

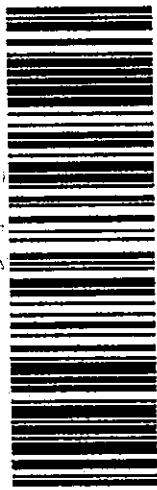
Disclosure Report Cover

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.

Amendment

☐ Yes ☒ No

1. Committee Information			
a. Full Name ELECT MICHAEL C BYRNE		RECEIVED	
b. Mailing Address (include City, State and Zip Code) PO BOX 97275 RALEIGH, NC 27624		c. ID Number STA-34PK28-C-001	
		d. Date Filed 7/1/2026	
		e. Phone Number	
NC STATE BOARD OF ELECTIONS			
2. Report Year 2026	3. Period Start Date (mm/dd/yy) 2/15/2026	4. Period End Date (mm/dd/yy) 6/30/2026	5. Treasurer Full Name Collin McMichael
6. Type of Committee (Check One)		9. Type of Report (check only one type of report from one category)	
☐ Candidate Campaign ☐ Party ☐ PAC ☐ Referendum ☐ Independent Expenditure ☐ Joint Fundraiser ☐ Legal Expense Fund		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	
7. Type of Fund (If applicable, check one)		10. Special Report Name	
☐ Booster Fund ☐ Building Fund ☐ Other:			
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 _____ Printed Name of Signer _____ Signature of Appointed Treasurer 7/1/2026 _____ Date			
FOR OFFICE USE ONLY			
Date Received: 7/7/26	Employee: T.R.	Delivery Method	
Date Postmarked: 7/13/26	Employee: T.R.	☐ Normal Mail ☒ Registered Mail ☐ Hand Delivered ☒ Electronically Filed	
Date Scanned: 7/8/26	Employee: BK	☐ 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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NC STATE BOARD OF ELECTIONS

North Carolina State Board of Elections
Campaign Finance Division
PO Box 27255
Raleigh NC 27611-7255