

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			c. ID Number	
Earls for Justice			STA-I2K60N-C-001	
b. Mailing Address (Include City, State and Zip Code)			d. Date Filed	
1001 Wade Avenue Ste 323 Raleigh, NC 27605			02/24/2026	
			e. Phone Number	
(919) 803-2223				
2. Report Year	3. Period Start Date (mm/dd/yyyy)	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 ☐ PAC ☐ Independent Expenditure ☐ Legal Expense Fund ☐ Party ☐ Referendum ☐ Joint Fundraiser		<b style="background-color: #cccccc;">Municipal ☐ Organizational ☐ Thirty-five day ☐ Pre-primary ☐ Pre-election ☐ Pre-runoff ☐ Semi-annual ☐ Mid Year ☐ Year End ☐ Final ☐ Special <b style="background-color: #cccccc;">State/County ☐ Organizational ☐ Quarterly ☒ First ☐ Second ☐ Third ☐ Fourth ☐ Semi-annual ☐ Mid Year ☐ Year End ☐ Final ☐ Special <b style="background-color: #cccccc;">Referendum ☐ Organizational ☐ Pre-referendum ☐ Final ☐ Supplemental Final ☐ Annual ☐ Special		
7. Type of Fund (if applicable, check one)		10. Special Report		
☐ Booster Fund ☐ Building Fund ☐ Other:		First Quarter		
8. Number of Fundraisers this Report				
5				
11. Account Information		11. Account Information		
a. Financial Institution Full Name		a. Financial Institution Full Name		
Wells Fargo		Amalgamated Bank		
b. Purpose	c. Account Code	b. Purpose	c. Account Code	
	1		2	
	d. Period Begin Balance		d. Period Begin Balance	
	\$ 1,556,756.45		\$ 100.00	
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.				
Maggie Barlow Printed Name of Signer		Digitally signed by Maggie K. Barlow Date: 2026.02.24 17:07:40 -05'00' Date		
FOR OFFICE USE ONLY				
Date Received:	Employee:	Delivery Method		
Date Postmarked:	Employee:	☐ Normal Mail ☐ Registered Mail ☐ Hand Delivered ☐ Electronically Filed ☐ Signer has not received mandatory training		
Date Scanned:	Employee:			
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.				