

FEB 19 2026

Amendment
 Yes No

Detailed Summary

Use this form to summarize all disclosure reporting forms and to total monetary information

1. Committee Full Name (and Fund if applicable)		2. Type of Report		3. ID Number	
NATHAN MACE FOR SHERIFF		2026 First Quarter			
Start of Election Cycle: January 1, 2025		Total this Reporting Period		Total this Election Cycle	
4) Cash on Hand at Start		\$ 3,577.35		\$ 0.00	
RECEIPTS					
5) Aggregated Contributions from Individuals (CRO-1205)		\$ 5,246.00		\$ 5,286.00	
6) Contributions from Individuals (CRO-1210)		\$ 14,880.00		\$ 17,250.00	
7) Contributions from Political Party Committees (CRO-1220)		\$ 0.00		\$ 0.00	
8) Contributions from Other Political Committees (CRO-1230)		\$ 500.00		\$ 4,000.00	
9) Loan Proceeds (CRO-1410)		\$ 0.00		\$ 0.00	
10) Refunds/Reimbursements to the Committee (CRO-1240)		\$ 0.00		\$ 0.00	
11) Other Receipt Sources					
11a) Interest on Bank Accounts (CRO-1250)		\$ 0.00		\$ 0.00	
11b) Contributions from Not-For-Profit Organizations (CRO-1250)		\$ 0.00		\$ 0.00	
11c) Outside Sources of Income (CRO-1250)		\$ 0.00		\$ 0.00	
11d) Legal Expense Fund - Other Sources (CRO-1270)		\$ 0.00		\$ 0.00	
11e) Exempt Purchase Price Sales (CRO-1265)		\$ 0.00		\$ 0.00	
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d and 11e)		\$ 20,626.00		\$ 26,536.00	
EXPENDITURES					
13) Disbursements					
13a) Operating Expenditures (CRO-1310)		\$ 11,003.82		\$ 13,296.47	
13b) Contributions to Candidates/Political Committees (CRO-1310)		\$ 0.00		\$ 0.00	
13c) Coordinated Party Expenditures (CRO-1310)		\$ 0.00		\$ 0.00	
14) Aggregated Non-Media Expenditures (CRO-1315)		\$ 62.09		\$ 62.09	
15) Loan Repayments (CRO-1420)		\$ 0.00		\$ 0.00	
16) Refunds/Reimbursements from the Committee (CRO-1320)		\$ 0.00		\$ 0.00	
17) In-Kind Contributions (CRO-1510)		\$ 2,000.00		\$ 2,040.00	
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)		\$ 13,065.91		\$ 15,398.56	
19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18)		\$ 11,137.44		\$ 11,137.44	
ADDITIONAL INFORMATION					
20) Non-Monetary Gifts Given to Other Committees (CRO-1330)		\$ 0.00			
21) Outstanding Loans (incl. ones from other campaigns) (CRO-1430)		\$ 0.00			
22) Debts and Obligations owed by the Committee (CRO-1610)		\$ 0.00			
23) Debts and Obligations owed to the Committee (CRO-1620)		\$ 0.00			
24) Account Transfers Within the Committee (CRO-1720)		\$ 0.00			
25) Administrative Support (CRO-1710)		\$ 0.00		\$ 0.00	
26) Forgiven Loans (CRO-1440)		\$ 0.00		\$ 0.00	
27) 48-Hour Notice Reports Sum (CRO-2220)		\$ 0.00		\$ 0.00	
28) Contributions to be Refunded (CRO-1215)		\$ 0.00		\$ 0.00	

FEB 19 2026

Aggregated Contributions from Individuals

Page 1 of 6

Amendment	
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

Optional form used to report NC Contributions From Individuals of \$50 or less

1. Committee Full Name (and Fund if applicable)					2. ID Number	
NATHAN MACE FOR SHERIFF						
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 <input type="checkbox"/> Remove	01	Cash		01/10/2026	\$	50.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	01	Cash		02/07/2026	\$	20.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	01	Cash		02/07/2026	\$	20.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	01	Cash		02/07/2026	\$	50.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	01	Debit Card		02/07/2026	\$	50.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	01	Cash		02/04/2026	\$	50.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	01	Cash		02/07/2026	\$	20.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	01	Cash		02/07/2026	\$	50.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	01	Cash		02/07/2026	\$	10.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	01	Cash		01/10/2026	\$	50.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	01	Cash		01/06/2026	\$	50.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	01	Cash		01/10/2026	\$	50.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	01	Cash		01/10/2026	\$	50.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	01	Cash		01/06/2026	\$	50.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	01	Cash		01/06/2026	\$	50.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	01	Debit Card		02/07/2026	\$	40.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	01	Cash		02/07/2026	\$	30.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	01	Cash		02/07/2026	\$	20.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	01	Cash		02/07/2026	\$	50.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	01	Cash		02/05/2026	\$	50.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	01	Cash		02/07/2026	\$	20.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	01	Debit Card		02/07/2026	\$	40.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	01	Cash		02/07/2026	\$	40.00
4. Total only this Page					\$	\$910.00
5. Total of ALL CRO-1205 Pages					\$	\$5,246.00
<i>(This line must be on line 5 of Detailed Summary Page CRO-1100)</i>						

FEB 19 2026

Aggregated Contributions from Individuals

Page 2 of 6

Amendment
 Yes No

Optional form used to report NC Contributions From Individuals of \$50 or less

1. Committee Full Name (and Fund if applicable)					2. ID Number	
NATHAN MACE FOR SHERIFF						
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 <input type="checkbox"/> Remove	01	Cash		01/10/2026	\$	50.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	01	Cash		02/07/2026	\$	30.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	01	Cash		01/10/2026	\$	50.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	01	Cash		01/12/2026	\$	50.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	01	Cash		02/07/2026	\$	40.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	01	Cash		02/07/2026	\$	20.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	01	Debit Card		02/07/2026	\$	20.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	01	Cash		02/07/2026	\$	30.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	01	Cash		02/07/2026	\$	50.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	01	Cash		01/05/2026	\$	50.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	01	Cash		02/07/2026	\$	20.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	01	Cash		02/07/2026	\$	40.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	01	Cash		02/07/2026	\$	20.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	01	Cash		02/07/2026	\$	40.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	01	Cash		02/07/2026	\$	50.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	01	Cash		01/10/2026	\$	50.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	01	Cash		02/07/2026	\$	50.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	01	Cash		02/07/2026	\$	50.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	01	Cash		02/07/2026	\$	10.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	01	Cash		02/07/2026	\$	50.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	01	Cash		01/09/2026	\$	50.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	01	Cash		01/09/2026	\$	50.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	01	Cash		02/07/2026	\$	20.00
4. Total only this Page					\$	\$890.00
5. Total of ALL CRO-1205 Pages <i>(This line must be on line 5 of Detailed Summary Page CRO-1100)</i>					\$	\$5,246.00

Aggregated Contributions from Individuals

Amendment	
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

Optional form used to report NC Contributions From Individuals of \$50 or less

1. Committee Full Name (and Fund if applicable)					2. ID Number	
NATHAN MACE FOR SHERIFF						
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 <input type="checkbox"/> Remove	01	Cash		02/07/2026	\$	50.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	01	Cash		02/07/2026	\$	50.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	01	Cash		01/04/2026	\$	50.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	01	Debit Card		01/06/2026	\$	50.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	01	Cash		01/07/2026	\$	50.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	01	Cash		01/07/2026	\$	50.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	01	Cash		02/07/2026	\$	20.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	01	Cash		02/07/2026	\$	40.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	01	Cash		02/07/2026	\$	50.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	01	Cash		02/07/2026	\$	50.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	01	Cash		02/07/2026	\$	20.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	01	Debit Card		02/07/2026	\$	10.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	01	Cash		02/07/2026	\$	50.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	01	Cash		02/07/2026	\$	50.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	01	Check		02/11/2026	\$	25.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	01	Cash		02/07/2026	\$	40.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	01	Cash		02/07/2026	\$	40.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	01	Credit Card		02/06/2026	\$	1.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	01	Cash		02/07/2026	\$	20.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	01	Cash		02/07/2026	\$	50.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	01	Cash		02/07/2026	\$	50.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	01	Cash		02/07/2026	\$	50.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	01	Cash		02/07/2026	\$	50.00
4. Total only this Page					\$	\$916.00
5. Total of ALL CRO-1205 Pages <i>(This line must be on line 5 of Detailed Summary Page CRO-1100)</i>					\$	\$5,246.00

FEB 19 2026

Aggregated Contributions from Individuals

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Amendment	
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

Optional form used to report NC Contributions From Individuals of \$50 or less

1. Committee Full Name (and Fund if applicable)					2. ID Number	
NATHAN MACE FOR SHERIFF						
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 <input type="checkbox"/> Remove	01	Cash		02/07/2026	\$	20.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	01	Cash		02/07/2026	\$	40.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	01	Cash		01/08/2026	\$	50.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	01	Cash		01/08/2026	\$	50.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	01	Cash		02/07/2026	\$	50.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	01	Cash		01/09/2026	\$	50.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	01	Cash		01/09/2026	\$	50.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	01	Cash		01/09/2026	\$	50.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	01	Cash		01/09/2026	\$	50.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	01	Cash		01/09/2026	\$	50.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	01	Cash		01/09/2026	\$	50.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	01	Cash		01/07/2026	\$	50.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	01	Cash		01/08/2026	\$	50.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	01	Cash		01/08/2026	\$	50.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	01	Cash		01/08/2026	\$	50.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	01	Cash		01/10/2026	\$	50.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	01	Cash		02/07/2026	\$	50.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	01	Cash		02/07/2026	\$	40.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	01	Cash		02/07/2026	\$	50.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	01	Cash		02/07/2026	\$	50.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	01	Cash		02/07/2026	\$	50.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	01	Cash		02/07/2026	\$	50.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	01	Cash		02/07/2026	\$	50.00
4. Total only this Page					\$	\$1,100.00
5. Total of ALL CRO-1205 Pages					\$	\$5,246.00
<i>(This line must be on line 5 of Detailed Summary Page CRO-1100)</i>						

FEB 19 2006

Aggregated Contributions from Individuals

Amendment
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Optional form used to report NC Contributions From Individuals of \$50 or less

1. Committee Full Name (and Fund if applicable)					2. ID Number	
NATHAN MACE FOR SHERIFF						
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 <input type="checkbox"/> Remove	01	Cash		02/07/2026	\$	50.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	01	Cash		02/07/2026	\$	50.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	01	Check		02/07/2026	\$	40.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	01	Cash		01/09/2026	\$	50.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	01	Cash		01/06/2026	\$	50.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	01	Cash		01/10/2026	\$	50.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	01	Cash		01/10/2026	\$	50.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	01	Cash		01/10/2026	\$	50.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	01	Cash		01/10/2026	\$	50.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	01	Cash		02/07/2026	\$	30.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	01	Cash		02/07/2026	\$	40.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	01	Cash		02/07/2026	\$	50.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	01	Cash		02/07/2026	\$	50.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	01	Cash		02/07/2026	\$	50.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	01	Cash		02/07/2026	\$	50.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	01	Cash		02/07/2026	\$	50.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	01	Cash		02/05/2026	\$	50.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	01	Cash		02/05/2026	\$	50.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	01	Cash		02/07/2026	\$	50.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	01	Cash		02/07/2026	\$	50.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	01	Cash		02/07/2026	\$	40.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	01	Cash		02/07/2026	\$	40.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	01	Cash		02/07/2026	\$	40.00
<input type="checkbox"/> Add <input type="checkbox"/> Remove	01	Cash		02/07/2026	\$	50.00
4. Total only this Page					\$	\$1,080.00
5. Total of ALL CRO-1205 Pages					\$	\$5,246.00
<i>(This line must be on line 5 of Detailed Summary Page CRO-1100)</i>						

FEB 19 2026

Aggregated Contributions from Individuals

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Amendment	
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

Optional form used to report NC Contributions From Individuals of \$50 or less

1. Committee Full Name (and Fund if applicable)					2. ID Number	
NATHAN MACE FOR SHERIFF						
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	01	Cash		02/07/2026	\$	30.00
<input type="checkbox"/> Remove						
<input type="checkbox"/> Add	01	Cash		02/07/2026	\$	50.00
<input type="checkbox"/> Remove						
<input type="checkbox"/> Add	01	Cash		02/07/2026	\$	30.00
<input type="checkbox"/> Remove						
<input type="checkbox"/> Add	01	Cash		02/07/2026	\$	40.00
<input type="checkbox"/> Remove						
<input type="checkbox"/> Add	01	Cash		02/07/2026	\$	50.00
<input type="checkbox"/> Remove						
<input type="checkbox"/> Add	01	Cash		02/07/2026	\$	50.00
<input type="checkbox"/> Remove						
<input type="checkbox"/> Add	01	Cash		02/07/2026	\$	50.00
<input type="checkbox"/> Remove						
<input type="checkbox"/> Add	01	Cash		02/07/2026	\$	50.00
<input type="checkbox"/> Remove						
4. Total only this Page					\$	\$350.00
5. Total of ALL CRO-1205 Pages					\$	\$5,246.00
<i>(This line must be on line 5 of Detailed Summary Page CRO-1100)</i>						

CRO-1205

NC State Board of Elections

April 2007

Contributions from Individuals

Amendment
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

1. Committee Full Name (and Fund if applicable)						2. ID Number	
NATHAN MACE FOR SHERIFF							
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
AUTUMN ALKIRE 1654 LAKE TAHOMA RD MARION, NC 28752				NURSE			
				c. Employer's Name/Specific Field			
						e. Election Sum to Date	
						\$ 150.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>	01	Cash		01/26/2026	\$ 50.00		
<input type="checkbox"/>	01	Cash		01/27/2026	\$ 50.00		
<input type="checkbox"/>	01	Cash		02/07/2026	\$ 50.00		
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
PAUL ALKIRE 1654 LAKE TAHOMA RD. MARION, NC 28752				CAPTAIN			
				c. Employer's Name/Specific Field			
				MCDOWELL COUNTY SHERIFF'S OFFICE		e. Election Sum to Date	
						\$ 600.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>	01	Cash		01/05/2026	\$ 50.00		
<input type="checkbox"/>	01	Cash		01/06/2026	\$ 50.00		
<input type="checkbox"/>	01	Cash		01/07/2026	\$ 50.00		
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
PAUL ALKIRE 1654 LAKE TAHOMA RD. MARION, NC 28752				CAPTAIN			
				c. Employer's Name/Specific Field			
				MCDOWELL COUNTY SHERIFF'S OFFICE		e. Election Sum to Date	
						\$ 600.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>	01	Cash		01/08/2026	\$ 50.00		
<input type="checkbox"/>	01	Cash		01/09/2026	\$ 50.00		
<input type="checkbox"/>	01	Cash		01/26/2026	\$ 50.00		
4. Total only this Page						\$ 450.00	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)						\$ 14,880.00	

Contributions from Individuals

Amendment
 Yes No

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

1. Committee Full Name (and Fund if applicable)						2. ID Number	
NATHAN MACE FOR SHERIFF							
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
PAUL ALKIRE 1654 LAKE TAHOMA RD. MARION, NC 28752				CAPTAIN			
				c. Employer's Name/Specific Field		e. Election Sum to Date	
				MCDOWELL COUNTY SHERIFF'S OFFICE		\$ 600.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>	01	Cash		01/27/2026	\$ 50.00		
<input type="checkbox"/>	01	Cash		02/07/2026	\$ 50.00		
<input type="checkbox"/>					\$		
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
CHRIS ALLISON 163 DAUBBINS ST MARION, NC 28752							
				c. Employer's Name/Specific Field		e. Election Sum to Date	
				JOHNS CONTROLS		\$ 100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>	01	Credit Card		02/07/2026	\$ 100.00		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
TARYN BAILEY 277 NEW HOPE RD MARION, NC 28752				DENTAL HYGIENEST			
				c. Employer's Name/Specific Field		e. Election Sum to Date	
						\$ 60.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>	01	Debit Card		02/03/2026	\$ 40.00		
<input type="checkbox"/>	01	Debit Card		02/07/2026	\$ 20.00		
<input type="checkbox"/>					\$		
4. Total only this Page						\$ 260.00	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)						\$ 14,880.00	

Contributions from Individuals

FEB 19 2026

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Amendment

Yes No

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

1. Committee Full Name (and Fund if applicable)						2. ID Number	
NATHAN MACE FOR SHERIFF							
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
NATHAN BAKER 205 MARLER RD MARION, NC 28752				BUSINESS OWNER			
				c. Employer's Name/Specific Field		e. Election Sum to Date	
						\$ 1,000.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>	01	Check		02/13/2026	\$ 1,000.00		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
PAUL BAKER 209 MARLER RD MARION, NC 28752				SELF EMPLOYED			
				c. Employer's Name/Specific Field		e. Election Sum to Date	
						\$ 520.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>	01	Check		01/16/2026	\$ 500.00		
<input type="checkbox"/>	01	Cash		02/08/2026	\$ 20.00		
<input type="checkbox"/>					\$		
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
CALEB BALILES 220 OLD LUMBER RD MORGANTON, NC 28655				DEPUTY			
				c. Employer's Name/Specific Field		e. Election Sum to Date	
				MCSO		\$ 140.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>	01	Credit Card		02/07/2026	\$ 140.00		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
4. Total only this Page						\$ 1,660.00	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)						\$ 14,880.00	

Contributions from Individuals

FEB 19 2026

Pg 4 of 21

Amendment
 Yes No

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

1. Committee Full Name (and Fund if applicable)						2. ID Number	
NATHAN MACE FOR SHERIFF							
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
TED BELL 186 PLEASANT MEADOW ESTATES MARION, NC 28752				DISTRICT ATTORNEY			
				c. Employer's Name/Specific Field			
						e. Election Sum to Date	
						\$ 1,000.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>	01	Check		02/07/2026	\$ 1,000.00		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
TOMMY BOLICK 23 HORIZON DR NEBO, NC 28761				MANAGEMENT			
				c. Employer's Name/Specific Field			
						e. Election Sum to Date	
						\$ 110.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>	01	Credit Card		02/07/2026	\$ 110.00		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
LISA BRITT 1242 OAK HILL DR MORGANTON, NC 28655				RETIRED			
				c. Employer's Name/Specific Field			
						e. Election Sum to Date	
						\$ 100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>	01	Cash		01/06/2026	\$ 50.00		
<input type="checkbox"/>	01	Cash		01/09/2026	\$ 50.00		
<input type="checkbox"/>					\$		
4. Total only this Page						\$ 1,210.00	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)						\$ 14,880.00	

Contributions from Individuals

FEB 19 2026

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Amendment

Yes No

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

1. Committee Full Name (and Fund if applicable)					2. ID Number	
NATHAN MACE FOR SHERIFF						
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
KEITH BUCHANAN 194 TREASURE VALLEY DR NEBO, NC 28761			SELF EMPLOYED			
			c. Employer's Name/Specific Field			
					e. Election Sum to Date	
					\$ 200.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	01	Debit Card		02/07/2026	\$ 200.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
LEE BUCHANAN 116 CRIMPSON DKY HEIGHTS NEWLAND, NC 28657			DEPUTY			
			c. Employer's Name/Specific Field			
			MCSO			
					e. Election Sum to Date	
					\$ 100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	01	Cash		01/09/2026	\$ 50.00	
<input type="checkbox"/>	01	Cash		01/12/2026	\$ 50.00	
<input type="checkbox"/>					\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
RICHARD BUCHANAN 128 TREASURE VALLEY DR NEBO, NC 28761			RETIRED			
			c. Employer's Name/Specific Field			
					e. Election Sum to Date	
					\$ 100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	01	Check		02/07/2026	\$ 100.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 400.00	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$ 14,880.00	

Contributions from Individuals

FEB 19 2026

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Amendment
 Yes No

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

1. Committee Full Name (and Fund if applicable)						2. ID Number	
NATHAN MACE FOR SHERIFF							
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
ADAM BURNETTE 3314 OLD LINVILLE RD MARION, NC 28752				DETECTIVE			
				c. Employer's Name/Specific Field		e. Election Sum to Date	
				MCSO		\$ 330.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>	01	Debit Card		01/13/2026	\$ 250.00		
<input type="checkbox"/>	01	Debit Card		02/07/2026	\$ 80.00		
<input type="checkbox"/>					\$		
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
ASHLEY CARVER 414 MUDDY CREEK RD. NEBO, NC 28761				HR			
				c. Employer's Name/Specific Field		e. Election Sum to Date	
				RDM		\$ 160.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>	01	Cash		01/10/2026	\$ 50.00		
<input type="checkbox"/>	01	Debit Card		02/06/2026	\$ 60.00		
<input type="checkbox"/>	01	Debit Card		02/07/2026	\$ 50.00		
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
MITCHELL CRESON 685 WILDFLOWER WAY MARION, NC 28752				SALES			
				c. Employer's Name/Specific Field		e. Election Sum to Date	
						\$ 90.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>	01	Check		02/07/2026	\$ 70.00		
<input type="checkbox"/>	01	Cash		02/08/2026	\$ 20.00		
<input type="checkbox"/>					\$		
4. Total only this Page						\$ 580.00	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)						\$ 14,880.00	

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Contributions from Individuals

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Amendment
 Yes No

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

1. Committee Full Name (and Fund if applicable)						2. ID Number	
NATHAN MACE FOR SHERIFF							
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
JEREMY DOBSON 1133 CEMETARY RD NEBO, NC 28761				OWNER			
				c. Employer's Name/Specific Field		e. Election Sum to Date	
				CARQUEST		\$ 100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>	01	Cash		01/10/2026	\$ 50.00		
<input type="checkbox"/>	01	Cash		01/12/2026	\$ 50.00		
<input type="checkbox"/>					\$		
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
TRACY DOVER 2455 SARATOGA RUN MORGANTON, NC 28655							
				c. Employer's Name/Specific Field		e. Election Sum to Date	
				CENCORA		\$ 60.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>	01	Cash		02/07/2026	\$ 50.00		
<input type="checkbox"/>	01	Cash		02/10/2026	\$ 10.00		
<input type="checkbox"/>					\$		
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
WAYNE EDWARDS 2450 HANKINS RD MARION, NC 28752				RETIRED			
				c. Employer's Name/Specific Field		e. Election Sum to Date	
						\$ 100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>	01	Check		01/07/2026	\$ 100.00		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
4. Total only this Page						\$ 260.00	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)						\$ 14,880.00	

Contributions from Individuals

FEB 19 2026

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Amendment

Yes No

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

1. Committee Full Name (and Fund if applicable) NATHAN MACE FOR SHERIFF						2. ID Number	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip) GRAYSON ENGLAND 500 GRAY BURCH RD MARION, NC 28752				b. Job Title/Profession SELF EMPLOYED		d. Comments	
				c. Employer's Name/Specific Field		e. Election Sum to Date \$ 200.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>	01	Cash		01/20/2026	\$ 50.00		
<input type="checkbox"/>	01	Cash		01/23/2026	\$ 50.00		
<input type="checkbox"/>					\$		
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip) ASHLEY ERIKS 815 HENRY MCCALL RD MARION, NC 28752				b. Job Title/Profession SELF EMPLOYED		d. Comments	
				c. Employer's Name/Specific Field		e. Election Sum to Date \$ 80.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>	01	Debit Card		01/14/2026	\$ 20.00		
<input type="checkbox"/>	01	Cash		02/07/2026	\$ 40.00		
<input type="checkbox"/>	01	Cash		02/08/2026	\$ 20.00		
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip) BARBARA GILLEPSIE 185 CROSS CREEK RIDGE RD MARION, NC 28752				b. Job Title/Profession RETIRED		d. Comments	
				c. Employer's Name/Specific Field		e. Election Sum to Date \$ 100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>	01	Check		01/22/2026	\$ 100.00		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
4. Total only this Page						\$ 280.00	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)						\$ 14,880.00	

Contributions from Individuals

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Amendment
 Yes No

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

1. Committee Full Name (and Fund if applicable)					2. ID Number	
NATHAN MACE FOR SHERIFF						
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
JADEN GRAGG PO BOX 1067 MARION, NC 28752			DEPUTY			
			c. Employer's Name/Specific Field		e. Election Sum to Date	
			MCDOWELL COUNTY SHERIFFS OFFICE		\$ 130.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	01	Debit Card		01/05/2026	\$ 130.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
BRITTANY GREENE 41 DOYLE ST MARION, NC 28752			NURSE			
			c. Employer's Name/Specific Field		e. Election Sum to Date	
			CENTERWELL HOME HEALTH		\$ 60.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	01	Debit Card		02/07/2026	\$ 60.00	
<input type="checkbox"/>					\$	
<input type="checkbox"/>					\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)			b. Job Title/Profession		d. Comments	
BLAINE HARTSOCK 4925 OLD FORT SUGAR HILL RD. OLD FORT, NC 28762			RETIRED			
			c. Employer's Name/Specific Field		e. Election Sum to Date	
			RETIRED		\$ 770.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	01	Check		01/22/2026	\$ 300.00	
<input type="checkbox"/>	01	Cash		02/07/2026	\$ 20.00	
<input type="checkbox"/>	01	Check		02/07/2026	\$ 250.00	
4. Total only this Page					\$ 760.00	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$ 14,880.00	

Contributions from Individuals

Amendment
 Yes No

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

1. Committee Full Name (and Fund if applicable)						2. ID Number	
NATHAN MACE FOR SHERIFF							
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
BOBBY HAYNES 2081 NC 226 A MARION, NC 28752				RETIRED			
				c. Employer's Name/Specific Field		e. Election Sum to Date	
						\$ 200.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>	01	Cash		01/16/2026	\$ 50.00		
<input type="checkbox"/>	01	Cash		01/19/2026	\$ 50.00		
<input type="checkbox"/>	01	Cash		01/20/2026	\$ 50.00		
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
BOBBY HAYNES 2081 NC 226 A MARION, NC 28752				RETIRED			
				c. Employer's Name/Specific Field		e. Election Sum to Date	
						\$ 200.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>	01	Cash		01/21/2026	\$ 50.00		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
JACEY HENSLEY 220 OLD LUMBER YARD RD MORGANTON, NC 28655				NURSE			
				c. Employer's Name/Specific Field		e. Election Sum to Date	
				IMS MEDICAL		\$ 70.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>	01	Cash		02/07/2026	\$ 20.00		
<input type="checkbox"/>	01	Credit Card		02/07/2026	\$ 50.00		
<input type="checkbox"/>					\$		
4. Total only this Page						\$ 270.00	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)						\$ 14,880.00	

Contributions from Individuals

FEB 19 2026

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Amendment
 Yes No

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

1. Committee Full Name (and Fund if applicable)						2. ID Number	
NATHAN MACE FOR SHERIFF							
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
JESSE HICKS 259 WILSON DR NEBO, NC 28761				DETECTIVE			
				c. Employer's Name/Specific Field		e. Election Sum to Date	
				MCSO		\$ 70.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>	01	Credit Card		02/07/2026	\$ 20.00		
<input type="checkbox"/>	01	Cash		02/07/2026	\$ 50.00		
<input type="checkbox"/>					\$		
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
ADAM HOGAN 740 AUGUSTA DR MARION, NC 28752				CLAIMS ADJUSTER			
				c. Employer's Name/Specific Field		e. Election Sum to Date	
						\$ 100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>	01	Debit Card		02/05/2026	\$ 100.00		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
JOHN HOLLIFIELD 755 HUSKINS BRANCH RD MARION, NC 28752				TECH			
				c. Employer's Name/Specific Field		e. Election Sum to Date	
				HOLLIFIELDS		\$ 150.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>	01	Cash		01/08/2026	\$ 50.00		
<input type="checkbox"/>	01	Cash		01/26/2026	\$ 50.00		
<input type="checkbox"/>	01	Cash		01/27/2026	\$ 50.00		
4. Total only this Page						\$ 320.00	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)						\$ 14,880.00	

Contributions from Individuals

FEB 19 2026

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Amendment
 Yes No

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

1. Committee Full Name (and Fund if applicable)						2. ID Number	
NATHAN MACE FOR SHERIFF							
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
TRAVIS HONEYCUTT 72 ANDERSON DR MARION, NC 28752							
				c. Employer's Name/Specific Field		e. Election Sum to Date	
				GEM		\$ 1,500.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>	01	Check		01/12/2026	\$ 1,500.00		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
PAUL HUNT 911 PATRICIA AVE HARRISBURG, NC 28075				SALES			
				c. Employer's Name/Specific Field		e. Election Sum to Date	
				NCIC		\$ 200.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>	01	Check		01/05/2026	\$ 200.00		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
SCOTT KILLOUGH 72 AMBROOK DR MARION, NC 28752				SUPERVISOR			
				c. Employer's Name/Specific Field		e. Election Sum to Date	
				BUNCOMBE COUNTY DOT		\$ 100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>	01	Cash		01/10/2026	\$ 50.00		
<input type="checkbox"/>	01	Cash		01/12/2026	\$ 50.00		
<input type="checkbox"/>					\$		
4. Total only this Page						\$ 1,800.00	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)						\$ 14,880.00	

Contributions from Individuals

FEB 19 2026

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Amendment

Yes No

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

1. Committee Full Name (and Fund if applicable)						2. ID Number	
NATHAN MACE FOR SHERIFF							
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
MICHAEL MACE 1755 US 221 N MARION, NC 28752				RETIRED			
				c. Employer's Name/Specific Field			
						e. Election Sum to Date	
						\$ 100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>	01	Cash		02/07/2026	\$ 50.00		
<input type="checkbox"/>	01	Cash		02/10/2026	\$ 50.00		
<input type="checkbox"/>					\$		
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
SHARON MACE 1755 OLD GREENLEE RD MARION, NC 28752				RETIRED			
				c. Employer's Name/Specific Field			
				RETIRED			
						e. Election Sum to Date	
						\$ 1,050.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>	01	Cash		02/07/2026	\$ 50.00		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
ELIZABETH MACKINNON 36 HARBORSIDE DR NEBO, NC 28761				NURSE			
				c. Employer's Name/Specific Field			
				MCDOWELL MEDICAL			
						e. Election Sum to Date	
						\$ 160.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>	01	Debit Card		02/07/2026	\$ 20.00		
<input type="checkbox"/>	01	Check		02/07/2026	\$ 140.00		
<input type="checkbox"/>					\$		
4. Total only this Page						\$ 310.00	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)						\$ 14,880.00	

Contributions from Individuals

Amendment
 Yes No

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

1. Committee Full Name (and Fund if applicable)						2. ID Number	
NATHAN MACE FOR SHERIFF							
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
CHRIS MARSH 237 HARMONY GROVE RD NEBO, NC 28761				DETECTIVE			
				c. Employer's Name/Specific Field		e. Election Sum to Date	
				MCSO		\$ 100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>	01	Cash		02/07/2026	\$ 50.00		
<input type="checkbox"/>	01	Cash		02/08/2026	\$ 50.00		
<input type="checkbox"/>					\$		
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
JAKE MARSH 20 ROSE LEE DR NEBO, NC 28761				STUDENT			
				c. Employer's Name/Specific Field		e. Election Sum to Date	
						\$ 80.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>	01	Cash		02/07/2026	\$ 50.00		
<input type="checkbox"/>	01	Cash		02/09/2026	\$ 30.00		
<input type="checkbox"/>					\$		
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
JOB MARSH 20 ROSE LEE DR NEBO, NC 28761				STUDENT			
				c. Employer's Name/Specific Field		e. Election Sum to Date	
						\$ 100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>	01	Cash		02/07/2026	\$ 50.00		
<input type="checkbox"/>	01	Cash		02/09/2026	\$ 50.00		
<input type="checkbox"/>					\$		
4. Total only this Page						\$ 280.00	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)						\$ 14,880.00	

Contributions from Individuals

FEB 19 2026

Amendment
 Yes No

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

1. Committee Full Name (and Fund if applicable) NATHAN MACE FOR SHERIFF						2. ID Number	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip) SHIANN MARSH 237 HARMONY GROVE RD NEBO, NC 28761				b. Job Title/Profession NURSE		d. Comments	
				c. Employer's Name/Specific Field CATAWBA VALLEY MEDICAL		e. Election Sum to Date \$ 100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>	01	Cash		02/05/2026	\$ 50.00		
<input type="checkbox"/>	01	Cash		02/07/2026	\$ 50.00		
<input type="checkbox"/>					\$		
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip) TODD MILLER 70 ANDERSON DR MARION, NC 28752				b. Job Title/Profession OWNER		d. Comments	
				c. Employer's Name/Specific Field GEM		e. Election Sum to Date \$ 1,500.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>	01	Check		01/12/2026	\$ 1,500.00		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip) JOHN OWENS 1074 LAKE TAHOMA RD MARION, NC 28752				b. Job Title/Profession VET		d. Comments	
				c. Employer's Name/Specific Field ANIMAL HOSPITAL OF MARION		e. Election Sum to Date \$ 2,300.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>	01	Check		01/12/2026	\$ 300.00		
<input type="checkbox"/>	01	In-Kind	DONATION OF RAFFLE FOR FUNDRAISER	02/07/2026	\$ 2,000.00		
<input type="checkbox"/>					\$		
4. Total only this Page						\$ 3,900.00	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)						\$ 14,880.00	

Contributions from Individuals

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Amendment
 Yes No

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

1. Committee Full Name (and Fund if applicable)						2. ID Number	
NATHAN MACE FOR SHERIFF							
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
DAVID PATNEAUDE 1267 JACKTOWN RD. MARION, NC 29752				REALTOR			
				c. Employer's Name/Specific Field		e. Election Sum to Date	
				CATAWBA PROPERTIES		\$ 550.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>	01	Cash		02/07/2026	\$ 50.00		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
KARA REEL 38 LOWER HAW BRANCH RD MARION, NC 28752				RETIRED			
				c. Employer's Name/Specific Field		e. Election Sum to Date	
						\$ 550.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>	01	Check		01/09/2026	\$ 500.00		
<input type="checkbox"/>	01	Check		02/07/2026	\$ 50.00		
<input type="checkbox"/>					\$		
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
RICHARD REEL 75 TONEY RD MARION, NC 28752							
				c. Employer's Name/Specific Field		e. Election Sum to Date	
				PARAMOUNT FORD		\$ 70.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>	01	Cash		02/05/2026	\$ 20.00		
<input type="checkbox"/>	01	Cash		02/07/2026	\$ 50.00		
<input type="checkbox"/>					\$		
4. Total only this Page						\$ 670.00	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)						\$ 14,880.00	

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Contributions from Individuals

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Amendment
 Yes No

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

1. Committee Full Name (and Fund if applicable)						2. ID Number	
NATHAN MACE FOR SHERIFF							
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
DAKOTA ROPER 3061 MUDDY CREEK RD NEBO, NC 28761				PHARMACY TECH			
				c. Employer's Name/Specific Field		e. Election Sum to Date	
				PRESCRIPTION PAD		\$ 100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>	01	Cash		01/08/2026	\$ 50.00		
<input type="checkbox"/>	01	Cash		01/10/2026	\$ 50.00		
<input type="checkbox"/>					\$		
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
COURTNEY RUMFELT 515 WORLEY RD MARION, NC 28752				STAY AT HOME MOM			
				c. Employer's Name/Specific Field		e. Election Sum to Date	
						\$ 70.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>	01	Cash		02/07/2026	\$ 40.00		
<input type="checkbox"/>	01	Cash		02/08/2026	\$ 30.00		
<input type="checkbox"/>					\$		
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
KENNY SLUSS 1242 OAK HILL DRIVE MORGANTON, NC 28655				RETIRED			
				c. Employer's Name/Specific Field		e. Election Sum to Date	
						\$ 100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>	01	Cash		02/06/2026	\$ 50.00		
<input type="checkbox"/>	01	Cash		02/09/2026	\$ 50.00		
<input type="checkbox"/>					\$		
4. Total only this Page						\$ 270.00	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)						\$ 14,880.00	

Contributions from Individuals

FORM 1210 2006

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Amendment

Yes No

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

1. Committee Full Name (and Fund if applicable)						2. ID Number	
NATHAN MACE FOR SHERIFF							
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
MICHAEL KENT SMITH 430 FOREST FISHER RD SPRUCE PINE, NC 28777				CAPTAIN			
				c. Employer's Name/Specific Field		e. Election Sum to Date	
				MCDOWELL COUNTY SHERIFFS OFFICE		\$ 500.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>	01	Cash		01/05/2026	\$ 50.00		
<input type="checkbox"/>	01	Cash		01/07/2026	\$ 50.00		
<input type="checkbox"/>	01	Cash		01/10/2026	\$ 50.00		
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
MICHAEL KENT SMITH 430 FOREST FISHER RD SPRUCE PINE, NC 28777				CAPTAIN			
				c. Employer's Name/Specific Field		e. Election Sum to Date	
				MCDOWELL COUNTY SHERIFFS OFFICE		\$ 500.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>	01	Cash		01/13/2026	\$ 50.00		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
DEWEY STEVENSON 176 RUMFELT DR MARION, NC 28752				STUDENT			
				c. Employer's Name/Specific Field		e. Election Sum to Date	
						\$ 80.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>	01	Cash		02/07/2026	\$ 50.00		
<input type="checkbox"/>	01	Cash		02/09/2026	\$ 30.00		
<input type="checkbox"/>					\$		
4. Total only this Page						\$ 280.00	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)						\$ 14,880.00	

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Contributions from Individuals

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Amendment
 Yes No

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

1. Committee Full Name (and Fund if applicable)						2. ID Number	
NATHAN MACE FOR SHERIFF							
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
DONNIE TALLEY 334 MCPETERS RD NEBO, NC 28761				BUSINESS OWNER			
				c. Employer's Name/Specific Field			
						e. Election Sum to Date	
						\$ 100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>	01	Cash		02/02/2026	\$ 50.00		
<input type="checkbox"/>	01	Cash		02/05/2026	\$ 50.00		
<input type="checkbox"/>					\$		
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
ANGELA TAYLOR 1056 STACY HILL RD MARION, NC 28752				NURSE			
				c. Employer's Name/Specific Field			
				MCDOWELL HOSPITAL			
						e. Election Sum to Date	
						\$ 90.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>	01	Debit Card		01/05/2026	\$ 70.00		
<input type="checkbox"/>	01	Cash		02/07/2026	\$ 20.00		
<input type="checkbox"/>					\$		
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
BRENDA VAUGHN 897 BETHEL CHURCH RD MARION, NC 28752				RETIRED			
				c. Employer's Name/Specific Field			
						e. Election Sum to Date	
						\$ 250.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>	01	Check		02/07/2026	\$ 250.00		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
4. Total only this Page						\$ 440.00	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)						\$ 14,880.00	

Contributions from Individuals

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Amendment

Yes No

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

1. Committee Full Name (and Fund if applicable)						2. ID Number	
NATHAN MACE FOR SHERIFF							
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
BRIAN WALKER 1802 TATERTOWN LOOP NEBO, NC 28761				DEPUTY			
				c. Employer's Name/Specific Field		e. Election Sum to Date	
				MCDOWELL COUNTY SHERIFFS OFFICE		\$ 200.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>	01	Cash		01/06/2026	\$ 50.00		
<input type="checkbox"/>	01	Cash		01/10/2026	\$ 50.00		
<input type="checkbox"/>	01	Cash		01/11/2026	\$ 50.00		
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
BRIAN WALKER 1802 TATERTOWN LOOP NEBO, NC 28761				DEPUTY			
				c. Employer's Name/Specific Field		e. Election Sum to Date	
				MCDOWELL COUNTY SHERIFFS OFFICE		\$ 200.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>	01	Cash		02/07/2026	\$ 50.00		
<input type="checkbox"/>					\$		
<input type="checkbox"/>					\$		
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments	
HAROLD WALKER 1792 TATERTOWN LOOP NEBO, NC 28761				BANKER			
				c. Employer's Name/Specific Field		e. Election Sum to Date	
				FIRST CITIZENS BANK		\$ 100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount		
<input type="checkbox"/>	01	Cash		01/10/2026	\$ 50.00		
<input type="checkbox"/>	01	Cash		01/11/2026	\$ 50.00		
<input type="checkbox"/>					\$		
4. Total only this Page						\$ 300.00	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)						\$ 14,880.00	

Contributions from Individuals

FEB 19 2026

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Amendment
 Yes No

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

1. Committee Full Name (and Fund if applicable)					2. ID Number	
NATHAN MACE FOR SHERIFF						
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments
SIERRA WOODY 65 SHADOW DR MARION, NC 28752				NURSE		
				c. Employer's Name/Specific Field		e. Election Sum to Date
						\$ 90.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	01	Debit Card		02/03/2026	\$ 40.00	
<input type="checkbox"/>	01	Cash		02/07/2026	\$ 50.00	
<input type="checkbox"/>					\$	
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove						
a. Full Name, Mailing Address & Phone (include city, state, & zip)				b. Job Title/Profession		d. Comments
TREY YOUNG 46 E CARSON ST OLD FORT, NC 28762						
				c. Employer's Name/Specific Field		e. Election Sum to Date
				BORIS		
						\$ 90.00
f. Prior	g. Account Code	h. Form of Payment	i. In-Kind Description	j. Date (mm/dd/yyyy)	k. Amount	
<input type="checkbox"/>	01	Cash		02/05/2026	\$ 40.00	
<input type="checkbox"/>	01	Cash		02/07/2026	\$ 50.00	
<input type="checkbox"/>					\$	
4. Total only this Page					\$ 180.00	
5. Total of ALL CRO-1210 Pages (This line must be on line 6 of Detailed Summary Page CRO-1100)					\$ 14,880.00	

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Contributions from Other Political Committees Pg 1 of 1

Amendment
 Yes No

Use this form to report contributions from other candidate, referendum or PAC committees

1. Committee Full Name (and Fund if applicable)			2. ID Number	
NATHAN MACE FOR SHERIFF				
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove				
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Type of Committee		d. Comments
COMMITTEE TO RE-ELECT SHERIFF RICKY BUCHANAN PO BOX 3026 MARION, NC 28752		<input checked="" type="checkbox"/> Candidate <input type="checkbox"/> PAC <input type="checkbox"/> Referendum		
		c. Level Registered (Specify)		e. Election Sum to Date
		<input type="checkbox"/> Federal <input checked="" type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		
		McDowell		\$ 4,000.00
f. Account Code	g. Form of Payment	h. In-Kind Description	i. Date (mm/dd/yyyy)	j. Amount
01	Check		02/07/2026	\$ 500.00
				\$
				\$
4. Total only this Page				\$ 500.00
5. Total of ALL CRO-1230 Pages (This line must be on line 8 of Detailed Summary Page CRO-1100)				\$ 500.00

Disbursements

Amendment
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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) NATHAN MACE FOR SHERIFF	2. ID Number
---	---------------------

3. Type of Disbursement <i>(Please use separate CRO-1310 forms for each type of Disbursement.)</i>
<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 <i>(include city, state, & zip)</i> AUTO IMAGE 168 NEW VALE RD NEWLAND, NC 28657	b. Coordinated Committee Name	d. Comments	
	c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:	e. Election Sum to Date \$ 3,255.88	

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
01	Debit Card	B	01/07/2026	\$ 1,921.50	CAMPAIGN SIGNS
01	Check	B	01/21/2026	\$ 1,334.38	YARD SIGNS

4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone <i>(include city, state, & zip)</i> DARKWOOD THREADS 570 PLEASANT VIEW DR. MARION, NC 28752	b. Coordinated Committee Name	d. Comments	
	c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:	e. Election Sum to Date \$ 2,699.71	

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
01	Debit Card	B	01/15/2026	\$ 1,964.20	T-SHIRTS
				\$	

4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone <i>(include city, state, & zip)</i> LUCKY CROW HAT CO 135 MAIN ST MARION, NC 28752	b. Coordinated Committee Name	d. Comments	
	c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:	e. Election Sum to Date \$ 900.00	

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
01	Debit Card	B	01/20/2026	\$ 900.00	HATS
				\$	

5. Total only this Page	\$ 6,120.08
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6. Total of ALL CRO-1310 Pages <i>(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)</i> <i>(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)</i> <i>(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)</i>	\$ 11,003.82
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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)			

Disbursements

FFD 1 9 2028

Pg 2 of 3

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) NATHAN MACE FOR SHERIFF	2. ID Number
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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) BRUCE LY 1771 30TH AVE NE HICKORY, NC 28602	b. Coordinated Committee Name	d. Comments	
	c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		
			e. Election Sum to Date \$ 100.00

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
01	Cash	C	02/07/2026	\$ 100.00	FUNDRAISER
				\$	

4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip) CHOUA LY 1771 30 AVE DR NE HICKORY, NC 28601	b. Coordinated Committee Name	d. Comments	
	c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		
			e. Election Sum to Date \$ 150.00

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
01	Cash	C	02/07/2026	\$ 150.00	FUNDRAISER
				\$	

4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip) MASTERS HAND PRINT SHOP PO BOX 190 MARION, NC 28752	b. Coordinated Committee Name	d. Comments	
	c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		
			e. Election Sum to Date \$ 1,030.15

f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
01	Debit Card	B	01/09/2026	\$ 96.08	DECALS
01	Debit Card	B	01/16/2026	\$ 741.91	YARD SIGNS

5. Total only this Page	\$ 1,087.99
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6. Total of ALL CRO-1310 Pages <i>(This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses)</i> <i>(This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm)</i> <i>(This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures)</i>	\$ 11,003.82
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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)			

Disbursements

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) NATHAN MACE FOR SHERIFF						2. ID Number	
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) PENCIL GUY SHOP 110 ROOSEVELT AVE MINEOLA, NY 11501				b. Coordinated Committee Name		d. Comments	
				c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		e. Election Sum to Date \$ 135.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
01	Debit Card	B	02/12/2026	\$ 135.00	PENCILS		
				\$			
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip) THE MEDA CORPORATION 65 TOWN MOUNTAIN RD ASHEVILLE, NC 28804				b. Coordinated Committee Name		d. Comments	
				c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		e. Election Sum to Date \$ 3,060.75	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
01	Electric Funds Tran	B	02/04/2026	\$ 3,060.75	MAILER		
				\$			
4. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove							
a. Full Name, Mailing Address & Phone (include city, state, & zip) GABRIEL WISEMAN 141 PARKERS CHAPEL RD MARION, NC 28752				b. Coordinated Committee Name		d. Comments	
				c. Level Registered (Specify) <input type="checkbox"/> Federal <input type="checkbox"/> County: <input type="checkbox"/> State <input type="checkbox"/> Municipality:		e. Election Sum to Date \$ 600.00	
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks		
01	Check	O	02/07/2026	\$ 600.00	FUNDRAISER		
				\$	ENTERTAINMENT		
5. Total only this Page						\$ 3,795.75	
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)						\$ 11,003.82	
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)							

Aggregated Non-Media Expenditures

FEB 11 2026

Amendment	
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

Optional form used to report NC Non-Media Expenditures of \$50 or less.

1. Committee Full Name (and Fund if applicable)				2. ID Number		
NATHAN MACE FOR SHERIFF						
3. Payee Information						
a. Amend	b. Account Code	c. Form of Payment	d. Purpose Code	e. Date (mm/dd/yyyy)	f. Amount	g. Required Remarks
<input type="checkbox"/> Add <input type="checkbox"/> Remove	01	Cash	C	02/07/2026	\$ 50.00	FUNDRAISER
<input type="checkbox"/> Add <input type="checkbox"/> Remove	01	Electric Funds Tran	C	02/07/2026	\$ 0.12	FEES
<input type="checkbox"/> Add <input type="checkbox"/> Remove	01	Electric Funds Tran	C	02/07/2026	\$ 0.67	FEES
<input type="checkbox"/> Add <input type="checkbox"/> Remove	01	Electric Funds Tran	C	02/07/2026	\$ 1.45	FEES
<input type="checkbox"/> Add <input type="checkbox"/> Remove	01	Electric Funds Tran	C	02/07/2026	\$ 2.90	FEES
<input type="checkbox"/> Add <input type="checkbox"/> Remove	01	Electric Funds Tran	C	02/07/2026	\$ 3.01	FEES
<input type="checkbox"/> Add <input type="checkbox"/> Remove	01	Electric Funds Tran	O	02/07/2026	\$ 3.94	BANK FEES
4. Total only this Page					\$	62.09
5. Total of ALL CRO-1315 Pages					\$	62.09
<i>(This line must be on line 14 of Detailed Summary Page CRO-1100)</i>						
6. Purpose Codes (List detailed expenditure code in (d) above)						
	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* - Donations to Legal Expense Fund			
O* - Other						
* Codes require detailed explanation in required remarks field (g)						

FFB 7 9 2026

In-Kind Contributions

Pg 1 of 1

Amendment
 Yes No

Use this form to report non-monetary contributions, donations, goods or services provided to the committee or fund.
 Use CRO-1215 if In-Kind Contributions were or will be refunded within 7 days.

1. Committee Full Name (and Fund if applicable)		2. ID Number	
NATHAN MACE FOR SHERIFF			
3. Contributor Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Type of Contributor	c. Comments
JOHN OWENS 1074 LAKE TAHOMA RD MARION, NC 28752		<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Candidate <input type="checkbox"/> Party <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Other Receipt Source	
			d. Election Sum to Date
			\$ 2,300.00
e. Description		f. Date (mm/dd/yyyy)	g. Fair Market Amount
DONATION OF RAFFLE FOR FUNDRAISER		02/07/2026	\$ 2,000.00
			\$
			\$
4. Total only this Page			\$ 2,000.00
5. Total of ALL CRO-1510 Pages (This line must be on line 17 of Detailed Summary Page CRO-1100)			\$ 2,000.00