

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 STA-	
Judge Walczyk Committee		R7F67E-C-001	
b. Mailing Address (Include City, State and Zip Code)		d. Date Filed	
1001 Wade Ave Ste 323 Raleigh, NC 27605-3353		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 State/County ☐ Organizational Quarterly ☒ First ☐ Second ☐ Third ☐ Fourth Semi-annual ☐ Mid Year ☐ Year End ☐ Final ☐ Special Referendum ☐ Organizational ☐ Pre-referendum ☐ Final ☐ Supplemental Final ☐ Annual ☐ Special	
7. Type of Fund (if applicable, check one)		10. Special Report Name	
☐ "Booster Fund" ☐ Building Fund ☐ Other:			
8. Number of Fundraisers this Report			
0			
11. Account Information			
a. Financial Institution Full Name			
Wells Fargo			
b. Purpose		c. Account Code	
Receipt and disbursement of campaign funds		1	
		d. Period Begin Balance	
		\$ 66,378.50	
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 undisclosed 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 K. Barlow Printed Name of Signer		Maggie K. Barlow Signature of Appointed Treasurer Date: 2026.02.24	
		2/24/2026 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.			
CRO-1000 NC State Board of Elections August 2008			