

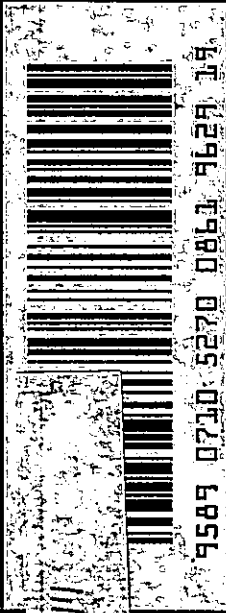
Disclosure Report Cover

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.

1. Committee Information						
a. Full Name ELECT MICHAEL C BYRNE		c. ID Number STA-34PK28-C-001				
b. Mailing Address (include City, State and Zip Code) PO BOX 97275 RALEIGH, NC 27624		d. Date Filed 2/15/2026				
		e. Phone Number				
2. Report Year 2026	3. Period Start Date (mm/dd/yy) 1/1/2026	4. Period End Date (mm/dd/yy) 2/14/2026	5. Treasurer Full Name Collin McMichael			
6. Type of Committee (Check One) ☐ Candidate Campaign ☐ Party ☐ PAC ☐ Referendum ☐ Independent Expenditure ☐ Joint Fundraiser ☐ Legal Expense Fund		9. Type of Report (check only one type of report from one category) <table border="1"><tr><td>Municipal ☐ Organizational ☐ Thirty-five day ☐ Pre-primary ☐ Pre-election ☐ Pre-runoff ☐ Semi-annual ☐ Mid Year ☐ Year End ☐ Final ☐ Special</td><td>State/County ☐ Organizational ☐ Quarterly ☐ First ☐ Second ☐ Third ☐ Fourth ☐ Semi-annual ☐ Mid Year ☐ Year End ☐ Final ☐ Special</td><td>Referendum ☐ Organizational ☐ Pre-referendum ☐ Final ☐ Supplemental Final ☐ Annual ☐ Special</td></tr></table>		Municipal ☐ Organizational ☐ Thirty-five day ☐ Pre-primary ☐ Pre-election ☐ Pre-runoff ☐ Semi-annual ☐ Mid Year ☐ Year End ☐ Final ☐ Special	State/County ☐ Organizational ☐ Quarterly ☐ First ☐ Second ☐ Third ☐ Fourth ☐ Semi-annual ☐ Mid Year ☐ Year End ☐ Final ☐ Special	Referendum ☐ Organizational ☐ Pre-referendum ☐ Final ☐ Supplemental Final ☐ Annual ☐ Special
Municipal ☐ Organizational ☐ Thirty-five day ☐ Pre-primary ☐ Pre-election ☐ Pre-runoff ☐ Semi-annual ☐ Mid Year ☐ Year End ☐ Final ☐ Special	State/County ☐ Organizational ☐ Quarterly ☐ First ☐ Second ☐ Third ☐ Fourth ☐ Semi-annual ☐ Mid Year ☐ Year End ☐ Final ☐ Special	Referendum ☐ Organizational ☐ Pre-referendum ☐ Final ☐ Supplemental Final ☐ Annual ☐ Special				
7. Type of Fund (If applicable, check one) ☐ Booster Fund ☐ Building Fund ☐ Other:		10. Special Report Name				
8. Number of Fundraisers this Report						
11. Account Information		11. Account Information				
a. Financial Institution Full Name Truist Bank		a. Financial Institution Full Name				
b. Purpose	c. Account Code	b. Purpose	c. Account Code			
	d. Period Begin Balance \$		d. Period Begin Balance \$			
CERTIFICATION						
I certify that the Committee or Fund is in compliance with all applicable provisions of Article 22A, 22B & 22D-22M of Chapter 163 of the NC General Statutes and that no funds are commingled with prohibited or other non-disclosed funds. I further certify that this report is complete, true and correct and that I have been trained by the NC State Board of Elections.						
Collin McMichael		2/15/2026				
Printed Name of Signer		Signature of Appointed Treasurer				
FOR OFFICE USE ONLY						
Date Received:	Employee:	Delivery Method				
2/27/16		☒ Normal Mail				
Date Postmarked:	Employee:	☒ Registered Mail				
2/24/16		☐ Hand Delivered				
Date Scanned:	Employee:	☒ Electronically Filed				
3/2/20		☐ Signer has not received mandatory training				
Date Data Entered:	Employee:					
Please Note: This form cannot be used to amend committee information such as the committee address, treasurer, assistant treasurer, custodian of books information, or account information. You must amend the Statement of Organization (CRO-2100A-E) to make committee changes.						



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CPU



U.S. POSTAGE IMI
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North Carolina State Board of Elections
Campaign Finance Division
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