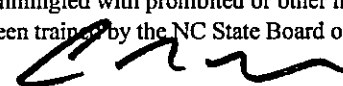


Disclosure Report Cover

Amendment

☐ Yes ☒ No

Use this form for general report and committee information, must be signed and submitted along with other detailed forms.
Do not use this form to update information.

1. Committee Information				
a. Full Name STEVENS FOR JUSTICE		c. ID Number STA-C300N-C-001		
b. Mailing Address (include City, State and Zip Code) PO BOX 97275 RALEIGH, NC 27624		d. Date Filed 2/15/2026		
		e. Phone Number		
2. Report Year 2026	3. Period Start Date (mm/dd/yy) 1/1/2026	4. Period End Date (mm/dd/yy) 2/14/2026	5. Treasurer Full Name Collin McMichael	
6. Type of Committee (Check One)		9. Type of Report (check only one type of report from one category)		
☐ Candidate Campaign ☐ Party ☐ PAC ☐ Referendum ☐ Independent Expenditure ☐ Joint Fundraiser ☐ Legal Expense Fund		Municipal ☐ Organizational ☐ Thirty-five day ☐ Pre-primary ☐ Pre-election ☐ Pre-runoff ☐ Semi-annual ☐ Mid Year ☐ Year End ☐ Final ☐ Special		
7. Type of Fund (if applicable, check one) ☐ Booster Fund ☐ Building Fund ☐ Other:		State/County ☐ Organizational ☐ Quarterly ☐ First ☐ Second ☐ Third ☐ Fourth ☐ Semi-annual ☐ Mid Year ☐ Year End ☐ Final ☐ Special		
8. Number of Fundraisers this Report		Referendum ☐ Organizational ☐ Pre-referendum ☐ Final ☐ Supplemental Final ☐ Annual ☐ Special		
11. Account Information		11. Account Information		
a. Financial Institution Full Name Truist Bank		a. Financial Institution Full Name		
b. Purpose	c. Account Code	b. Purpose	c. Account Code	
	d. Period Begin Balance \$		d. Period Begin Balance \$	
CERTIFICATION				
I certify that the Committee or Fund is in compliance with all applicable provisions of Article 22A, 22B & 22D-22M of Chapter 163 of the NC General Statutes and that no funds are commingled with prohibited or other non-disclosed funds. I further certify that this report is complete, true and correct and that I have been trained by the NC State Board of Elections.				
Collin McMichael				2/15/2026
Printed Name of Signer		Signature of Appointed Treasurer		Date
FOR OFFICE USE ONLY				
Date Received: 2/15/26	Employee: [Signature]	Delivery Method ☐ Normal Mail ☒ Registered Mail ☐ Hand Delivered ☒ Electronically Filed		
Date Postmarked: 2/15/26	Employee: [Signature]	☐ Signer has not received mandatory training		
Date Scanned: 3/2/26	Employee: [Signature]			
Date Data Entered:	Employee:			
Please Note: This form cannot be used to amend committee information such as the committee address, treasurer, assistant treasurer, custodian of books information, or account information. You must amend the Statement of Organization (CRO-2100A-E) to make committee changes.				

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North Carolina State Board of Elections
Campaign Finance Division
PO Box 27255
Raleigh NC 27611-7255