                  | \$ 50.00            |  |
| <b>4. Total only this Page</b>                                                                                  |                        |                           |                               |                             | \$ \$195.00         |  |
| <b>5. Total of ALL CRO-1205 Pages</b><br><i>(This line must be on line 5 of Detailed Summary Page CRO-1100)</i> |                        |                           |                               |                             | \$ \$195.00         |  |

CRO-1205

NC State Board of Elections

April 2007

IN-PERSON

AUG 03 2026

Durham County BOE

# Contributions from Individuals

Pg 1 of 5

Amendment

☒ Yes ☐ No

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

|                                                                                                          |                        |                           |                                          |                             |                                |  |
|----------------------------------------------------------------------------------------------------------|------------------------|---------------------------|------------------------------------------|-----------------------------|--------------------------------|--|
| <b>1. Committee Full Name (and Fund if applicable)</b>                                                   |                        |                           |                                          |                             | <b>2. ID Number</b>            |  |
| MCCANN FOR DURHAM CITY COUNCIL                                                                           |                        |                           |                                          |                             |                                |  |
| <b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove           |                        |                           |                                          |                             |                                |  |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br>(include city, state, & zip)                         |                        |                           | <b>b. Job Title/Profession</b>           |                             | <b>d. Comments</b>             |  |
| NATALIE BEAUCHAINE<br>128 WHITE HORSE RUN<br>BAHAMA, NC 27503                                            |                        |                           | ADMIN                                    |                             |                                |  |
|                                                                                                          |                        |                           | <b>c. Employer's Name/Specific Field</b> |                             |                                |  |
|                                                                                                          |                        |                           | DUKE                                     |                             | <b>e. Election Sum to Date</b> |  |
|                                                                                                          |                        |                           |                                          | \$ 100.00                   |                                |  |
| <b>f. Prior</b>                                                                                          | <b>g. Account Code</b> | <b>h. Form of Payment</b> | <b>i. In-Kind Description</b>            | <b>j. Date (mm/dd/yyyy)</b> | <b>k. Amount</b>               |  |
| <input type="checkbox"/>                                                                                 | 1                      | Check                     |                                          | 08/19/2025                  | \$ 100.00                      |  |
| <input type="checkbox"/>                                                                                 |                        |                           |                                          |                             | \$                             |  |
| <input type="checkbox"/>                                                                                 |                        |                           |                                          |                             | \$                             |  |
| <b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove           |                        |                           |                                          |                             |                                |  |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br>(include city, state, & zip)                         |                        |                           | <b>b. Job Title/Profession</b>           |                             | <b>d. Comments</b>             |  |
| JESSE BIKMAN<br>3 MEDEARIS CT<br>DURHAM, NC 27707                                                        |                        |                           | TECHNOLOGY                               |                             |                                |  |
|                                                                                                          |                        |                           | <b>c. Employer's Name/Specific Field</b> |                             |                                |  |
|                                                                                                          |                        |                           | DEUTSCHE BANK                            |                             | <b>e. Election Sum to Date</b> |  |
|                                                                                                          |                        |                           |                                          | \$ 100.00                   |                                |  |
| <b>f. Prior</b>                                                                                          | <b>g. Account Code</b> | <b>h. Form of Payment</b> | <b>i. In-Kind Description</b>            | <b>j. Date (mm/dd/yyyy)</b> | <b>k. Amount</b>               |  |
| <input type="checkbox"/>                                                                                 | 1                      | Electric Funds Tran       |                                          | 07/29/2025                  | \$ 100.00                      |  |
| <input type="checkbox"/>                                                                                 |                        |                           |                                          |                             | \$                             |  |
| <input type="checkbox"/>                                                                                 |                        |                           |                                          |                             | \$                             |  |
| <b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove           |                        |                           |                                          |                             |                                |  |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br>(include city, state, & zip)                         |                        |                           | <b>b. Job Title/Profession</b>           |                             | <b>d. Comments</b>             |  |
| SUSAN BROWNING<br>603 HOLLYRIDGE<br>DURHAM, NC 27712                                                     |                        |                           | NO JOB TITLE OR                          |                             |                                |  |
|                                                                                                          |                        |                           | <b>c. Employer's Name/Specific Field</b> |                             |                                |  |
|                                                                                                          |                        |                           | NOT EMPLOYED                             |                             | <b>e. Election Sum to Date</b> |  |
|                                                                                                          |                        |                           |                                          | \$ 75.00                    |                                |  |
| <b>f. Prior</b>                                                                                          | <b>g. Account Code</b> | <b>h. Form of Payment</b> | <b>i. In-Kind Description</b>            | <b>j. Date (mm/dd/yyyy)</b> | <b>k. Amount</b>               |  |
| <input type="checkbox"/>                                                                                 | 1                      | Check                     | IN-PERSON                                | 08/19/2025                  | \$ 75.00                       |  |
| <input type="checkbox"/>                                                                                 |                        |                           | AUG 03 2026                              |                             | \$                             |  |
| <input type="checkbox"/>                                                                                 |                        |                           | Durham County BOE                        |                             | \$                             |  |
| <b>4. Total only this Page</b>                                                                           |                        |                           |                                          |                             | \$ 275.00                      |  |
| <b>5. Total of ALL CRO-1210 Pages</b><br>(This line must be on line 6 of Detailed Summary Page CRO-1100) |                        |                           |                                          |                             | \$ 3,110.84                    |  |

# Contributions from Individuals

Pg 2 of 5

Amendment

☒ Yes ☐ No

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

|                                                                                                          |                        |                           |                                          |                             |                                |  |
|----------------------------------------------------------------------------------------------------------|------------------------|---------------------------|------------------------------------------|-----------------------------|--------------------------------|--|
| <b>1. Committee Full Name (and Fund if applicable)</b><br>MCCANN FOR DURHAM CITY COUNCIL                 |                        |                           |                                          |                             | <b>2. ID Number</b>            |  |
| <b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove           |                        |                           |                                          |                             |                                |  |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br>(include city, state, & zip)                         |                        |                           | <b>b. Job Title/Profession</b>           |                             | <b>d. Comments</b>             |  |
| MARCIA CARPENTER<br>9 OLD HOPE CREEK PATH<br>DURHAM, NC 27707-5098                                       |                        |                           | TRAVEL AGENT                             |                             |                                |  |
|                                                                                                          |                        |                           | <b>c. Employer's Name/Specific Field</b> |                             |                                |  |
|                                                                                                          |                        |                           | NEXION TRAVEL                            |                             |                                |  |
|                                                                                                          |                        |                           |                                          |                             | <b>e. Election Sum to Date</b> |  |
|                                                                                                          |                        |                           |                                          |                             | \$ 500.00                      |  |
| <b>f. Prior</b>                                                                                          | <b>g. Account Code</b> | <b>h. Form of Payment</b> | <b>i. In-Kind Description</b>            | <b>j. Date (mm/dd/yyyy)</b> | <b>k. Amount</b>               |  |
| <input type="checkbox"/>                                                                                 | 1                      | Check                     |                                          | 07/23/2025                  | \$ 500.00                      |  |
| <input type="checkbox"/>                                                                                 |                        |                           |                                          |                             | \$                             |  |
| <input type="checkbox"/>                                                                                 |                        |                           |                                          |                             | \$                             |  |
| <b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove           |                        |                           |                                          |                             |                                |  |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br>(include city, state, & zip)                         |                        |                           | <b>b. Job Title/Profession</b>           |                             | <b>d. Comments</b>             |  |
| THOMAS FREEMAN<br>1818 SOUTHVIEW ROAD<br>DURHAM, NC 27703                                                |                        |                           | NO JOB TITLE OR PROFESSION               |                             |                                |  |
|                                                                                                          |                        |                           | <b>c. Employer's Name/Specific Field</b> |                             |                                |  |
|                                                                                                          |                        |                           | NOT EMPLOYED                             |                             |                                |  |
|                                                                                                          |                        |                           |                                          |                             | <b>e. Election Sum to Date</b> |  |
|                                                                                                          |                        |                           |                                          |                             | \$ 100.00                      |  |
| <b>f. Prior</b>                                                                                          | <b>g. Account Code</b> | <b>h. Form of Payment</b> | <b>i. In-Kind Description</b>            | <b>j. Date (mm/dd/yyyy)</b> | <b>k. Amount</b>               |  |
| <input type="checkbox"/>                                                                                 | 1                      | Check                     |                                          | 08/19/2025                  | \$ 100.00                      |  |
| <input type="checkbox"/>                                                                                 |                        |                           |                                          |                             | \$                             |  |
| <input type="checkbox"/>                                                                                 |                        |                           |                                          |                             | \$                             |  |
| <b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove           |                        |                           |                                          |                             |                                |  |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br>(include city, state, & zip)                         |                        |                           | <b>b. Job Title/Profession</b>           |                             | <b>d. Comments</b>             |  |
| MAHESH A GANORKAR<br>104 TROYER PL<br>APEX, NC 27502-4177                                                |                        |                           | CONSTRUCTION                             |                             |                                |  |
|                                                                                                          |                        |                           | <b>c. Employer's Name/Specific Field</b> |                             |                                |  |
|                                                                                                          |                        |                           | GRC CORPORATION                          |                             |                                |  |
|                                                                                                          |                        |                           |                                          |                             | <b>e. Election Sum to Date</b> |  |
|                                                                                                          |                        |                           |                                          |                             | \$ 100.00                      |  |
| <b>f. Prior</b>                                                                                          | <b>g. Account Code</b> | <b>h. Form of Payment</b> | <b>i. In-Kind Description</b>            | <b>j. Date (mm/dd/yyyy)</b> | <b>k. Amount</b>               |  |
| <input type="checkbox"/>                                                                                 | 1                      | Check                     | IN-PERSON                                | 07/28/2025                  | \$ 100.00                      |  |
| <input type="checkbox"/>                                                                                 |                        |                           | AUG 03 2026                              |                             | \$                             |  |
| <input type="checkbox"/>                                                                                 |                        |                           | Durham County BOE                        |                             | \$                             |  |
| <b>4. Total only this Page</b>                                                                           |                        |                           |                                          |                             | \$ 700.00                      |  |
| <b>5. Total of ALL CRO-1210 Pages</b><br>(This line must be on line 6 of Detailed Summary Page CRO-1100) |                        |                           |                                          |                             | \$ 3,110.84                    |  |

# Contributions from Individuals

Pg 3 of 5

Amendment

☒ Yes ☐ No

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

|                                                                                                          |                        |                           |                                                         |                             |                                |  |
|----------------------------------------------------------------------------------------------------------|------------------------|---------------------------|---------------------------------------------------------|-----------------------------|--------------------------------|--|
| <b>1. Committee Full Name (and Fund if applicable)</b>                                                   |                        |                           |                                                         |                             | <b>2. ID Number</b>            |  |
| MCCANN FOR DURHAM CITY COUNCIL                                                                           |                        |                           |                                                         |                             |                                |  |
| <b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove           |                        |                           |                                                         |                             |                                |  |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br>(include city, state, & zip)                         |                        |                           | <b>b. Job Title/Profession</b>                          |                             | <b>d. Comments</b>             |  |
| STEVE GUIDRY JR<br>3813 ST MARKS RD<br>DURHAM, NC 27707-5012                                             |                        |                           | NO JOB TITLE OR PROFESSION                              |                             |                                |  |
|                                                                                                          |                        |                           | <b>c. Employer's Name/Specific Field</b>                |                             |                                |  |
|                                                                                                          |                        |                           | NOT EMPLOYED                                            |                             |                                |  |
|                                                                                                          |                        |                           |                                                         |                             | <b>e. Election Sum to Date</b> |  |
|                                                                                                          |                        |                           |                                                         |                             | \$ 100.00                      |  |
| <b>f. Prior</b>                                                                                          | <b>g. Account Code</b> | <b>h. Form of Payment</b> | <b>i. In-Kind Description</b>                           | <b>j. Date (mm/dd/yyyy)</b> | <b>k. Amount</b>               |  |
| <input type="checkbox"/>                                                                                 | 1                      | Check                     |                                                         | 07/23/2025                  | \$ 100.00                      |  |
| <input type="checkbox"/>                                                                                 |                        |                           |                                                         |                             | \$                             |  |
| <input type="checkbox"/>                                                                                 |                        |                           |                                                         |                             | \$                             |  |
| <b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove           |                        |                           |                                                         |                             |                                |  |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br>(include city, state, & zip)                         |                        |                           | <b>b. Job Title/Profession</b>                          |                             | <b>d. Comments</b>             |  |
| VALERIE JOHNSON<br>314 W MILLBROOK RD<br>SUITE 21<br>RALEIGH, NC 27609                                   |                        |                           | OWNER                                                   |                             |                                |  |
|                                                                                                          |                        |                           | <b>c. Employer's Name/Specific Field</b>                |                             |                                |  |
|                                                                                                          |                        |                           | INVENTIVE IQ LLC                                        |                             |                                |  |
|                                                                                                          |                        |                           |                                                         |                             | <b>e. Election Sum to Date</b> |  |
|                                                                                                          |                        |                           |                                                         |                             | \$ 100.00                      |  |
| <b>f. Prior</b>                                                                                          | <b>g. Account Code</b> | <b>h. Form of Payment</b> | <b>i. In-Kind Description</b>                           | <b>j. Date (mm/dd/yyyy)</b> | <b>k. Amount</b>               |  |
| <input type="checkbox"/>                                                                                 | 1                      | Electric Funds Tran       |                                                         | 08/23/2025                  | \$ 100.00                      |  |
| <input type="checkbox"/>                                                                                 |                        |                           |                                                         |                             | \$                             |  |
| <input type="checkbox"/>                                                                                 |                        |                           |                                                         |                             | \$                             |  |
| <b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove           |                        |                           |                                                         |                             |                                |  |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br>(include city, state, & zip)                         |                        |                           | <b>b. Job Title/Profession</b>                          |                             | <b>d. Comments</b>             |  |
| TERRY MCCANN<br>607 LARCHWOOD DRIVE<br>DURHAM, NC 27713                                                  |                        |                           | TEACHER                                                 |                             |                                |  |
|                                                                                                          |                        |                           | <b>c. Employer's Name/Specific Field</b>                |                             |                                |  |
|                                                                                                          |                        |                           | JOSEPHINE DOBBS<br>CLEMENT EARLY COLLEGE<br>HIGH SCHOOL |                             |                                |  |
|                                                                                                          |                        |                           |                                                         |                             | <b>e. Election Sum to Date</b> |  |
|                                                                                                          |                        |                           |                                                         |                             | \$ 1,985.84                    |  |
| <b>f. Prior</b>                                                                                          | <b>g. Account Code</b> | <b>h. Form of Payment</b> | <b>i. In-Kind Description</b>                           | <b>j. Date (mm/dd/yyyy)</b> | <b>k. Amount</b>               |  |
| <input type="checkbox"/>                                                                                 | 1                      | In-Kind                   | DURHAM COUNTY BOARD OF ELECTIONS                        | 07/14/2025                  | \$ 407.27                      |  |
| <input type="checkbox"/>                                                                                 | 1                      | Electric Funds Tran       |                                                         | 07/15/2025                  | \$ 5.00                        |  |
| <input type="checkbox"/>                                                                                 | 1                      | In-Kind                   | BUSINESS CARDS - VISTAPRINT                             | 07/20/2025                  | \$ 270.01                      |  |
| <b>4. Total only this Page</b>                                                                           |                        |                           |                                                         |                             | \$ 882.28                      |  |
| <b>5. Total of ALL CRO-1210 Pages</b><br>(This line must be on line 6 of Detailed Summary Page CRO-1100) |                        |                           |                                                         |                             | \$ 3,110.84                    |  |

CRO-1210

NC State Board of Elections

AUG 03 2020

April 2007

Durham County BOE

# Contributions from Individuals

Pg 4 of 5

Amendment

☒ Yes ☐ No

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

|                                                                                                          |                        |                           |                                                         |                             |                                |  |
|----------------------------------------------------------------------------------------------------------|------------------------|---------------------------|---------------------------------------------------------|-----------------------------|--------------------------------|--|
| <b>1. Committee Full Name (and Fund if applicable)</b>                                                   |                        |                           |                                                         |                             | <b>2. ID Number</b>            |  |
| MCCANN FOR DURHAM CITY COUNCIL                                                                           |                        |                           |                                                         |                             |                                |  |
| <b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove           |                        |                           |                                                         |                             |                                |  |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br>(include city, state, & zip)                         |                        |                           | <b>b. Job Title/Profession</b>                          |                             | <b>d. Comments</b>             |  |
| TERRY MCCANN<br>607 LARCHWOOD DRIVE<br>DURHAM, NC 27713                                                  |                        |                           | TEACHER                                                 |                             |                                |  |
|                                                                                                          |                        |                           | <b>c. Employer's Name/Specific Field</b>                |                             |                                |  |
|                                                                                                          |                        |                           | JOSEPHINE DOBBS<br>CLEMENT EARLY COLLEGE<br>HIGH SCHOOL |                             |                                |  |
|                                                                                                          |                        |                           |                                                         |                             | <b>e. Election Sum to Date</b> |  |
|                                                                                                          |                        |                           |                                                         |                             | \$ 1,985.84                    |  |
| <b>f. Prior</b>                                                                                          | <b>g. Account Code</b> | <b>h. Form of Payment</b> | <b>i. In-Kind Description</b>                           | <b>j. Date (mm/dd/yyyy)</b> | <b>k. Amount</b>               |  |
| <input type="checkbox"/>                                                                                 | 1                      | Electric Funds Tran       |                                                         | 07/22/2025                  | \$ 20.00                       |  |
| <input type="checkbox"/>                                                                                 | 1                      | In-Kind                   | ORDERED PALM CARDS FROM VISTAPRINT                      | 07/29/2025                  | \$ 244.01                      |  |
| <input type="checkbox"/>                                                                                 | 1                      | In-Kind                   | VISTAPRINT - DOOR HANGERS AND                           | 08/06/2025                  | \$ 116.08                      |  |
| <b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove           |                        |                           |                                                         |                             |                                |  |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br>(include city, state, & zip)                         |                        |                           | <b>b. Job Title/Profession</b>                          |                             | <b>d. Comments</b>             |  |
| TERRY MCCANN<br>607 LARCHWOOD DRIVE<br>DURHAM, NC 27713                                                  |                        |                           | TEACHER                                                 |                             |                                |  |
|                                                                                                          |                        |                           | <b>c. Employer's Name/Specific Field</b>                |                             |                                |  |
|                                                                                                          |                        |                           | JOSEPHINE DOBBS<br>CLEMENT EARLY COLLEGE<br>HIGH SCHOOL |                             |                                |  |
|                                                                                                          |                        |                           |                                                         |                             | <b>e. Election Sum to Date</b> |  |
|                                                                                                          |                        |                           |                                                         |                             | \$ 1,985.84                    |  |
| <b>f. Prior</b>                                                                                          | <b>g. Account Code</b> | <b>h. Form of Payment</b> | <b>i. In-Kind Description</b>                           | <b>j. Date (mm/dd/yyyy)</b> | <b>k. Amount</b>               |  |
| <input type="checkbox"/>                                                                                 | 1                      | In-Kind                   | PALM CARD PURCHASE FROM VISTAPRINT                      | 08/26/2025                  | \$ 273.47                      |  |
| <input type="checkbox"/>                                                                                 |                        |                           |                                                         |                             | \$                             |  |
| <input type="checkbox"/>                                                                                 |                        |                           |                                                         |                             | \$                             |  |
| <b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove           |                        |                           |                                                         |                             |                                |  |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br>(include city, state, & zip)                         |                        |                           | <b>b. Job Title/Profession</b>                          |                             | <b>d. Comments</b>             |  |
| COLLEEN P MILLER<br>3912 BENTLEY BROOK DR<br>RALEIGH, NC 27612-8076                                      |                        |                           | NO JOB TITLE OR PROFESSION                              |                             |                                |  |
|                                                                                                          |                        |                           | <b>c. Employer's Name/Specific Field</b>                |                             |                                |  |
|                                                                                                          |                        |                           | NOT EMPLOYED                                            |                             |                                |  |
|                                                                                                          |                        |                           |                                                         |                             | <b>e. Election Sum to Date</b> |  |
|                                                                                                          |                        |                           |                                                         |                             | \$ 400.00                      |  |
| <b>f. Prior</b>                                                                                          | <b>g. Account Code</b> | <b>h. Form of Payment</b> | <b>i. In-Kind Description</b>                           | <b>j. Date (mm/dd/yyyy)</b> | <b>k. Amount</b>               |  |
| <input type="checkbox"/>                                                                                 | 1                      | Check                     |                                                         | 07/28/2025                  | \$ 100.00                      |  |
| <input type="checkbox"/>                                                                                 | 1                      | Check                     |                                                         | 08/05/2025                  | \$ 300.00                      |  |
| <input type="checkbox"/>                                                                                 |                        |                           |                                                         |                             | \$                             |  |
| <b>4. Total only this Page</b>                                                                           |                        |                           |                                                         |                             | \$ 1,053.56                    |  |
| <b>5. Total of ALL CRO-1210 Pages</b><br>(This line must be on line 6 of Detailed Summary Page CRO-1100) |                        |                           |                                                         |                             | \$ 3,110.84                    |  |

IN-PERSON

CRO-1210

NC State Board of Elections

April 2007

AUG 03 2026

Durham County BOE

# Contributions from Individuals

Pg 5 of 5

Amendment

☒ Yes ☐ No

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

|                                                                                                          |                        |                                                               |                               |                                |                  |
|----------------------------------------------------------------------------------------------------------|------------------------|---------------------------------------------------------------|-------------------------------|--------------------------------|------------------|
| <b>1. Committee Full Name (and Fund if applicable)</b><br>MCCANN FOR DURHAM CITY COUNCIL                 |                        |                                                               |                               | <b>2. ID Number</b>            |                  |
| <b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove           |                        |                                                               |                               |                                |                  |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br>(include city, state, & zip)                         |                        | <b>b. Job Title/Profession</b><br>NOT JOB TITLE OR PROFESSION |                               | <b>d. Comments</b>             |                  |
| JANET PETERSON<br>5516 GLENHURST NORTH DR<br>RALEIGH, NC 27603                                           |                        | <b>c. Employer's Name/Specific Field</b><br>NOT EMPLOYED      |                               | <b>e. Election Sum to Date</b> |                  |
|                                                                                                          |                        |                                                               |                               | \$ 100.00                      |                  |
| <b>f. Prior</b>                                                                                          | <b>g. Account Code</b> | <b>h. Form of Payment</b>                                     | <b>i. In-Kind Description</b> | <b>j. Date (mm/dd/yyyy)</b>    | <b>k. Amount</b> |
| <input type="checkbox"/>                                                                                 | 1                      | Electric Funds Tran                                           |                               | 08/07/2025                     | \$ 100.00        |
| <input type="checkbox"/>                                                                                 |                        |                                                               |                               |                                | \$               |
| <input type="checkbox"/>                                                                                 |                        |                                                               |                               |                                | \$               |
| <b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove           |                        |                                                               |                               |                                |                  |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br>(include city, state, & zip)                         |                        | <b>b. Job Title/Profession</b><br>NO JOB TITLE OR PROFESSION  |                               | <b>d. Comments</b>             |                  |
| JAMES WINGATE<br>125 MUIRFIELD CT<br>DURHAM, NC 27712                                                    |                        | <b>c. Employer's Name/Specific Field</b><br>NOT EMPLOYED      |                               | <b>e. Election Sum to Date</b> |                  |
|                                                                                                          |                        |                                                               |                               | \$ 100.00                      |                  |
| <b>f. Prior</b>                                                                                          | <b>g. Account Code</b> | <b>h. Form of Payment</b>                                     | <b>i. In-Kind Description</b> | <b>j. Date (mm/dd/yyyy)</b>    | <b>k. Amount</b> |
| <input type="checkbox"/>                                                                                 | 1                      | Check                                                         |                               | 08/13/2025                     | \$ 100.00        |
| <input type="checkbox"/>                                                                                 |                        |                                                               |                               |                                | \$               |
| <input type="checkbox"/>                                                                                 |                        |                                                               |                               |                                | \$               |
| <b>4. Total only this Page</b>                                                                           |                        |                                                               |                               |                                | \$ 200.00        |
| <b>5. Total of ALL CRO-1210 Pages</b><br>(This line must be on line 6 of Detailed Summary Page CRO-1100) |                        |                                                               |                               |                                | \$ 3,110.84      |

CRO-1210

NC State Board of Elections

April 2007

IN-PERSON

AUG 03 2026

Durham County BOE

# Contributions from Political Party Committees Pg 1 of 1

Amendment

☒ Yes ☐ No

Use this form to report contributions from a political party

|                                                                                                          |                           |                               |                             |                                |  |
|----------------------------------------------------------------------------------------------------------|---------------------------|-------------------------------|-----------------------------|--------------------------------|--|
| <b>1. Committee Full Name (and Fund if applicable)</b>                                                   |                           |                               |                             | <b>2. ID Number</b>            |  |
| MCCANN FOR DURHAM CITY COUNCIL                                                                           |                           |                               |                             |                                |  |
| <b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove           |                           |                               |                             |                                |  |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br>(include city, state, & zip)                         |                           |                               |                             | <b>b. Comments</b>             |  |
| DURHAM REPUBLICAN EXECUTIVE COMMITTEE<br>PO BOX 3398<br>DURHAM, NC 27702                                 |                           |                               |                             |                                |  |
|                                                                                                          |                           |                               |                             | <b>c. Election Sum to Date</b> |  |
|                                                                                                          |                           |                               |                             | \$ 2,000.00                    |  |
| <b>d. Account Code</b>                                                                                   | <b>e. Form of Payment</b> | <b>f. In-Kind Description</b> | <b>g. Date (mm/dd/yyyy)</b> | <b>h. Amount</b>               |  |
| 1                                                                                                        | Check                     |                               | 07/15/2025                  | \$ 2,000.00                    |  |
|                                                                                                          |                           |                               |                             | \$                             |  |
|                                                                                                          |                           |                               |                             | \$                             |  |
| <b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove           |                           |                               |                             |                                |  |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br>(include city, state, & zip)                         |                           |                               |                             | <b>b. Comments</b>             |  |
| TRIANGLE REPUBLICAN WOMEN<br>517 KINGSBURY DR<br>DURHAM, NC 27712                                        |                           |                               |                             |                                |  |
|                                                                                                          |                           |                               |                             | <b>c. Election Sum to Date</b> |  |
|                                                                                                          |                           |                               |                             | \$ 200.00                      |  |
| <b>d. Account Code</b>                                                                                   | <b>e. Form of Payment</b> | <b>f. In-Kind Description</b> | <b>g. Date (mm/dd/yyyy)</b> | <b>h. Amount</b>               |  |
| 1                                                                                                        | Check                     |                               | 08/14/2025                  | \$ 200.00                      |  |
|                                                                                                          |                           |                               |                             | \$                             |  |
|                                                                                                          |                           |                               |                             | \$                             |  |
| <b>4. Total only this Page</b>                                                                           |                           |                               |                             | \$ 2,200.00                    |  |
| <b>5. Total of ALL CRO-1220 Pages</b><br>(This line must be on line 7 of Detailed Summary Page CRO-1100) |                           |                               |                             | \$ 2,200.00                    |  |

CRO-1220

NC State Board of Elections

April 2007

IN-PERSON

AUG 03 2026

Durham County BOE

# Disbursements

Amendment  
Pg 1 of 2 ☒ Yes ☐ No

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

|                                                                                                                                                                                                                                                                                                                         |                           |                        |                             |                                                                                                                                            |                            |                                     |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------|------------------------|-----------------------------|--------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|-------------------------------------|--|
| <b>1. Committee Full Name (and Fund if applicable)</b>                                                                                                                                                                                                                                                                  |                           |                        |                             |                                                                                                                                            |                            | <b>2. ID Number</b>                 |  |
| MCCANN FOR DURHAM CITY COUNCIL                                                                                                                                                                                                                                                                                          |                           |                        |                             |                                                                                                                                            |                            |                                     |  |
| <b>3. Type of Disbursement</b> <i>(Please use separate CRO-1310 forms for each type of Disbursement.)</i>                                                                                                                                                                                                               |                           |                        |                             |                                                                                                                                            |                            |                                     |  |
| <input checked="" type="checkbox"/> Operating Expenses <input type="checkbox"/> Contributions to Candidates/Political Committees <input type="checkbox"/> Coordinated Party Expenditures                                                                                                                                |                           |                        |                             |                                                                                                                                            |                            |                                     |  |
| <b>4. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove                                                                                                                                                                                                                                |                           |                        |                             |                                                                                                                                            |                            |                                     |  |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br>(include city, state, & zip)                                                                                                                                                                                                                                        |                           |                        |                             | <b>b. Coordinated Committee Name</b>                                                                                                       |                            | <b>d. Comments</b>                  |  |
| QRNOW<br>255 S ORANGE AVE<br>SUITE 104<br>ORLANDO, FL 32801<br>(877) 537-3617                                                                                                                                                                                                                                           |                           |                        |                             |                                                                                                                                            |                            |                                     |  |
|                                                                                                                                                                                                                                                                                                                         |                           |                        |                             | <b>c. Level Registered (Specify)</b>                                                                                                       |                            |                                     |  |
|                                                                                                                                                                                                                                                                                                                         |                           |                        |                             | <input type="checkbox"/> Federal <input type="checkbox"/> County:<br><input type="checkbox"/> State <input type="checkbox"/> Municipality: |                            | <b>e. Election Sum to Date</b>      |  |
|                                                                                                                                                                                                                                                                                                                         |                           |                        |                             |                                                                                                                                            |                            | \$ 119.85                           |  |
| <b>f. Account Code</b>                                                                                                                                                                                                                                                                                                  | <b>g. Form of Payment</b> | <b>h. Purpose Code</b> | <b>i. Date (mm/dd/yyyy)</b> | <b>j. Amount</b>                                                                                                                           | <b>k. Required Remarks</b> |                                     |  |
| 1                                                                                                                                                                                                                                                                                                                       | Debit Card                | O                      | 07/31/2025                  | \$ 119.85                                                                                                                                  | WEBSITE EXPENSE            |                                     |  |
|                                                                                                                                                                                                                                                                                                                         |                           |                        |                             | \$                                                                                                                                         |                            |                                     |  |
| <b>4. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove                                                                                                                                                                                                                                |                           |                        |                             |                                                                                                                                            |                            |                                     |  |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br>(include city, state, & zip)                                                                                                                                                                                                                                        |                           |                        |                             | <b>b. Coordinated Committee Name</b>                                                                                                       |                            | <b>d. Comments</b>                  |  |
| SIGNS ON THE CHEAP<br>11525A STONEHOLLOW DR<br>STE 100<br>AUSTIN, TX 78758<br>(866) 661-9239                                                                                                                                                                                                                            |                           |                        |                             |                                                                                                                                            |                            |                                     |  |
|                                                                                                                                                                                                                                                                                                                         |                           |                        |                             | <b>c. Level Registered (Specify)</b>                                                                                                       |                            |                                     |  |
|                                                                                                                                                                                                                                                                                                                         |                           |                        |                             | <input type="checkbox"/> Federal <input type="checkbox"/> County:<br><input type="checkbox"/> State <input type="checkbox"/> Municipality: |                            | <b>e. Election Sum to Date</b>      |  |
|                                                                                                                                                                                                                                                                                                                         |                           |                        |                             |                                                                                                                                            |                            | \$ 1,825.35                         |  |
| <b>f. Account Code</b>                                                                                                                                                                                                                                                                                                  | <b>g. Form of Payment</b> | <b>h. Purpose Code</b> | <b>i. Date (mm/dd/yyyy)</b> | <b>j. Amount</b>                                                                                                                           | <b>k. Required Remarks</b> |                                     |  |
| 1                                                                                                                                                                                                                                                                                                                       | Debit Card                | O                      | 08/16/2025                  | \$ 1,825.35                                                                                                                                | PRINT MEDIA                |                                     |  |
|                                                                                                                                                                                                                                                                                                                         |                           |                        |                             | \$                                                                                                                                         |                            |                                     |  |
| <b>4. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove                                                                                                                                                                                                                                |                           |                        |                             |                                                                                                                                            |                            |                                     |  |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br>(include city, state, & zip)                                                                                                                                                                                                                                        |                           |                        |                             | <b>b. Coordinated Committee Name</b>                                                                                                       |                            | <b>d. Comments</b>                  |  |
| USPS<br>3710 SHANNON RD<br>DURHAM, NC 27707-9996<br>(800) 275-8777                                                                                                                                                                                                                                                      |                           |                        |                             |                                                                                                                                            |                            |                                     |  |
|                                                                                                                                                                                                                                                                                                                         |                           |                        |                             | <b>c. Level Registered (Specify)</b>                                                                                                       |                            |                                     |  |
|                                                                                                                                                                                                                                                                                                                         |                           |                        |                             | <input type="checkbox"/> Federal <input type="checkbox"/> County:<br><input type="checkbox"/> State <input type="checkbox"/> Municipality: |                            | <b>e. Election Sum to Date</b>      |  |
|                                                                                                                                                                                                                                                                                                                         |                           |                        |                             |                                                                                                                                            |                            | \$ 54.60                            |  |
| <b>f. Account Code</b>                                                                                                                                                                                                                                                                                                  | <b>g. Form of Payment</b> | <b>h. Purpose Code</b> | <b>i. Date (mm/dd/yyyy)</b> | <b>j. Amount</b>                                                                                                                           | <b>k. Required Remarks</b> |                                     |  |
| 1                                                                                                                                                                                                                                                                                                                       | Debit Card                | O                      | 08/18/2025                  | \$ 54.60                                                                                                                                   | POSTAGE                    |                                     |  |
|                                                                                                                                                                                                                                                                                                                         |                           |                        |                             | \$                                                                                                                                         |                            |                                     |  |
| <b>5. Total only this Page</b>                                                                                                                                                                                                                                                                                          |                           |                        |                             |                                                                                                                                            |                            | \$ 1,999.80                         |  |
| <b>6. Total of ALL CRO-1310 Pages</b>                                                                                                                                                                                                                                                                                   |                           |                        |                             |                                                                                                                                            |                            |                                     |  |
| <i>(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)</i><br><i>(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)</i><br><i>(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)</i> |                           |                        |                             |                                                                                                                                            |                            | \$ 2,173.80                         |  |
| <b>7. Purpose Codes</b> (List detailed expenditure code in (h.) above)                                                                                                                                                                                                                                                  |                           |                        |                             |                                                                                                                                            |                            |                                     |  |
| A* - Media                                                                                                                                                                                                                                                                                                              |                           | B* - Printing          |                             | C* - Fundraising                                                                                                                           |                            | D - To Another Candidate            |  |
| E - Salaries                                                                                                                                                                                                                                                                                                            |                           | F* - Equipment         |                             | G - Political Party                                                                                                                        |                            | H* - Holding Public Office Expenses |  |
| I - Postage                                                                                                                                                                                                                                                                                                             |                           | J - Penalties          |                             | K* - Office Expenses                                                                                                                       |                            | Q* - Donation to Legal Expense Fund |  |
| O* Other                                                                                                                                                                                                                                                                                                                |                           |                        |                             |                                                                                                                                            |                            |                                     |  |
| * Codes require detailed explanation in required remarks field (k)                                                                                                                                                                                                                                                      |                           |                        |                             |                                                                                                                                            |                            |                                     |  |

# Disbursements

Pg 2 of 2

Amendment

☒ Yes ☐ No

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

|                                                                                                                                                                                                                                                                                                                         |                           |                        |                             |                                                                                                                                            |                            |                                            |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------|------------------------|-----------------------------|--------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|--------------------------------------------|--|
| <b>1. Committee Full Name (and Fund if applicable)</b>                                                                                                                                                                                                                                                                  |                           |                        |                             |                                                                                                                                            |                            | <b>2. ID Number</b>                        |  |
| MCCANN FOR DURHAM CITY COUNCIL                                                                                                                                                                                                                                                                                          |                           |                        |                             |                                                                                                                                            |                            |                                            |  |
| <b>3. Type of Disbursement</b> <i>(Please use separate CRO-1310 forms for each type of Disbursement.)</i>                                                                                                                                                                                                               |                           |                        |                             |                                                                                                                                            |                            |                                            |  |
| <input checked="" type="checkbox"/> Operating Expenses <input type="checkbox"/> Contributions to Candidates/Political Committees <input type="checkbox"/> Coordinated Party Expenditures                                                                                                                                |                           |                        |                             |                                                                                                                                            |                            |                                            |  |
| <b>4. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove                                                                                                                                                                                                                                |                           |                        |                             |                                                                                                                                            |                            |                                            |  |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br>(include city, state, & zip)<br><br>WIX.COM LTD<br>YUNITSMAN 5<br>TEL AVIV<br>1-415-639-9034                                                                                                                                                                        |                           |                        |                             | <b>b. Coordinated Committee Name</b>                                                                                                       |                            | <b>d. Comments</b>                         |  |
|                                                                                                                                                                                                                                                                                                                         |                           |                        |                             | <b>c. Level Registered (Specify)</b>                                                                                                       |                            |                                            |  |
|                                                                                                                                                                                                                                                                                                                         |                           |                        |                             | <input type="checkbox"/> Federal <input type="checkbox"/> County:<br><input type="checkbox"/> State <input type="checkbox"/> Municipality: |                            |                                            |  |
|                                                                                                                                                                                                                                                                                                                         |                           |                        |                             |                                                                                                                                            |                            | <b>e. Election Sum to Date</b>             |  |
|                                                                                                                                                                                                                                                                                                                         |                           |                        |                             |                                                                                                                                            |                            | \$ 228.90                                  |  |
| <b>f. Account Code</b>                                                                                                                                                                                                                                                                                                  | <b>g. Form of Payment</b> | <b>h. Purpose Code</b> | <b>i. Date (mm/dd/yyyy)</b> | <b>j. Amount</b>                                                                                                                           | <b>k. Required Remarks</b> |                                            |  |
| 1                                                                                                                                                                                                                                                                                                                       | Debit Card                | O                      | 07/02/2025                  | \$ 174.00                                                                                                                                  | WEBSITE EXPENSE            |                                            |  |
|                                                                                                                                                                                                                                                                                                                         |                           |                        |                             | \$                                                                                                                                         |                            |                                            |  |
| <b>5. Total only this Page</b>                                                                                                                                                                                                                                                                                          |                           |                        |                             |                                                                                                                                            |                            | \$ 174.00                                  |  |
| <b>6. Total of ALL CRO-1310 Pages</b>                                                                                                                                                                                                                                                                                   |                           |                        |                             |                                                                                                                                            |                            |                                            |  |
| <i>(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)</i><br><i>(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)</i><br><i>(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)</i> |                           |                        |                             |                                                                                                                                            |                            | \$ 2,173.80                                |  |
| <b>7. Purpose Codes</b> (List detailed expenditure code in (h.) above)                                                                                                                                                                                                                                                  |                           |                        |                             |                                                                                                                                            |                            |                                            |  |
| <b>A* - Media</b>                                                                                                                                                                                                                                                                                                       |                           | <b>B* - Printing</b>   |                             | <b>C* - Fundraising</b>                                                                                                                    |                            | <b>D - To Another Candidate</b>            |  |
| <b>E - Salaries</b>                                                                                                                                                                                                                                                                                                     |                           | <b>F* - Equipment</b>  |                             | <b>G - Political Party</b>                                                                                                                 |                            | <b>H* - Holding Public Office Expenses</b> |  |
| <b>I - Postage</b>                                                                                                                                                                                                                                                                                                      |                           | <b>J - Penalties</b>   |                             | <b>K* - Office Expenses</b>                                                                                                                |                            | <b>Q* - Donation to Legal Expense Fund</b> |  |
| <b>O* Other</b>                                                                                                                                                                                                                                                                                                         |                           |                        |                             |                                                                                                                                            |                            |                                            |  |
| <b>* Codes require detailed explanation in required remarks field (k)</b>                                                                                                                                                                                                                                               |                           |                        |                             |                                                                                                                                            |                            |                                            |  |

CRO-1310

NC State Board of Elections

December 2009

IN-PERSON

AUG 03 2026

Durham County BOE

# Aggregated Non-Media Expenditures

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Amendment

☒ Yes ☐ No

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

| <b>1. Committee Full Name (and Fund if applicable)</b>                                                    |                 |                      |                 |                                      | <b>2. ID Number</b> |                        |
|-----------------------------------------------------------------------------------------------------------|-----------------|----------------------|-----------------|--------------------------------------|---------------------|------------------------|
| MCCANN FOR DURHAM CITY COUNCIL                                                                            |                 |                      |                 |                                      |                     |                        |
| <b>3. Payee Information</b>                                                                               |                 |                      |                 |                                      |                     |                        |
| a. Amend                                                                                                  | b. Account Code | c. Form of Payment   | d. Purpose Code | e. Date (mm/dd/yyyy)                 | f. Amount           | g. Required Remarks    |
| <input type="checkbox"/> Add<br><input type="checkbox"/> Remove                                           | 1               | Draft                | O               | 07/31/2025                           | \$ 8.00             | BANK FEE               |
| <input type="checkbox"/> Add<br><input type="checkbox"/> Remove                                           | 1               | Electric Funds Tran  | O               | 07/15/2025                           | \$ 0.63             | PAYMENT PROCESSING FEE |
| <input type="checkbox"/> Add<br><input type="checkbox"/> Remove                                           | 1               | Electric Funds Tran  | O               | 07/21/2025                           | \$ 1.94             | PAYMENT PROCESSING FEE |
| <input type="checkbox"/> Add<br><input type="checkbox"/> Remove                                           | 1               | Electric Funds Tran  | O               | 07/22/2025                           | \$ 1.07             | PAYMENT PROCESSING FEE |
| <input type="checkbox"/> Add<br><input type="checkbox"/> Remove                                           | 1               | Electric Funds Tran  | O               | 07/29/2025                           | \$ 3.38             | PAYMENT PROCESSING FEE |
| <input type="checkbox"/> Add<br><input type="checkbox"/> Remove                                           | 1               | Electric Funds Tran  | O               | 08/07/2025                           | \$ 3.38             | PAYMENT PROCESSING FEE |
| <input type="checkbox"/> Add<br><input type="checkbox"/> Remove                                           | 1               | Electric Funds Tran  | O               | 08/14/2025                           | \$ 1.07             | PAYMENT PROCESSING FEE |
| <input type="checkbox"/> Add<br><input type="checkbox"/> Remove                                           | 1               | Electric Funds Tran  | O               | 08/23/2025                           | \$ 3.38             | PAYMENT PROCESSING FEE |
| <input type="checkbox"/> Add<br><input type="checkbox"/> Remove                                           | 1               | Debit Card           | O               | 07/02/2025                           | \$ 12.90            | WEBSITE EXPENSE        |
| <input type="checkbox"/> Add<br><input type="checkbox"/> Remove                                           | 1               | Debit Card           | O               | 07/02/2025                           | \$ 42.00            | WEBSITE EXPENSE        |
| <b>4. Total only this Page</b>                                                                            |                 |                      |                 |                                      | \$                  | 77.75                  |
| <b>5. Total of ALL CRO-1315 Pages</b><br>(This line must be on line 14 of Detailed Summary Page CRO-1100) |                 |                      |                 |                                      | \$                  | 77.75                  |
| <b>6. Purpose Codes</b> (List detailed expenditure code in (d) above)                                     |                 |                      |                 |                                      |                     |                        |
| B* - Printing                                                                                             |                 | C* - Fundraising     |                 | D - To Another Candidate             |                     |                        |
| E - Salaries                                                                                              |                 | F* - Equipment       |                 | G - Political Party                  |                     |                        |
| I - Postage                                                                                               |                 | J - Penalties        |                 | H* - Holding Public Office Expenses  |                     |                        |
| O* - Other                                                                                                |                 | K* - Office Expenses |                 | Q* - Donations to Legal Expense Fund |                     |                        |
| * Codes require detailed explanation in required remarks field (g)                                        |                 |                      |                 |                                      |                     |                        |

CRO-1315

NC State Board of Elections

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Durham County BOE

# In-Kind Contributions

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Amendment

☒ Yes ☐ No

Use this form to report non-monetary contributions, donations, goods or services provided to the committee or fund.

Use CRO-1215 if In-Kind Contributions were or will be refunded within 7 days.

|                                                                                                           |  |                                                |                              |
|-----------------------------------------------------------------------------------------------------------|--|------------------------------------------------|------------------------------|
| <b>1. Committee Full Name (and Fund if applicable)</b>                                                    |  | <b>2. ID Number</b>                            |                              |
| MCCANN FOR DURHAM CITY COUNCIL                                                                            |  |                                                |                              |
| <b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove            |  |                                                |                              |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br>(include city, state, & zip)                          |  | <b>b. Type of Contributor</b>                  |                              |
| TERRY MCCANN<br>607 LARCHWOOD DRIVE<br>DURHAM, NC 27713                                                   |  | <input checked="" type="checkbox"/> Individual |                              |
|                                                                                                           |  | <input type="checkbox"/> Candidate             |                              |
|                                                                                                           |  | <input type="checkbox"/> Party                 |                              |
|                                                                                                           |  | <input type="checkbox"/> PAC                   |                              |
|                                                                                                           |  | <input type="checkbox"/> Referendum            |                              |
|                                                                                                           |  | <input type="checkbox"/> Other Receipt Source  |                              |
|                                                                                                           |  | <b>d. Election Sum to Date</b>                 |                              |
|                                                                                                           |  | \$ 1,985.84                                    |                              |
| <b>c. Description</b>                                                                                     |  | <b>f. Date (mm/dd/yyyy)</b>                    | <b>g. Fair Market Amount</b> |
| DURHAM COUNTY BOARD OF ELECTIONS FILING FEE                                                               |  | 07/14/2025                                     | \$ 407.27                    |
| BUSINESS CARDS - VISTAPRINT                                                                               |  | 07/20/2025                                     | \$ 270.01                    |
| ORDERED PALM CARDS FROM VISTAPRINT                                                                        |  | 07/29/2025                                     | \$ 244.01                    |
| <b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove            |  |                                                |                              |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br>(include city, state, & zip)                          |  | <b>b. Type of Contributor</b>                  |                              |
| TERRY MCCANN<br>607 LARCHWOOD DRIVE<br>DURHAM, NC 27713                                                   |  | <input checked="" type="checkbox"/> Individual |                              |
|                                                                                                           |  | <input type="checkbox"/> Candidate             |                              |
|                                                                                                           |  | <input type="checkbox"/> Party                 |                              |
|                                                                                                           |  | <input type="checkbox"/> PAC                   |                              |
|                                                                                                           |  | <input type="checkbox"/> Referendum            |                              |
|                                                                                                           |  | <input type="checkbox"/> Other Receipt Source  |                              |
|                                                                                                           |  | <b>d. Election Sum to Date</b>                 |                              |
|                                                                                                           |  | \$ 1,985.84                                    |                              |
| <b>c. Description</b>                                                                                     |  | <b>f. Date (mm/dd/yyyy)</b>                    | <b>g. Fair Market Amount</b> |
| VISTAPRINT - DOOR HANGERS AND MAGNETIC POSTCARDS                                                          |  | 08/06/2025                                     | \$ 116.08                    |
| PALM CARD PURCHASE FROM VISTAPRINT                                                                        |  | 08/26/2025                                     | \$ 273.47                    |
|                                                                                                           |  |                                                | \$                           |
| <b>4. Total only this Page</b>                                                                            |  | \$ 1,310.84                                    |                              |
| <b>5. Total of ALL CRO-1510 Pages</b><br>(This line must be on line 17 of Detailed Summary Page CRO-1100) |  | \$ 1,310.84                                    |                              |

CRO-1510

NC State Board of Elections

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IN-PERSON

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Durham County BOE