

Disclosure Report Cover

20
JAN 18 2026

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 CANDICE WORKMAN | | c. ID Number 6GWODQ | |
| b. Mailing Address (include City, State and Zip Code) 17 HUNT STREET MARION, NC 28752 | | d. Date Filed 01/19/2026 | |
| | | e. Phone Number 828-768-4569 | |
| 2. Report Year 2025 | 3. Period Start Date (mm/dd/yy) 09/24/2025 | 4. Period End Date (mm/dd/yy) 12/31/2025 | 5. Treasurer Full Name TERI STAHARA |
| 6. Type of Committee (Check One) | | 9. Type of Report (check only one type of report from one category) | |
| <input checked="" type="checkbox"/> Candidate Campaign <input type="checkbox"/> PAC <input type="checkbox"/> Independent <input type="checkbox"/> Expenditure <input type="checkbox"/> Legal Expense Fund <input type="checkbox"/> Party <input type="checkbox"/> Referendum <input type="checkbox"/> Joint Fundraiser | | Municipal <input type="checkbox"/> Organizational <input type="checkbox"/> Thirty-five day <input type="checkbox"/> Pre-primary <input type="checkbox"/> Pre-election <input type="checkbox"/> Pre-runoff <input type="checkbox"/> Semi-annual <input type="checkbox"/> Mid Year <input checked="" type="checkbox"/> Year End <input checked="" type="checkbox"/> Final <input type="checkbox"/> Special | |
| 7. Type of Fund (if applicable, check one) | | State/County <input type="checkbox"/> Organizational <input type="checkbox"/> Quarterly <input type="checkbox"/> First <input type="checkbox"/> Second <input type="checkbox"/> Third <input type="checkbox"/> Fourth <input type="checkbox"/> Semi-annual <input type="checkbox"/> Mid Year <input type="checkbox"/> Year End <input type="checkbox"/> Final <input type="checkbox"/> Special | |
| <input type="checkbox"/> "Booster Fund" <input type="checkbox"/> Building Fund <input type="checkbox"/> Other: | | <input type="checkbox"/> Organizational <input type="checkbox"/> Pre-referendum <input type="checkbox"/> Final <input type="checkbox"/> Supplemental Final <input type="checkbox"/> Annual <input type="checkbox"/> Special | |
| 8. Number of Fundraisers this Report 0 | | 10. Special Report Name | |
| 11. Account Information | | 11. Account Information | |
| a. Financial Institution Full Name CAPITAL ONE | | a. Financial Institution Full Name | |
| b. Purpose FOR ALL CAMPAIGN FINANCES | c. Account Code 1 | b. Purpose | c. Account Code |
| | d. Period Begin Balance \$ 485.46 | | 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. | | | |
| TERI STAHARA | | 01/19/2026 | |
| Printed Name of Signer | | Signature of Appointed Treasurer | |
| FOR OFFICE USE ONLY | | | |
| Date Received: | 01/20/26 | Employee: | BD |
| Date Postmarked: | | Employee: | |
| Date Scanned: | | Employee: | |
| Date Data Entered: | | Employee: | |
| | | Delivery Method <input type="checkbox"/> Normal Mail <input type="checkbox"/> Registered Mail <input checked="" type="checkbox"/> Hand Delivered <input type="checkbox"/> Electronically Filed <input type="checkbox"/> Signer has not received mandatory training | |
| 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. | | | |

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) CANDICE WORKMAN for MARION CITY COUNCIL | | 2. Type of Report YEAR END | 3. ID Number 6GWODQ |
| Start of Election Cycle: January 1, 2025 | | Total this Reporting Period | Total this Election Cycle |
| 4) Cash on Hand at Start | | \$ 485.46 | \$ 485.46 |
| RECEIPTS | | | |
| 5) Aggregated Contributions from Individuals | (CRO-1205) | \$ 9.40 | \$ 334.40 |
| 6) Contributions from Individuals | (CRO-1210) | \$ | \$ 800.00 |
| 7) Contributions from Political Party Committees | (CRO-1220) | \$ | \$ |
| 8) Contributions from Other Political Committees | (CRO-1230) | \$ | \$ |
| 9) Loan Proceeds | (CRO-1410) | \$ | \$ |
| 10) Refunds/Reimbursements To the Committee | (CRO-1240) | \$ | \$ |
| 11) Other Receipt Sources | | | |
| 11a) Interest on Bank Accounts | (CRO-1250) | \$.24 | \$.24 |
| 11b) Contributions from Not-for-Profit Organizations | (CRO-1250) | \$ | \$ |
| 11c) Outside Sources of Income | (CRO-1250) | \$ | \$ |
| 11d) Legal Expense Fund – Other Sources | (CRO-1270) | \$ | \$ |
| 11 e) Exempt Purchase Price Sales | (CRO-1265) | \$ | \$ |
| 12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d and 11e) | | \$ 9.64 | \$ 1134.64 |
| EXPENDITURES | | | |
| 13) Disbursements | | | |
| 13a) Operating Expenditures | (CRO-1310) | \$ 2.90 | \$ 642.44 |
| 13b) Contributions to Candidates/Political Committees | (CRO-1310) | \$ | \$ |
| 13c) Coordinated Party Expenditures | (CRO-1310) | \$ | \$ |
| 14) Aggregated Non-Media Expenditures | (CRO-1315) | \$ | \$ |
| 15) Loan Repayments | (CRO-1420) | \$ | \$ |
| 16) Refunds/Reimbursements From the Committee | (CRO-1320) | \$ | \$ |
| 17) In-Kind Contributions | (CRO-1510) | \$ | \$ |
| 18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17) | | \$ 2.90 | \$ 642.44 |
| 19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18) | | \$ 492.20 | \$ 492.20 |
| ADDITIONAL INFORMATION | | | |
| 20) Non-Monetary Gifts Given to Other Committees | (CRO-1330) | \$ | |
| 21) Outstanding Loans (incl. ones from other campaigns) | (CRO-1430) | \$ | |
| 22) Debts and Obligations owed By the Committee | (CRO-1610) | \$ | |
| 23) Debts and Obligations owed To the Committee | (CRO-1620) | \$ | |
| 24) Account Transfers Within the Committee | (CRO-1720) | \$ | |
| 25) Administrative Support | (CRO-1710) | \$ | \$ |
| 26) Forgiven Loans | (CRO-1440) | \$ | \$ |
| 27) 48-Hour Notice Reports Sum | (CRO-2220) | \$ | \$ |
| 28) Contributions to be Refunded | (CRO-1215) | \$ | \$ |

Disbursements

Pg 1 of 1 Amendment ☐ Yes ☒ No

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

| | | | | | | |
|--|--------------------|-----------------|---|----------------------|---------------------------|-------------------------------------|
| 1. Committee Full Name (and Fund if applicable) CANDICE WORKMAN for MARION CITY COUNCIL | | | | | 2. ID Number 6GWODQ | |
| 3. Type of Disbursement (Please use separate CRO-1310 forms for each type of Disbursement.) | | | | | | |
| <input checked="" type="checkbox"/> Operating Expenses <input type="checkbox"/> Contributions to Candidates/Political Committees <input type="checkbox"/> Coordinated Party Expenditures | | | | | | |
| 4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) FACEBOOK 1 Hacker Way Menlo Park, CA 94025 1-650-308-7300 | | | b. Coordinated Committee Name | | d. Comments | |
| | | | c. Level Registered (Specify) | | e. Election Sum to Date | |
| | | | <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input checked="" type="checkbox"/> Municipality: | | | |
| f. Account Code | g. Form of Payment | h. Purpose Code | i. Date (mm/dd/yyyy) | j. Amount | k. Required Remarks | |
| 1 | DEBIT | A | 10/24/2025 | \$2.30 | FACEBOOK AD | |
| | | | | \$ | | |
| 4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) ACTBLUE SOMERVILLE, MASSACHUSETTS https://secure.actblue.com | | | b. Coordinated Committee Name | | d. Comments | |
| | | | c. Level Registered (Specify) | | e. Election Sum to Date | |
| | | | <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input checked="" type="checkbox"/> Municipality: | | | |
| f. Account Code | g. Form of Payment | h. Purpose Code | i. Date (mm/dd/yyyy) | j. Amount | k. Required Remarks | |
| 1 | ACTBLUE | O | 9/30/2025 | \$.60 | FEE FOR DONAT ION WEBSITE | |
| | | | | \$ | | |
| 4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) | | | b. Coordinated Committee Name | | d. Comments | |
| | | | c. Level Registered (Specify) | | e. Election Sum to Date | |
| | | | <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality: | | | |
| f. Account Code | g. Form of Payment | h. Purpose Code | i. Date (mm/dd/yyyy) | j. Amount | k. Required Remarks | |
| | | | | \$ | | |
| | | | | \$ | | |
| 5. Total only this Page | | | | | \$ 2.90 | |
| 6. Total of ALL CRO-1310 Pages (This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses) (This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm) (This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures) | | | | | \$ 2.90 | |
| 7. Purpose Codes (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) | | | | | | |

Other Receipt Sources

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Use this form to report income not reported on another form, i.e. interest income, not for profit contributions etc.

| | | | | | |
|---|---------------------------|-------------------------------|---------------------------------------|-------------------------------|--------------------|
| 1. Committee Full Name (and Fund if applicable) CANDICE WORKMAN for MARION CITY COUNCIL | | | | 2. ID Number 6GWODQ | |
| 3. Type of Receipt Source <i>(Please use separate CRO-1250 forms for each type of Receipt Source.)</i> | | | | | |
| <input checked="" type="checkbox"/> Interest <input type="checkbox"/> Contributions from Not-for-Profit Organizations <input type="checkbox"/> Outside Sources of Income | | | | | |
| 4. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | |
| a. Full Name, Mailing Address & Phone (include city, state, & zip) CAPITOL BANK PO BOX 85123 RICHMOND, VA 23285 1-888-464-0727 | | | b. Not-for-Profit Federal ID # | | d. Comments |
| | | | c. Outside Source Explanation | | |
| | | | e. Election Sum to Date | | |
| | | | \$ | | |
| f. Account Code | g. Form of Payment | h. In-Kind Description | i. Date (mm/dd/yyyy) | j. Amount | |
| 1 | CREDIT | | VARIOUS | \$.24 | |
| | | | | \$ | |
| 4. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | |
| | | | b. Not-for-Profit Federal ID # | | d. Comments |
| | | | c. Outside Source Explanation | | |
| | | | e. Election Sum to Date | | |
| | | | \$ | | |
| f. Account Code | g. Form of Payment | h. In-Kind Description | i. Date (mm/dd/yyyy) | j. Amount | |
| | | | | \$ | |
| | | | | \$ | |
| 4. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | | | |
| | | | b. Not-for-Profit Federal ID # | | d. Comments |
| | | | c. Outside Source Explanation | | |
| | | | e. Election Sum to Date | | |
| | | | \$ | | |
| f. Account Code | g. Form of Payment | h. In-Kind Description | i. Date (mm/dd/yyyy) | j. Amount | |
| | | | | \$ | |
| | | | | \$ | |
| 5. Total only this Page | | | | \$.24 | |
| 6. Total of ALL CRO-1250 Pages | | | | \$.24 | |
| <i>(This line goes in line 11a of Detailed Summary Page CRO-1100 if Interest)</i> <i>(This line goes in line 11b of Detailed Summary Page CRO-1100 if Not-for-Profit Contribution)</i> <i>(This line goes in line 11c of Detailed Summary Page CRO-1100 if Outside Sources of Income)</i> | | | | | |

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1 of 1

☐

Yes

No

| | | | | | | | |
|---|--------|-----------------|--------------------|------------------------|----------------------|--------------|--|
| 1. Committee Full Name (and Fund if applicable) | | | | | | 2. ID Number | |
| CANDICE WORKMAN for MARION CITY COUNCIL | | | | | | 6GWODQ | |
| 3. Contributor Information | | | | | | | |
| a. Amend | | b. Account Code | c. Form of Payment | d. In-Kind Description | e. Date (mm/dd/yyyy) | f. Amount | |
| <input type="checkbox"/> | Add | 1 | ACTBLUE | | 10/30/2025 | \$ 9.40 | |
| <input type="checkbox"/> | Remove | | | | | | |
| <input type="checkbox"/> | Add | | | | | \$ | |
| <input type="checkbox"/> | Remove | | | | | | |
| <input type="checkbox"/> | Add | | | | | \$ | |
| <input type="checkbox"/> | Remove | | | | | | |
| <input type="checkbox"/> | Add | | | | | \$ | |
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| <input type="checkbox"/> | Add | | | | | \$ | |
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