

Amendment
☐ Yes ☒ No

1. Committee Information			
a. Full Name		c. ID Number	
April Cook for NC		STA-7J3OOC-C-001	
b. Mailing Address (include City, State and Zip Code)		d. Date Filed	
PO Box 5034 Concord, NC 28027-1500		02/24/2026	
		e. Phone Number	
		(919) 803-2223	
2. Report Year	3. Period Start Date (mm/dd/yy)	4. Period End Date (mm/dd/yyyy)	5. Treasurer Full Name
2026	01/01/2026	02/14/2026	Maggie Barlow
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)		State/County ☐ Organizational Quarterly ☒ First ☐ Second ☐ Third ☐ Fourth Semi-annual ☐ Mid Year ☐ Year End ☐ Final ☐ Special	
☐ "Booster Fund" ☐ Building Fund ☐ Other:		Referendum ☐ Organizational ☐ Pre-referendum ☐ Final ☐ Supplemental Final ☐ Annual ☐ Special	
8. Number of Fundraisers this Report		10. Special Report Name	
0			
11. Account Information			
a. Financial Institution Full Name			
Wells Fargo			
b. Purpose		c. Account Code	
Receipt and disbursement of campaign funds		01	
		d. Period Begin Balance	
		\$ 4,968.85	
CERTIFICATION			
I certify that the Committee or Fund is in compliance with all applicable provisions of the NC General Statutes, 22B & 22D-22M of Chapter 163 of the NC General Statutes and that no funds are commingled with prohibited or otherwise 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.			
<u>Maggie K. Barlow</u> Printed Name of Signer		<u>Maggie K. Barlow</u> Signature of Appointed Treasurer	
		<u>2/24/2026</u> Date	
FOR OFFICE USE ONLY			
Date Received: _____		Employee: _____	
Date Postmarked: _____		Employee: _____	
Date Scanned: _____		Employee: _____	
Date Data Entered: _____		Employee: _____	
		Delivery Method ☐ Normal Mail ☐ Registered Mail ☐ Hand Delivered ☐ Electronically Filed ☐ Signer has not received mandatory training	
Please Note:			
This form cannot be used to amend committee information such as the committee address, treasurer, assistant treasurer, custodian of books information, or account information.			
You must amend the Statement of Organization (CRO-2100A-E) to make committee changes.			