

48-Hour Notice

Page 1 of 9

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		02/25/2026 12:54 PM	
		e. Phone Number	
		(919) 803-2223	
2. Contribution Information			
a. Full Name, Mailing Address & Phone (include city, state, and zip)		☐ Add ☐ Remove	
CINDY PALAY 24495 OVERLOOK DR CORONA, CA 92883			
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
NONE			
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
02/24/2026	\$ 2,000.00		\$
e. Account Code	g. Election Sum to Date	e. Account Code	g. Election Sum to Date
2	\$ 2,635.00		\$
3. Total Contributions THIS Page (sum all the '2f' entries on this page)		\$ 2,000.00	
4. Total Contributions ALL Pages (if multi-page, only list on page 1)		\$ 25,037.50	
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		2-25-26	
Printed Name of Signer		Date	
		Signature of Appointed Treasurer	

48-Hour Notice

Page 2 of 9

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		02/25/2026 12:54 PM	
		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	
BONNIE WRIGHT 2209 ENGLEWOOD AVE DURHAM, NC 27705			
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
NONE			
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
02/24/2026	\$ 3,300.00		\$
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)		\$ 3,300.00	
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

Page 3 of 9

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		02/25/2026 12:54 PM	
		e. Phone Number	
		(919) 803-2223	

2. Contribution Information		2. Contribution Information	
a. Full Name, Mailing Address & Phone (Include city, state, and zip)	☐ Add ☒ Remove	a. Full Name, Mailing Address & Phone (Include city, state, and zip)	☐ Add ☒ Remove
DAVID PRICE 2200 N LAKESHORE DR 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
NONE			
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
02/23/2026	\$ 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

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

Page 4 of 9

Amendment

☐ Yes

☒ No

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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		02/25/2026 12:54 PM	
		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	
SUSAN SCHEWEL 1614 MARYLAND AVE DURHAM, NC 27705			
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
NONE			
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
02/24/2026	\$ 6,200.00		\$
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)		\$ 6,200.00	
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

Page 5 of 9

Amendment

☐ Yes

☒ No

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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		02/25/2026 12:54 PM	
		e. Phone Number	
		(919) 803-2223	

2. Contribution Information		2. Contribution Information	
a. Full Name, Mailing Address & Phone (Include city, state, and zip)	☐ Add ☒ Remove	a. Full Name, Mailing Address & Phone (Include city, state, and zip)	☐ Add ☒ Remove
PETER FRANCIS 107 COVE CIRCLE MARION, MA 02738			
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
NONE			
b3. Employer's Name/Specific Field	c. Form of Payment	b3. Employer's Name/Specific Field	c. Form of Payment
NOT EMPLOYED	ACH		
d. Date (mm/dd/yyyy)	f. Amount	d. Date (mm/dd/yyyy)	f. Amount
02/24/2026	\$ 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

Page 6 of 9

Amendment

☐ Yes☒ No

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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.

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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	02/25/2026 12:54 PM
RALEIGH, NC 27605	e. Phone Number
	(919) 803-2223

2. Contribution Information

a. Full Name, Mailing Address & Phone (Include city, state, and zip)	☐ Add ☐ Remove
JOHN O'FARRELL 320 FLETCHER DRIVE ATHERTON, CA 94027	

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: _____

b1. Type of Committee

- ☐ Federal ☐ County: _____
☐ State ☐ Municipality: _____

b2. Job Title/Profession

NONE

b4. Federal ID Number

b3. Employer's Name/Specific Field

NOT EMPLOYED

c. Form of Payment

CREDIT CARD

d. Date (mm/dd/yyyy)

02/23/2026

f. Amount

\$ 1,200.00

e. Account Code

2

g. Election Sum to Date

\$ 2,562.08

2. Contribution Information

a. Full Name, Mailing Address & Phone (Include city, state, and zip)	☐ Add ☐ Remove

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: _____

b1. Type of Committee

- ☐ Federal ☐ County: _____
☐ State ☐ Municipality: _____

b2. Job Title/Profession

b4. Federal ID Number

b3. Employer's Name/Specific Field

c. Form of Payment

d. Date (mm/dd/yyyy)

f. Amount

e. Account Code

g. Election Sum to Date

3. Total Contributions THIS Page (sum all the '2f' entries on this page)

\$ 1,200.00

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

48-Hour Notice

Page 7 of 9

Amendment	
☐ Yes	☒ No

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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.

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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		02/25/2026 12:54 PM	
RALEIGH, NC 27605		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	
MARGARET DICKSON 2011 FAIRVIEW RD RALEIGH, NC 27608			
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
NONE			
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
02/23/2026	\$ 1,000.00		\$
e. Account Code	g. Election Sum to Date	e. Account Code	g. Election Sum to Date
2	\$ 1,500.00		\$
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)		\$	
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

Page 8 of 9

Amendment

☐ Yes☒ No

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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	02/25/2026 12:54 PM
RALEIGH, NC 27605	e. Phone Number
	(919) 803-2223

2. Contribution Information

a. Full Name, Mailing Address & Phone (Include city, state, and zip)	☐ Add ☐ Remove
MARK REED 8920 HEYDON HALL CIR CHARLOTTE, NC 28210	

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: _____

b1. Type of Committee

- ☐ Federal ☐ County: _____
☐ State ☐ Municipality: _____

b2. Job Title/Profession

INVESTMENT

b4. Federal ID Number

b3. Employer's Name/Specific Field

SOUTH SUMMIT

c. Form of Payment

CREDIT CARD

d. Date (mm/dd/yyyy)

02/23/2026

f. Amount

\$ 1,000.00

e. Account Code

2

g. Election Sum to Date

\$ 1,000.00

2. Contribution Information

a. Full Name, Mailing Address & Phone (Include city, state, and zip)	☐ Add ☐ Remove

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: _____

b1. Type of Committee

- ☐ Federal ☐ County: _____
☐ State ☐ Municipality: _____

b2. Job Title/Profession

b3. Employer's Name/Specific Field

d. Date (mm/dd/yyyy)

e. Account Code

g. Election Sum to Date

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)

\$

CERTIFICATION

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MAGGIE BARLOW

Printed Name of Signer

Signature of Appointed Treasurer

Date

48-Hour Notice

Page 9 of 9

Amendment	
☐ Yes	☒ No

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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		02/25/2026 12:54 PM	
		e. Phone Number	
		(919) 803-2223	
2. Contribution Information		2. Contribution Information	
a. Full Name, Mailing Address & Phone (Include city, state, and zip)	☐ Add ☐ Remove	a. Full Name, Mailing Address & Phone (Include city, state, and zip)	☐ Add ☐ Remove
MONA WALLACE 1101 SUMTER CT SALISBURY, NC 28144			
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
LAWYER			
b3. Employer's Name/Specific Field	c. Form of Payment	b3. Employer's Name/Specific Field	c. Form of Payment
WALLACE & GRAHAM	CHECK		
d. Date (mm/dd/yyyy)	f. Amount	d. Date (mm/dd/yyyy)	f. Amount
02/23/2026	\$ 2,500.00		\$
e. Account Code	g. Election Sum to Date	e. Account Code	g. Election Sum to Date
2	\$ 4,000.00		\$
3. Total Contributions THIS Page (sum all the '2f' entries on this page)		\$ 2,500.00	
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	