

48-HOUR NOTICE OF CONTRIBUTIONS/LOANS RECEIVED

(See Reverse Side for Instructions)

To be used to report all contributions (including loans) of \$1000 or more, received within 20 days of the election.

1. NAME OF COMMITTEE IN FULL WHATLEY FOR SENATE				
ADDRESS (number and street) PO BOX 10037				
CITY RALEIGH		STATE NC		ZIP CODE 27605
2. NAME OF CANDIDATE WHATLEY, MICHAEL, , ,			3. OFFICE SOUGHT (State and District) Senate NC 00	
4. FEC IDENTIFICATION NUMBER C00913996				
5. IS THIS AN AMENDMENT? ☒ NO, THIS IS A NEW FILING ☐ YES, IT AMENDS THE NOTICE FILED ON _____ / _____ / _____				
A. FULL NAME GROSSMAN, NAAVA, , ,			Name of Employer RETIRED	
MAILING ADDRESS PO BOX 8923			Date (month, day, year) 02/27/2026	
CITY ASPEN			Amount 7000.00	
STATE CO			Transaction ID : 168509008	
ZIP CODE 81612			Occupation RETIRED	
B. FULL NAME GROSSMAN, SANFORD, , ,			Name of Employer RETIRED	
MAILING ADDRESS 804 COLORADO AVE. SUITE #5			Date (month, day, year) 02/27/2026	
CITY GLENWOOD SPRINGS			Amount 7000.00	
STATE CO			Transaction ID : 168509009	
ZIP CODE 81601			Occupation RETIRED	
C. FULL NAME KING, GEOFFREY, , ,			Name of Employer SUNSTREET CORP	
MAILING ADDRESS 8421 EMERALD DUNES ROAD			Date (month, day, year) 02/27/2026	
CITY WILMINGTON			Amount 1200.00	
STATE NC			Transaction ID : 168509007	
ZIP CODE 28411			Occupation PROPERTY MANAGER	
D. FULL NAME MCCARTHY, CYNTHIA, LAUREN, ,			Name of Employer HOMEMAKER	
MAILING ADDRESS 413 JARVIS LN			Date (month, day, year) 02/27/2026	
CITY LOUISVILLE			Amount 7000.00	
STATE KY			Transaction ID : 168455455	
ZIP CODE 40207			Occupation HOMEMAKER	
E. FULL NAME MCRAE, CAMERON, , ,			Name of Employer INFORMATION REQUESTED	
MAILING ADDRESS PO BOX 704			Date (month, day, year) 02/27/2026	
CITY KINSTON			Amount 3500.00	
STATE NC			Transaction ID : 168455457	
ZIP CODE 26502			Occupation INFORMATION REQUESTED	
SIGNATURE (optional) CRATE, BRADLEY, T, ,			DATE 03/01/2026	
For further information, contact the Federal Election Commission at 800-424-9530 or visit www.fec.gov				

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Any information copied from reports and statements filed under the Federal Election Campaign Act may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes other than using the name and address of any political committee to solicit contributions from such committee.

FEC FORM 6

(Revised 03/2016)

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5. IS THIS AN AMENDMENT? ☒ NO, THIS IS A NEW FILING ☐ YES, IT AMENDS THE NOTICE FILED ON _____ / _____ / _____			
continuation page			
A. FULL NAME, MAILING ADDRESS AND ZIP CODE MURPHY, WENDELL, H, , JR PO BOX 1113 WALLACE NC 28466		Name of Employer MURPHY FAMILY VENTURES, LLC Transaction ID : 168455462 Occupation PRESIDENT	
		Date (month, day, year) 02/27/2026	
		Amount 7000.00	
B. FULL NAME, MAILING ADDRESS AND ZIP CODE MURPHY, WENDELL, H, , PO BOX 1113 WALLACE NC 28488		Name of Employer RETIRED Transaction ID : 168455461 Occupation RETIRED	
		Date (month, day, year) 02/27/2026	
		Amount 7000.00	
C. FULL NAME, MAILING ADDRESS AND ZIP CODE TEAL, RALPH, R, , JR PO BOX 70619 MYRTLE BEACH SC 29572		Name of Employer SELF-EMPLOYED Transaction ID : 168455458 Occupation REAL ESTATE DEVELOPER	
		Date (month, day, year) 02/27/2026	
		Amount 7000.00	
D. FULL NAME, MAILING ADDRESS AND ZIP CODE TURNER, JEFFERY, B, , 2630 STROUD HILL RD PINK HILL NC 28572		Name of Employer MURPHY FAMILY VENTURES, LLC Transaction ID : 168455460 Occupation EXECUTIVE	
		Date (month, day, year) 02/27/2026	
		Amount 3061.17	
E. FULL NAME, MAILING ADDRESS AND ZIP CODE WORDSWORTH, ELAINE, , , 101 ZEBULON CT ROCKY MOUNT NC 27804		Name of Employer CPFRM LLC Transaction ID : 168509006 Occupation ADMINISTRATIVE ASSISTANT	
		Date (month, day, year) 02/27/2026	
		Amount 3400.00	

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A. FULL NAME, MAILING ADDRESS AND ZIP CODE			
WORDSWORTH, STEVE, , , 101 ZEBULON CT ROCKY MOUNT NC 27804		Name of Employer CPFRM LLC Transaction ID : 168509005 Occupation PRESIDENT	Date (month, day, year) 02/27/2026 Amount 3400.00
B. FULL NAME, MAILING ADDRESS AND ZIP CODE			
		Name of Employer Occupation	Date (month, day, year) Amount
C. FULL NAME, MAILING ADDRESS AND ZIP CODE			
		Name of Employer Occupation	Date (month, day, year) Amount
D. FULL NAME, MAILING ADDRESS AND ZIP CODE			
		Name of Employer Occupation	Date (month, day, year) Amount
E. FULL NAME, MAILING ADDRESS AND ZIP CODE			
		Name of Employer Occupation	Date (month, day, year) Amount

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