

48-Hour Notice

Page 1 of 5

Amendment

☐ Yes☒ No

Use this form to report all contributions of \$1,000 or more. Notice must be filed within 48 hours of receipts of contributions.

The 48 - Hour reporting period begins the day after the last day of the 1st Qtr-Plus reports period and ends the day of the Primary and begins the day after the last day of the 3rd Qtr-Plus report and ends the day of the General Election.

All 48 Hour-In-Kind Contributions must be recorded on CRO-1510 and attached.

This notice may be faxed in order to meet the 48 hour deadline.

1. Committee Information			
a. Full Name		c. ID Number	
EARLS FOR JUSTICE		STA-I2K60N-C-001	
b. Mailing Address (Include City, State and Zip Code)		d. Report Date	
1001 WADE AVENUE STE 323 RALEIGH, NC 27605		02/21/2026 09:17 AM	
		e. Phone Number	
		(919) 803-2223	
2. Contribution Information		2. Contribution Information	
a. Full Name, Mailing Address & Phone (Include city, state, and zip)		a. Full Name, Mailing Address & Phone (Include city, state, and zip)	
JANICE VALDER 3800 SHAMROCK DR CHARLOTTE, NC 28215			
b. Type of Contributor		b. Type of Contributor	
☒ Individual (if checked, must specify b2 and b3) ☐ Political Party ☐ Other Political Committee (if checked, must specify b1) ☐ Not-for-Profit (if checked, must specify b4) ☐ Other Source: _____		☐ Individual (if checked, must specify b2 and b3) ☐ Political Party ☐ Other Political Committee (if checked, must specify b1) ☐ Not-for-Profit (if checked, must specify b4) ☐ Other Source: _____	
b1. Type of Committee		b1. Type of Committee	
☐ Federal ☐ County: _____ ☐ State ☐ Municipality: _____		☐ Federal ☐ County: _____ ☐ State ☐ Municipality: _____	
b2. Job Title/Profession	b4. Federal ID Number	b2. Job Title/Profession	b4. Federal ID Number
NOT EMPLOYED			
b3. Employer's Name/Specific Field	c. Form of Payment	b3. Employer's Name/Specific Field	c. Form of Payment
NOT EMPLOYED	CREDIT CARD		
d. Date (mm/dd/yyyy)	f. Amount	d. Date (mm/dd/yyyy)	f. Amount
02/20/2026	\$ 1,000.00		\$
e. Account Code	g. Election Sum to Date	e. Account Code	g. Election Sum to Date
2	\$ 2,100.00		\$
3. Total Contributions THIS Page (sum all the '2f' entries on this page)		\$ 1,000.00	
4. Total Contributions ALL Pages (if multi-page, only list on page 1)		\$ 11,171.88	
CERTIFICATION			
I certify that the Committee or Fund is in compliance with all 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, correct and that I have been trained by the NC State Board of Elections. The contributions were received no more than 48 hours prior to this notice being filed. I understand that all contributions including those reported on this notice must also be reported on the next scheduled campaign disclosure report.			
MAGGIE BARLOW			
Printed Name of Signer		Signature of Appointed Treasurer	
		Date	
		2-21-26	

48-Hour Notice

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Amendment

☐ Yes☒ No

Use this form to report all contributions of \$1,000 or more. Notice must be filed within 48 hours of receipts of contributions.

The 48 - Hour reporting period begins the day after the last day of the 1st Qtrr-Plus reports period and ends the day of the Primary and begins the day after the last day of the 3rd Qtrr-Plus report and ends the day of the General Election.

All 48 Hour-In-Kind Contributions must be recorded on CRO-1510 and attached.

This notice may be faxed in order to meet the 48 hour deadline.

1. Committee Information			
a. Full Name		c. ID Number	
EARLS FOR JUSTICE		STA-I2K60N-C-001	
b. Mailing Address (Include City, State and Zip Code)		d. Report Date	
1001 WADE AVENUE STE 323 RALEIGH, NC 27605		02/21/2026 09:17 AM	
		e. Phone Number	
		(919) 803-2223	
2. Contribution Information		2. Contribution Information	
a. Full Name, Mailing Address & Phone (Include city, state, and zip)		a. Full Name, Mailing Address & Phone (Include city, state, and zip)	
ANTHONY FOXX 1937 CRESTDALE DR CHARLOTTE, NC 20816			
b. Type of Contributor		b. Type of Contributor	
☒ Individual (if checked, must specify b2 and b3) ☐ Political Party ☐ Other Political Committee (if checked, must specify b1) ☐ Not-for-Profit (if checked, must specify b4) ☐ Other Source: _____		☐ Individual (if checked, must specify b2 and b3) ☐ Political Party ☐ Other Political Committee (if checked, must specify b1) ☐ Not-for-Profit (if checked, must specify b4) ☐ Other Source: _____	
b1. Type of Committee		b1. Type of Committee	
☐ Federal ☐ County: _____ ☐ State ☐ Municipality: _____		☐ Federal ☐ County: _____ ☐ State ☐ Municipality: _____	
b2. Job Title/Profession	b4. Federal ID Number	b2. Job Title/Profession	b4. Federal ID Number
PROFESSOR			
b3. Employer's Name/Specific Field	c. Form of Payment	b3. Employer's Name/Specific Field	c. Form of Payment
HKS	CREDIT CARD		
d. Date (mm/dd/yyyy)	f. Amount	d. Date (mm/dd/yyyy)	f. Amount
02/19/2026	\$ 6,800.00		\$
e. Account Code	g. Election Sum to Date	e. Account Code	g. Election Sum to Date
2	\$ 6,800.00		\$
3. Total Contributions THIS Page (sum all the '2f' entries on this page)		\$ 6,800.00	
4. Total Contributions ALL Pages (if multi-page, only list on page 1)		\$	
CERTIFICATION			
I certify that the Committee or Fund is in compliance with all 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, correct and that I have been trained by the NC State Board of Elections. The contributions were received no more than 48 hours prior to this notice being filed. I understand that all contributions including those reported on this notice must also be reported on the next scheduled campaign disclosure report.			
MAGGIE BARLOW			
Printed Name of Signer		Signature of Appointed Treasurer	
		Date	

48-Hour Notice

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Amendment

☐ Yes

☒ No

Use this form to report all contributions of \$1,000 or more. Notice must be filed within 48 hours of receipts of contributions.

The 48 - Hour reporting period begins the day after the last day of the 1st Qtr-Plus reports period and ends the day of the Primary and begins the day after the last day of the 3rd Qtr-Plus report and ends the day of the General Election.

All 48 Hour-In-Kind Contributions must be recorded on CRO-1510 and attached.

This notice may be faxed in order to meet the 48 hour deadline.

1. Committee Information			
a. Full Name		c. ID Number	
EARLS FOR JUSTICE		STA-I2K60N-C-001	
b. Mailing Address (Include City, State and Zip Code)		d. Report Date	
1001 WADE AVENUE STE 323 RALEIGH, NC 27605		02/21/2026 09:17 AM	
		e. Phone Number	
		(919) 803-2223	
2. Contribution Information		2. Contribution Information	
a. Full Name, Mailing Address & Phone (Include city, state, and zip)		a. Full Name, Mailing Address & Phone (Include city, state, and zip)	
JOEL SCHNEIDER 2663 LENNOXVILLE RD BEAUFORT, NC 28516			
b. Type of Contributor		b. Type of Contributor	
☒ Individual (if checked, must specify b2 and b3)		☐ Individual (if checked, must specify b2 and b3)	
☐ Political Party		☐ Political Party	
☐ Other Political Committee (if checked, must specify b1)		☐ Other Political Committee (if checked, must specify b1)	
☐ Not-for-Profit (if checked, must specify b4)		☐ Not-for-Profit (if checked, must specify b4)	
☐ Other Source: _____		☐ Other Source: _____	
b1. Type of Committee		b1. Type of Committee	
☐ Federal ☐ County: _____		☐ Federal ☐ County: _____	
☐ State ☐ Municipality: _____		☐ State ☐ Municipality: _____	
b2. Job Title/Profession	b4. Federal ID Number	b2. Job Title/Profession	b4. Federal ID Number
CARDIOLOGIST			
b3. Employer's Name/Specific Field	c. Form of Payment	b3. Employer's Name/Specific Field	c. Form of Payment
UNC-REX	CREDIT CARD		
d. Date (mm/dd/yyyy)	f. Amount	d. Date (mm/dd/yyyy)	f. Amount
02/19/2026	\$ 1,296.88		\$
e. Account Code	g. Election Sum to Date	e. Account Code	g. Election Sum to Date
2	\$ 1,296.88		\$
3. Total Contributions THIS Page (sum all the '2f' entries on this page)		\$ 1,296.88	
4. Total Contributions ALL Pages (if multi-page, only list on page 1)		\$	
CERTIFICATION			
I certify that the Committee or Fund is in compliance with all 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, correct and that I have been trained by the NC State Board of Elections. The contributions were received no more than 48 hours prior to this notice being filed. I understand that all contributions including those reported on this notice must also be reported on the next scheduled campaign disclosure report.			
MAGGIE BARLOW			
Printed Name of Signer		Signature of Appointed Treasurer	
		Date	

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Amendment

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a. Full Name		c. ID Number	
EARLS FOR JUSTICE		STA-I2K60N-C-001	
b. Mailing Address (include City, State and Zip Code)		d. Report Date	
1001 WADE AVENUE STE 323 RALEIGH, NC 27605		02/21/2026 09:17 AM	
		e. Phone Number	
		(919) 803-2223	
2. Contribution Information		2. Contribution Information	
a. Full Name, Mailing Address & Phone (include city, state, and zip)		a. Full Name, Mailing Address & Phone (include city, state, and zip)	
☐ Add ☒ Remove		☐ Add ☒ Remove	
LEAH BERGMAN 875 WEAVER DAIRY CHAPEL HILL, NC 27514			
b. Type of Contributor		b. Type of Contributor	
☒ Individual (if checked, must specify b2 and b3) ☐ Political Party ☐ Other Political Committee (if checked, must specify b1) ☐ Not-for-Profit (if checked, must specify b4) ☐ Other Source: _____		☐ Individual (if checked, must specify b2 and b3) ☐ Political Party ☐ Other Political Committee (if checked, must specify b1) ☐ Not-for-Profit (if checked, must specify b4) ☐ Other Source: _____	
b1. Type of Committee		b1. Type of Committee	
☐ Federal ☐ County: _____ ☐ State ☐ Municipality: _____		☐ Federal ☐ County: _____ ☐ State ☐ Municipality: _____	
b2. Job Title/Profession	b4. Federal ID Number	b2. Job Title/Profession	b4. Federal ID Number
REAL ESTATE DEVELOPER			
b3. Employer's Name/Specific Field	c. Form of Payment	b3. Employer's Name/Specific Field	c. Form of Payment
SOUTHERN REPAIR	CREDIT CARD		
d. Date (mm/dd/yyyy)	f. Amount	d. Date (mm/dd/yyyy)	f. Amount
02/20/2026	\$ 1,037.50		\$
e. Account Code	g. Election Sum to Date	e. Account Code	g. Election Sum to Date
2	\$ 1,037.50		\$
3. Total Contributions THIS Page (sum all the '2f' entries on this page)		\$ 1,037.50	
4. Total Contributions ALL Pages (if multi-page, only list on page 1)		\$	
CERTIFICATION			
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MAGGIE BARLOW			
Printed Name of Signer		Signature of Appointed Treasurer	
		Date	

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b. Mailing Address (include City, State and Zip Code)		d. Report Date	
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		e. Phone Number	
		(919) 803-2223	
2. Contribution Information		2. Contribution Information	
a. Full Name, Mailing Address & Phone (include city, state, and zip)		a. Full Name, Mailing Address & Phone (include city, state, and zip)	
☐ Add ☐ Remove		☐ Add ☐ Remove	
MICHAEL FAGAN 5801 CREEK POINTE WAY RALEIGH, NC 27614			
b. Type of Contributor		b. Type of Contributor	
☒ Individual (if checked, must specify b2 and b3) ☐ Political Party ☐ Other Political Committee (if checked, must specify b1) ☐ Not-for-Profit (if checked, must specify b4) ☐ Other Source: _____		☐ Individual (if checked, must specify b2 and b3) ☐ Political Party ☐ Other Political Committee (if checked, must specify b1) ☐ Not-for-Profit (if checked, must specify b4) ☐ Other Source: _____	
b1. Type of Committee		b1. Type of Committee	
☐ Federal ☐ County: _____ ☐ State ☐ Municipality: _____		☐ Federal ☐ County: _____ ☐ State ☐ Municipality: _____	
b2. Job Title/Profession	b4. Federal ID Number	b2. Job Title/Profession	b4. Federal ID Number
OWNER			
b3. Employer's Name/Specific Field	c. Form of Payment	b3. Employer's Name/Specific Field	c. Form of Payment
FAGAN MANAGEMENT	CREDIT CARD		
d. Date (mm/dd/yyyy)	f. Amount	d. Date (mm/dd/yyyy)	f. Amount
02/19/2026	\$ 1,037.50		\$
e. Account Code	g. Election Sum to Date	e. Account Code	g. Election Sum to Date
2	\$ 1,037.50		\$
3. Total Contributions THIS Page (sum all the '2f' entries on this page)		\$ 1,037.50	
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MAGGIE BARLOW			
Printed Name of Signer		Signature of Appointed Treasurer	
		Date	