# 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 | STATE | ZIP CODE |
|---|---|---|
| RALEIGH | NC | 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? [X] NO, THIS IS A NEW FILING [ ] YES, IT AMENDS THE NOTICE FILED ON ____ / ____ / ____

| A. FULL NAME | MAILING ADDRESS | CITY | STATE | ZIP CODE | Name of Employer | Occupation | Date (month, day, year) | Amount |
|---|---|---|---|---|---|---|---|---|
| BIGGAR, JOHN, R, , | 25 JAMES RIVER PL | PINEHURST | NC | 28374 | RETIRED<br>**Transaction ID : 168441808** | RETIRED | 02/25/2026 | 1000.00 |
| **B. FULL NAME** | **MAILING ADDRESS** | **CITY** | **STATE** | **ZIP CODE** | Name of Employer | Occupation | Date (month, day, year) | Amount |
| BROWN, ANNA, , , | 18 WALPOLE ST | DOVER | MA | 02030 | HOMEMAKER<br>**Transaction ID : 168441841** | HOMEMAKER | 02/23/2026 | 3500.00 |
| **C. FULL NAME** | **MAILING ADDRESS** | **CITY** | **STATE** | **ZIP CODE** | Name of Employer | Occupation | Date (month, day, year) | Amount |
| BROWN, ANNA, , , | 18 WALPOLE ST | DOVER | MA | 02030 | HOMEMAKER<br>**Transaction ID : 168441842** | HOMEMAKER | 02/23/2026 | 3500.00 |
| **D. FULL NAME** | **MAILING ADDRESS** | **CITY** | **STATE** | **ZIP CODE** | Name of Employer | Occupation | Date (month, day, year) | Amount |
| BROWN, GREG, , , | 18 WALPOLE ST | DOVER | MA | 02030 | MOTOROLA<br>**Transaction ID : 168441823** | CEO | 02/23/2026 | 3500.00 |
| **E. FULL NAME** | **MAILING ADDRESS** | **CITY** | **STATE** | **ZIP CODE** | Name of Employer | Occupation | Date (month, day, year) | Amount |
| BROWN, GREG, , , | 18 WALPOLE ST | DOVER | MA | 02030 | MOTOROLA<br>**Transaction ID : 168441826** | CEO | 02/23/2026 | 3500.00 |

**SIGNATURE (optional)**
*CRATE, BRADLEY, T, ,*

**DATE**
02/27/2026

For further information, contact the Federal Election Commission at 800-424-9530 or visit www.fec.gov

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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**CITY, STATE**, and **ZIP CODE**
RALEIGH NC 27605

***continuation page***

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, MAILING ADDRESS AND ZIP CODE | Name of Employer / Occupation | Date (month, day, year) | Amount |
|---|---|---|---|
| CAIN, TYLER, R, ,<br>316 SOUTH BEACH ROAD<br>HOBE SOUND FL 33455 | JUPITER ISLAND MEDICAL CLINIC INC<br>**Transaction ID : 168441848**<br>PRESIDENT | 02/11/2026 | 2000.00 |
| **B. FULL NAME, MAILING ADDRESS AND ZIP CODE** | **Name of Employer / Occupation** | **Date (month, day, year)** | **Amount** |
| DARRYL, WAYNE, , ,<br>8420 OVERCASH RD<br>CONCORD NC 28027 | WAYNE BROTHERS INC<br>**Transaction ID : 168441807**<br>EXECUTIVE | 02/25/2026 | 1000.00 |
| **C. FULL NAME, MAILING ADDRESS AND ZIP CODE** | **Name of Employer / Occupation** | **Date (month, day, year)** | **Amount** |
| EDWARDS, TIMOTHY, , , MD<br>2206 WARRENTON WY<br>JACKSONVILLE NC 28546 | RETIRED<br>**Transaction ID : 168441809**<br>RETIRED | 02/25/2026 | 1000.00 |
| **D. FULL NAME, MAILING ADDRESS AND ZIP CODE** | **Name of Employer / Occupation** | **Date (month, day, year)** | **Amount** |
| GIDWITZ, CHRISTINA, , ,<br>285 S BEACH ROAD<br>HOBE SOUND FL 33455 | ENTREPRENEUR<br>**Transaction ID : 168441845**<br>ENTREPRENEUR | 02/17/2026 | 3500.00 |
| **E. FULL NAME, MAILING ADDRESS AND ZIP CODE** | **Name of Employer / Occupation** | **Date (month, day, year)** | **Amount** |
| GIDWITZ, JAMES, , ,<br>1260 NORTH ASTOR STREET<br>CHICAGO IL 60610 | RETIRED<br>**Transaction ID : 168441854**<br>RETIRED | 01/27/2026 | 3500.00 |

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| A. FULL NAME, MAILING ADDRESS AND ZIP CODE | Name of Employer / Occupation | Date (month, day, year) | Amount |
|---|---|---|---|
| GIDWITZ, JAMES, , ,<br>1260 NORTH ASTOR STREET<br>CHICAGO IL 60610 | RETIRED<br>**Transaction ID : 168441863**<br>Occupation: RETIRED | 01/27/2026 | 3500.00 |
| **B. FULL NAME, MAILING ADDRESS AND ZIP CODE** | Name of Employer / Occupation | Date (month, day, year) | Amount |
| GIDWITZ, RONALD, J, ,<br>285 S BEACH RD<br>HOBE SOUND FL 33455 | RIVERBEND INDUSTRIES<br>**Transaction ID : 168441839**<br>Occupation: EXECUTIVE CHAIRMAN | 02/17/2026 | 3500.00 |
| **C. FULL NAME, MAILING ADDRESS AND ZIP CODE** | Name of Employer / Occupation | Date (month, day, year) | Amount |
| GIDWITZ, RONALD, J, ,<br>285 S BEACH RD<br>HOBE SOUND FL 33455 | RIVERBEND INDUSTRIES<br>**Transaction ID : 168441840**<br>Occupation: EXECUTIVE CHAIRMAN | 02/17/2026 | 3500.00 |
| **D. FULL NAME, MAILING ADDRESS AND ZIP CODE** | Name of Employer / Occupation | Date (month, day, year) | Amount |
| HERRO, DAVID, G, ,<br>6015 E CAMELDALE WAY<br>PARADISE VALLEY AZ 85253 | HARRIS ASSOCIATES LP<br>**Transaction ID : 168441843**<br>Occupation: INVESTMENT MGMT | 01/28/2026 | 3500.00 |
| **E. FULL NAME, MAILING ADDRESS AND ZIP CODE** | Name of Employer / Occupation | Date (month, day, year) | Amount |
| HERRO, DAVID, G, ,<br>6015 E CAMELDALE WAY<br>PARADISE VALLEY AZ 85253 | HARRIS ASSOCIATES LP<br>**Transaction ID : 168441844**<br>Occupation: INVESTMENT MGMT | 01/28/2026 | 3500.00 |

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RALEIGH NC 27605

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WHATLEY, MICHAEL, , ,

3. **OFFICE SOUGHT** (State and District)
Senate NC 00

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C00913996

5. **IS THIS AN AMENDMENT?** ☒ NO, THIS IS A NEW FILING ☐ YES, IT AMENDS THE NOTICE FILED ON ____ / ____ / ____

| A. FULL NAME, MAILING ADDRESS AND ZIP CODE | Name of Employer / Occupation | Date (month, day, year) | Amount |
|---|---|---|---|
| HILL, JAMES, TOMLINSON, , III<br>239 WEST 24TH STREET<br>NEW YORK NY 10011 | HILL ART FOUNDATION<br>**Transaction ID : 168441827**<br>CHAIR | 02/11/2026 | 3500.00 |
| **B. FULL NAME, MAILING ADDRESS AND ZIP CODE** | Name of Employer / Occupation | Date (month, day, year) | Amount |
| HILL, JAMES, TOMLINSON, , III<br>239 WEST 24TH STREET<br>NEW YORK NY 10011 | HILL ART FOUNDATION<br>**Transaction ID : 168441828**<br>CHAIR | 02/11/2026 | 3500.00 |
| **C. FULL NAME, MAILING ADDRESS AND ZIP CODE** | Name of Employer / Occupation | Date (month, day, year) | Amount |
| HORRIGAN, DAVID, , ,<br>11165 OLD HARBOUR RD<br>NORTH PALM BEACH FL 33408 | SILGAN HOLDINGS<br>**Transaction ID : 168441831**<br>DIRECTOR | 02/10/2026 | 3500.00 |
| **D. FULL NAME, MAILING ADDRESS AND ZIP CODE** | Name of Employer / Occupation | Date (month, day, year) | Amount |
| HORRIGAN, DAVID, , ,<br>11165 OLD HARBOUR RD<br>NORTH PALM BEACH FL 33408 | SILGAN HOLDINGS<br>**Transaction ID : 168441833**<br>DIRECTOR | 02/10/2026 | 3500.00 |
| **E. FULL NAME, MAILING ADDRESS AND ZIP CODE** | Name of Employer / Occupation | Date (month, day, year) | Amount |
| LESNIK, STEVEN, , ,<br>3883 TOULOUSE DRIVE<br>PALM BEACH GARDENS FL 33410 | KEMPER SPORTS MANAGEMENT<br>**Transaction ID : 168441837**<br>EXECUTIVE | 02/10/2026 | 1166.66 |

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3. **OFFICE SOUGHT** (State and District)
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4. **FEC IDENTIFICATION NUMBER**
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| A. FULL NAME, MAILING ADDRESS AND ZIP CODE | Name of Employer / Occupation | Date (month, day, year) | Amount |
|---|---|---|---|
| LESNIK, STEVEN, , ,<br>3883 TOULOUSE DRIVE<br>PALM BEACH GARDENS FL 33410 | KEMPER SPORTS MANAGEMENT<br>**Transaction ID : 168441835**<br>EXECUTIVE | 02/10/2026 | 3500.00 |
| **B. FULL NAME, MAILING ADDRESS AND ZIP CODE** | Name of Employer / Occupation | Date (month, day, year) | Amount |
| LEWIS, CLIFFORD, , ,<br>5310 N OCEAN DR<br>UNIT 602<br>RIVIERA BEACH FL 33404 | RETIRED<br>**Transaction ID : 168441855**<br>RETIRED | 02/11/2026 | 2000.00 |
| **C. FULL NAME, MAILING ADDRESS AND ZIP CODE** | Name of Employer / Occupation | Date (month, day, year) | Amount |
| MACLEAN, BARRY, L, ,<br>1000 ALLANSON RD<br>MUNDELEIN IL 60060 | MACLEAN-FOGG COMPANY<br>**Transaction ID : 168441829**<br>CHAIRMAN | 02/10/2026 | 3500.00 |
| **D. FULL NAME, MAILING ADDRESS AND ZIP CODE** | Name of Employer / Occupation | Date (month, day, year) | Amount |
| MACLEAN, BARRY, L, ,<br>1000 ALLANSON RD<br>MUNDELEIN IL 60060 | MACLEAN-FOGG COMPANY<br>**Transaction ID : 168441830**<br>CHAIRMAN | 02/10/2026 | 3500.00 |
| **E. FULL NAME, MAILING ADDRESS AND ZIP CODE** | Name of Employer / Occupation | Date (month, day, year) | Amount |
| MACLEAN, DUNCAN, , ,<br>1000 ALLANSON RD<br>MUNDELEIN IL 60060 | MACLEAN-FOGG COMPANY<br>**Transaction ID : 168441850**<br>PRESIDENT | 02/10/2026 | 3500.00 |

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Senate NC 00

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| A. FULL NAME, MAILING ADDRESS AND ZIP CODE | Name of Employer / Occupation | Date (month, day, year) | Amount |
|---|---|---|---|
| MACLEAN, DUNCAN, , ,<br>1000 ALLANSON RD<br>MUNDELEIN IL 60060 | MACLEAN-FOGG COMPANY<br>**Transaction ID : 168441853**<br>PRESIDENT | 02/10/2026 | 3500.00 |
| **B. FULL NAME, MAILING ADDRESS AND ZIP CODE** | Name of Employer / Occupation | Date (month, day, year) | Amount |
| MCCAUSLAND, BONNIE, , ,<br>190 GOMEZ ROAD<br>HOBE SOUND FL 33455 | RETIRED<br>**Transaction ID : 168441856**<br>RETIRED | 02/10/2026 | 3500.00 |
| **C. FULL NAME, MAILING ADDRESS AND ZIP CODE** | Name of Employer / Occupation | Date (month, day, year) | Amount |
| MCCAUSLAND, BONNIE, , ,<br>190 GOMEZ ROAD<br>HOBE SOUND FL 33455 | RETIRED<br>**Transaction ID : 168441864**<br>RETIRED | 02/10/2026 | 3500.00 |
| **D. FULL NAME, MAILING ADDRESS AND ZIP CODE** | Name of Employer / Occupation | Date (month, day, year) | Amount |
| MCCAUSLAND, PETER, , ,<br>190 GOMEZ ROAD<br>HOBE SOUND FL 33455 | RETIRED<br>**Transaction ID : 168441857**<br>RETIRED | 02/10/2026 | 3500.00 |
| **E. FULL NAME, MAILING ADDRESS AND ZIP CODE** | Name of Employer / Occupation | Date (month, day, year) | Amount |
| MCCAUSLAND, PETER, , ,<br>190 GOMEZ ROAD<br>HOBE SOUND FL 33455 | RETIRED<br>**Transaction ID : 168441865**<br>RETIRED | 02/10/2026 | 3500.00 |

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| A. FULL NAME, MAILING ADDRESS AND ZIP CODE | Name of Employer / Occupation | Date (month, day, year) | Amount |
|---|---|---|---|
| MCGRAW, WILLIAM, SCOTT, ,<br>127 GOMEZ ROAD<br>HOBE SOUND FL 33455 | JUPITER ISLAND MEDICAL CLINIC INC<br>**Transaction ID : 168441832**<br>DIRECTOR | 02/11/2026 | 3500.00 |
| **B. FULL NAME, MAILING ADDRESS AND ZIP CODE** | Name of Employer / Occupation | Date (month, day, year) | Amount |
| MORSE, PETER, C, ,<br>392 S BEACH ROAD<br>HOBE SOUND FL 33455 | MORSE PARTNERS INC<br>**Transaction ID : 168441851**<br>PRESIDENT | 02/20/2026 | 2500.00 |
| **C. FULL NAME, MAILING ADDRESS AND ZIP CODE** | Name of Employer / Occupation | Date (month, day, year) | Amount |
| NISSEN, DAVID, R, ,<br>158 BEARS CLUB DRIVE<br>JUPITER FL 33477 | RETIRED<br>**Transaction ID : 168441858**<br>RETIRED | 02/11/2026 | 2000.00 |
| **D. FULL NAME, MAILING ADDRESS AND ZIP CODE** | Name of Employer / Occupation | Date (month, day, year) | Amount |
| REYES, CHRISTOPHER, , ,<br>6250 NORTH RIVER ROAD<br>STE 9000<br>ROSEMONT IL 60018 | REYES HOLDINGS LLC<br>**Transaction ID : 168441836**<br>EXECUTIVE | 02/13/2026 | 3500.00 |
| **E. FULL NAME, MAILING ADDRESS AND ZIP CODE** | Name of Employer / Occupation | Date (month, day, year) | Amount |
| REYES, CHRISTOPHER, , ,<br>6250 NORTH RIVER ROAD<br>STE 9000<br>ROSEMONT IL 60018 | REYES HOLDINGS LLC<br>**Transaction ID : 168441838**<br>EXECUTIVE | 02/13/2026 | 3500.00 |

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| A. FULL NAME, MAILING ADDRESS AND ZIP CODE | Name of Employer / Occupation | Date (month, day, year) | Amount |
|---|---|---|---|
| RYAN, PATRICK, G, ,<br>155 N WACKER DR<br>STE 4000<br>CHICAGO IL 60606 | RYAN SPECIALTY<br>**Transaction ID : 168441821**<br>Occupation: CEO | 02/05/2026 | 3500.00 |
| **B. FULL NAME, MAILING ADDRESS AND ZIP CODE** | Name of Employer / Occupation | Date (month, day, year) | Amount |
| RYAN, PATRICK, G, ,<br>155 N WACKER DR<br>STE 4000<br>CHICAGO IL 60606 | RYAN SPECIALTY<br>**Transaction ID : 168441824**<br>Occupation: CEO | 02/05/2026 | 3500.00 |
| **C. FULL NAME, MAILING ADDRESS AND ZIP CODE** | Name of Employer / Occupation | Date (month, day, year) | Amount |
| RYAN, SHIRLEY, W, ,<br>155 N WACKER DR<br>STE 4000<br>CHICAGO IL 60606 | PATHWAYSORG<br>**Transaction ID : 168441822**<br>Occupation: CEO | 02/05/2026 | 3500.00 |
| **D. FULL NAME, MAILING ADDRESS AND ZIP CODE** | Name of Employer / Occupation | Date (month, day, year) | Amount |
| RYAN, SHIRLEY, W, ,<br>155 N WACKER DR<br>STE 4000<br>CHICAGO IL 60606 | PATHWAYSORG<br>**Transaction ID : 168441825**<br>Occupation: CEO | 02/05/2026 | 3500.00 |
| **E. FULL NAME, MAILING ADDRESS AND ZIP CODE** | Name of Employer / Occupation | Date (month, day, year) | Amount |
| SCHIANO, ANTHONY, , ,<br>4016 POLLOCK VW<br>MOUNT HOLLY NC 28120 | RETIRED<br>**Transaction ID : 168442151**<br>Occupation: RETIRED | 02/25/2026 | 1000.00 |

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| A. FULL NAME, MAILING ADDRESS AND ZIP CODE | Name of Employer / Occupation | Date (month, day, year) | Amount |
|---|---|---|---|
| SCOTT, ANNE, , ,<br>9 S BEACH RD<br>HOBE SOUND FL 33455 | RETIRED<br>**Transaction ID : 168441859**<br>Occupation: RETIRED | 02/12/2026 | 2625.00 |
| **B. FULL NAME, MAILING ADDRESS AND ZIP CODE** | Name of Employer / Occupation | Date (month, day, year) | Amount |
| SLPFLA, LLC<br>239 S BEACH ROAD<br>HOBE SOUND FL 33455 | **Transaction ID : 168441819**<br>Occupation: | 02/10/2026 | 3500.00 |
| **C. FULL NAME, MAILING ADDRESS AND ZIP CODE** | Name of Employer / Occupation | Date (month, day, year) | Amount |
| SMITH, WILLIAM, SPENCER, ,<br>2930 PIPER WAY<br>WELLINGTON FL 33414 | RETIRED<br>**Transaction ID : 168441860**<br>Occupation: RETIRED | 02/11/2026 | 3500.00 |
| **D. FULL NAME, MAILING ADDRESS AND ZIP CODE** | Name of Employer / Occupation | Date (month, day, year) | Amount |
| SPIES, CHARLES, , ,<br>3030 K STREET NW<br>WASHINGTON DC 20007 | DICKINSON WRIGHT PLLC<br>**Transaction ID : 168441820**<br>Occupation: ATTORNEY | 02/11/2026 | 3000.00 |
| **E. FULL NAME, MAILING ADDRESS AND ZIP CODE** | Name of Employer / Occupation | Date (month, day, year) | Amount |
| THE PETER NORBECK LEADERSHIP PAC<br>PO BOX 477<br>PIERRE SD 57501 | **Transaction ID : 168377076**<br>Occupation: | 02/25/2026 | 5000.00 |

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Senate NC 00

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| A. FULL NAME, MAILING ADDRESS AND ZIP CODE | Name of Employer / Occupation | Date (month, day, year) | Amount |
|---|---|---|---|
| THE PETER NORBECK LEADERSHIP PAC<br>PO BOX 477<br>PIERRE SD 57501 | Transaction ID : 168377077 | 02/25/2026 | 5000.00 |
| **B. FULL NAME, MAILING ADDRESS AND ZIP CODE** | Name of Employer / Occupation | Date (month, day, year) | Amount |
| WILSON, KENDRICK, , , III<br>146 SOUTH BEACH ROAD<br>HOBE SOUND FL 33455 | RETIRED<br>Transaction ID : 168441861<br>RETIRED | 01/28/2026 | 3500.00 |
| **C. FULL NAME, MAILING ADDRESS AND ZIP CODE** | Name of Employer / Occupation | Date (month, day, year) | Amount |
| WILSON, KENDRICK, , , III<br>146 SOUTH BEACH ROAD<br>HOBE SOUND FL 33455 | RETIRED<br>Transaction ID : 168441867<br>RETIRED | 01/28/2026 | 3500.00 |
| **D. FULL NAME, MAILING ADDRESS AND ZIP CODE** | Name of Employer / Occupation | Date (month, day, year) | Amount |
| WRENN, GEORGE, , ,<br>404 E MAIN ST<br>JAMESTOWN NC 27282 | WELLS FARGO<br>Transaction ID : 168450771<br>BANKER | 02/25/2026 | 1000.00 |
| **E. FULL NAME, MAILING ADDRESS AND ZIP CODE** | Name of Employer / Occupation | Date (month, day, year) | Amount |
| ZIVKOVIC, ANITA, , ,<br>249 PERUVIAN AVE<br>STE F2<br>PALM BEACH FL 33480 | RETIRED<br>Transaction ID : 168441862<br>RETIRED | 02/11/2026 | 2000.00 |